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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Go to www.irs.gov/Form990 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
University Community Hospital Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3100 East Fletcher Avenue

City or town, state or province, country, and ZIP or foreign postal code
Tampa, FL 33613

D Employer identification number

59-1113901

E Telephone number

(813) 971-6000

F Name and address of principal officer:
Denyse Bales-Chubb
3100 East Fletcher Avenue
Tampa, FL 33613

G Gross receipts \$ 761,962,370

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.adventhealth.com/hospital

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

L Year of formation: 1966

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
The provision of medical care to the community through the operation of two hospitals and a long-term acute care facility.

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) 24

4 Number of independent voting members of the governing body (Part VI, line 1b) 16

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5,498

6 Total number of volunteers (estimate if necessary) 794

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

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

Revenue

8 Contributions and grants (Part VIII, line 1h) 100,341

9 Program service revenue (Part VIII, line 2g) 751,359,565

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,284,718

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,965

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 761,872,885

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 134,446

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) 280,318,403

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) 419,100,722

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 699,553,571

19 Revenue less expenses. Subtract line 18 from line 12 62,319,314

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 1,125,458,239

21 Total liabilities (Part X, line 26) 448,362,261

22 Net assets or fund balances. Subtract line 21 from line 20 677,095,978

Part II Signature Block

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

Sign Here

Signature of officer
Lynn Addiscott Assistant Secretary

2020-10-23
Date

Paid Preparer Use Only

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

Preparer's signature

Date

Check ☐ if self-employed
Firm's EIN ▶
Phone no.

PTIN

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

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

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

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

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

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

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

4a (Code:) (Expenses \$ 633,416,543 including grants of \$ 134,446) (Revenue \$ 751,375,530)
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 ▶ 633,416,543

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	No
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 Yes	
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	No
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 Yes	

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	Yes
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	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax 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.	24	
1b	Enter the number of voting members included in line 1a, above, who are independent	16	
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?	2	No
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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	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?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	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?	10a	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	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	15a	No
15b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?	16a	Yes
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?	16b	Yes

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶Tyson Davis 3100 East Fletcher Avenue Tampa, FL 33613 (813) 615-7853

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

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

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

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)								1,377,952	11,923,544	1,494,911

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 ▶ 238

	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>	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>	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>		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
Crothall Healthcare Inc 13028 Collections Center Dr Chicago, IL 60693	Housekeeping, Transportation & Biomedica	9,822,729
AMN Healthcare Inc 2735 Collections Center Dr Chicago, IL 60693	Medical Staffing Agency	6,180,619
Morrison Healthcare PO Box 102289 Atlanta, GA 30368	Food Service	4,549,947
Comprehensive Pharmacy Services LLC 6409 Quail Hollow Road Memphis, TN 38120	Pharmacy Services	3,293,005
Patient Engagement Advisors LLC 3179 Green Valley Road 501 Birmingham, AL 35243	Online Patient Advisors	3,190,494

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 ▶ 141

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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 <input checked="" type="checkbox"/>						
		(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	158,250			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	54,387			
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f ▶		212,637			
Program Service Revenue	Business Code					
	2a Net patient revenue	622110	744,046,278	744,046,278		
	b Cafeteria revenue	622110	2,906,588	2,906,588		
	c Medical office building	622110	1,339,148	1,339,148		
	d Medical Staff Dues	622110	819,187	819,187		
	e Research Revenue	622110	799,165	799,165		
	f All other program service revenue.		1,449,199	1,449,199		
g Total. Add lines 2a-2f. ▶		751,359,565				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		5,817,981		5,817,981	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real	(ii) Personal			
		6a				
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	2,913,977	1,642,245		
		b Less: cost or other basis and sales expenses	7b	0	89,485	
		c Gain or (loss)	7c	2,913,977	1,552,760	
	d Net gain or (loss) ▶		4,466,737		4,466,737	
	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 EHR Revenue		622110	15,965	15,965		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶		15,965				
12 Total revenue. See instructions ▶		761,872,885	751,375,530	0	10,284,718	

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	134,446	134,446		
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	5,409,291	31,727	5,377,564	
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	204,930,245	200,897,214	4,033,031	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,559,969	6,282,528	277,441	
9 Other employee benefits	46,008,184	42,678,796	3,329,388	
10 Payroll taxes	17,410,714	16,674,363	736,351	
11 Fees for services (non-employees):				
a Management				
b Legal	1,094,100		1,094,100	
c Accounting	186,434		186,434	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	938,358		938,358	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	105,416,074	85,232,872	20,183,202	
12 Advertising and promotion	11,555,169		11,555,169	
13 Office expenses	13,164,424	9,676,667	3,487,757	
14 Information technology	24,813,872	22,210,448	2,603,424	
15 Royalties				
16 Occupancy	17,328,690	17,328,690		
17 Travel	726,223		726,223	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,212,920		2,212,920	
20 Interest	6,661,716	6,661,716		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,965,142	50,965,142		
23 Insurance	6,446,027	6,105,189	340,838	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	147,771,132	147,771,132		
b Repairs & maintenance	11,894,188	11,894,188		
c State Tax Indigent Asse	8,858,959	8,858,959		
d CON write off	5,358,500		5,358,500	
e All other expenses	3,708,794	12,466	3,696,328	
25 Total functional expenses. Add lines 1 through 24e	699,553,571	633,416,543	66,137,028	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		10,396	1	10,244	
	2	Savings and temporary cash investments		166,352,121	2	209,076,225	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		95,648,659	4	103,500,014	
	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		
	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		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		23,784,451	8	22,692,864	
	9	Prepaid expenses and deferred charges		25,447,680	9	26,640,415	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,072,847,996			
	b	Less: accumulated depreciation	10b	367,018,750	618,059,986	10c	705,829,246
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		10,958,496	14	4,759,996	
	15	Other assets. See Part IV, line 11		89,460,795	15	52,949,235	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,029,722,584	16	1,125,458,239		
Liabilities	17	Accounts payable and accrued expenses		53,216,429	17	74,230,961	
	18	Grants payable			18		
	19	Deferred revenue		767,382	19		
	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		
	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		300,503,371	25	374,131,300	
	26	Total liabilities. Add lines 17 through 25		354,487,182	26	448,362,261	
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		660,394,548	27	660,671,968	
	28	Net assets with donor restrictions		14,840,854	28	16,424,010	
	Organizations that do not follow FASB ASC 958, check here <input 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		675,235,402	32	677,095,978	
33	Total liabilities and net assets/fund balances		1,029,722,584	33	1,125,458,239		

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	761,872,885
2	Total expenses (must equal Part IX, column (A), line 25)	2	699,553,571
3	Revenue less expenses. Subtract line 2 from line 1	3	62,319,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	675,235,402
5	Net unrealized gains (losses) on investments	5	18,072,813
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	-78,531,551
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	677,095,978

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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 59-1113901
Name: University Community Hospital Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

Operation of AdventHealth Tampa, a 536-bed general acute care hospital, AdventHealth Pepin Heart Institute, a 75-bed facility, AdventHealth Carrollwood, a 103-bed general acute care hospital, and AdventHealth Connerton a 77-bed Long-Term Acute Care Hospital. Combined these facilities generated 28,404 patient admissions, 162,126 patient days, and 193,273 outpatient visits during the current tax year.

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			
Schultz Michael H Vice Chair/CEO West FL Reg	17.86 32.15	X						0	1,857,887	50,309
Bergherm Bruce Dir/SEO West FL Region	17.86 32.15	X		X				0	1,043,562	124,279
Johnson Joel Former CEO - Carrollwood	0.00 50.00						X	0	895,869	80,966
Adams Brian S Director/CEO (end 5/19)	50.00 0.00	X		X				0	734,618	112,067
Didenko Vadym V Former Officer - CFO West FL Region	17.86 32.15						X	0	709,399	107,808
Bales-Chubb Denyse Director/CEO (beg 7/19)	50.00 0.00	X		X				0	606,197	115,154
Skula Erika CEO - Carrollwood	50.00 0.50	X		X				0	651,754	53,053
Mcguinness Robin J Former Key Emp-CNO West Region	17.86 32.15						X	0	506,282	89,653
Torres MD Michael A Former CMO - Tampa	0.00 50.00						X	0	508,254	69,799
Jiang-Saldana Hui Former COO - Tampa	0.00 50.00						X	0	457,140	65,545

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			
Coe Jason	50.00				X			0	426,036	75,481
COO - Tampa	0.00				X			0	473,952	26,683
Bjornstad MD Brad	50.00				X			0	435,819	47,969
CMO - Carrollwood	0.00				X			0	441,961	33,242
Ross MD Douglas	50.00				X			0	387,766	54,889
CMO - Tampa	0.00				X			0	382,654	52,472
Lambert MD Charles	40.00					X		0	367,726	47,535
Physician/Medical Director	0.00					X		0	360,128	51,235
Heinrich William	50.00			X				0	332,428	48,390
CFO - Tampa (end 6/19)	0.00			X				0	308,568	35,263
Dunkel Jason	0.20	X						0		
Director (beg 5/19)	50.00							0		
Shaw Brigitte W	50.00				X			0		
CBDO - Tampa	0.00				X			0		
Cox Shane H	0.00						X	0		
Former CFO - Carrollwood	50.00							0		
Davis Tyson	50.00			X				0		
CFO - Tampa (beg 10/19)	0.00			X				0		
Trivette Theresa	50.00				X			0		
CNO - (end 10/19)	0.00				X			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			
Chubb John Former COO-Carrollwood	0.00 0.00						X	0	224,976	3,725
Sauder Christopher CFO - Carrollwood	50.00 0.00				X			0	252,529	46,750
Escousse Thomas AVP & ED Cardio Services	40.00 0.00					X		246,630	0	32,705
Strech Scott AVP Cardio Services	40.00 0.00					X		220,717	0	24,436
Chu Loc Cardio Invasive Specialist	66.00 0.00					X		221,070	0	20,240
Long Tammy Exec Dir of Nursing	40.00 0.00					X		215,847	0	25,263
Patel MD Sharad Director	2.80 0.00	X						18,721	0	0
Cannella MD Xavier Director	2.00 0.00	X						13,006	0	0
Anderson PhD Robert Chairman/Director	2.00 0.00	X						0	0	0
Butcher Jack Director	0.20 0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Edmister Lee Director	0.20 0.00	X						0	0	0
Ennis Jr Henry Director	0.20 0.00	X						0	0	0
Jimenez David Director	0.20 0.00	X						0	0	0
Joyner Arthenia Director	0.20 0.00	X						0	0	0
Lightfoot Ken Director	0.20 0.00	X						0	0	0
Mahon Mary Director (end 3/19)	0.20 0.00	X						0	0	0
Meyer Fred Director	0.20 0.00	X						0	0	0
Muniz Tony Director	0.20 0.00	X						0	0	0
Newman Eric Director	0.20 0.00	X						0	0	0
O'Malley MD Brendan Director	0.20 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Parker IV Thaddeus Director	0.20 0.00	X						0	0	0
Robbins Charlie Director	0.20 0.00	X						0	0	0
Scaglione Basil Director	0.20 0.00	X						0	0	0
Stonesifer MD Kurt Director	0.20 0.00	X						0	0	0
Vivero Jose Director	0.20 0.00	X						0	0	0
Taneja Supriya Director (beg 5/19)	0.20 0.00	X						0	0	0

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
University Community Hospital Inc

Employer identification number
59-1113901

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>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Software Version:

EIN: 59-1113901

Name: University Community Hospital Inc

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

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization University Community Hospital Inc	Employer identification number 59-1113901
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		86,903
j	Total. Add lines 1c through 1i			86,903
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1:	Dues were paid to the American Hospital Association and Florida Hospital Association. Outside Consultants were used during the current year for lobbying on behalf of the filing organization with respect to legislative matters impacting the delivery of health as follows: 1. Mark Sharpe - \$33,000 2. RSA Consultants - \$27,500

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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
University Community Hospital Inc

Employer identification number
59-1113901

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance	12,768,809	10,595,999	24,197,844	24,210,901	19,917,358
b	Contributions	1,909,563	2,886,156	792,339	1,750,326	408,643
c	Net investment earnings, gains, and losses	1,943,089	1,124,167	1,852,663	1,960,207	1,086,497
d	Grants or scholarships					
e	Other expenditures for facilities and programs	4,524,465	1,837,513	16,246,847	3,581,619	20,907
f	Administrative expenses				141,971	
g	End of year balance	12,096,996	12,768,809	10,595,999	24,197,844	21,391,591

2

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

a

Board designated or quasi-endowment ▶ 19.340 %

b

Permanent endowment ▶ 8.270 %

c

Temporarily restricted endowment ▶ 72.390 %

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?

4

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

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

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	34,671,556		34,671,556
b	Buildings	632,243,340	176,790,060	455,453,280
c	Leasehold improvements			
d	Equipment	294,293,026	182,664,217	111,628,809
e	Other	111,640,074	7,564,473	104,075,601
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			705,829,246

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.) ▶	374,131,300

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-1113901
Name: University Community Hospital Inc

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	University Community Hospital Foundation, Inc. (UCHF), a related organization formed and maintained exclusively to further the exempt purpose of University Community Hospital, Inc. (the Hospital), held assets in temporary endowment and permanent endowment funds during the current tax year. UCHF's endowment consists of individual donor restricted endowment funds and pledges receivable where the assets have been designated for endowment. Temporarily and Permanently restricted endowment funds are intended to benefit various programs and departments of the Hospital and its patients. Endowment funds have also been designated by the Board of UCHF to support various Hospital initiatives.

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	<p>The filing organization is a subsidiary organization within AdventHealth. The consolidated financial statements of AdventHealth contain the following FIN 48 (ASC 740) footnote: Please note that dollar amounts are in thousands. Healthcare Corporation and its affiliated organizations, other than North American Health Services, Inc. and its subsidiary (NAHS), are exempt from state and federal income taxes. Accordingly, Healthcare Corporation and its tax-exempt affiliates are not subject to federal, state or local income taxes except for any net unrelated business taxable income. NAHS is a wholly owned, for-profit subsidiary of Healthcare Corporation. NAHS and its subsidiary are subject to federal and state income taxes. NAHS files a consolidated federal income tax return and, where appropriate, consolidated state income tax returns. All taxable income was fully offset by net operating loss carryforwards for federal income tax purposes; as such, there is no provision for current federal or state income tax for the years ended December 31, 2019 and 2018. NAHS also has temporary deductible differences of approximately \$46,500 and \$53,000 at December 31, 2019 and 2018, respectively, primarily as a result of net operating loss carryforwards. At December 31, 2019, NAHS had net operating loss carryforwards of approximately \$47,500, expiring beginning in 2022 through 2026. Deferred taxes have been provided for these amounts, resulting in a net deferred tax asset of approximately \$11,400 and \$13,400 at December 31, 2019 and 2018, respectively. NAHS remeasured its deferred tax assets and liabilities based on the rates at which they are expected to reverse in the future, which is generally 21%. A full valuation allowance has been provided at December 31, 2019 and 2018 to offset the deferred tax asset, since Healthcare Corporation has determined that it is more likely than not that the benefit of the net operating loss carryforwards will not be realized in future years. The Income Taxes Topic of the ASC (ASC 740) prescribes the accounting for uncertainty in income tax positions recognized in financial statements. ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken, or expected to be taken, in a tax return. There were no material uncertain tax positions as of December 31, 2019 and 2018. On December 22, 2017, the United States enacted tax reform legislation commonly known as the Tax Cuts and Jobs Act (Act), resulting in significant modifications to existing law. Certain provisions impact tax-exempt organizations, including revisions to taxes on unrelated business activities, excise taxes on compensation of certain employees, and various other provisions. While final regulations on these provisions have not yet been promulgated, the impact of these provisions on the consolidated financial statements is not expected to be significant.</p>

Supplemental Information

Return Reference	Explanation
Part V, Line 1a - column (d) Three years back:	Explanation for change in opening balance: During 2016, it came to the attention of the UC HF's management that certain temporarily restricted funds in the amount of \$2,819,310 were incorrectly classified as unrestricted. As a result, the UCHF restated the beginning endowment fund balance in its 2016 tax year.

Supplemental Information

Return Reference	Explanation
Part V, column (b) Prior Year and column (c) Two years back:	Explanation for change in column (b) lines 1a thru 1g and column (c) lines 1b thru 1g: During 2020, it came to the attention of the UCHF's management that certain assets were mistakenly classified as endowments during years 2017 and 2018. This reclassification resulted in a total decrease of \$951,003.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
University Community Hospital Inc

Hospitals

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

Employer identification number
59-1113901

OMB No. 1545-0047

2019

Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			40,566,368		40,566,368	5.800 %
b Medicaid (from Worksheet 3, column a)			94,303,841	39,728,430	54,575,411	7.800 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			134,870,209	39,728,430	95,141,779	13.600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			25,527		25,527	0 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,583,473		2,583,473	0.370 %
j Total. Other Benefits			2,609,000		2,609,000	0.370 %
k Total. Add lines 7d and 7j			137,479,209	39,728,430	97,750,779	13.970 %

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						
2 Economic development						
3 Community support						
4 Environmental improvements			5,209		5,209	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			5,209		5,209	0 %

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		
	41,542,731		
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		
	3,840,427		
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	128,937,916
6 Enter Medicare allowable costs of care relating to payments on line 5	6	145,220,520
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-16,282,604
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?

3

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
AdventHealth Tampa**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	No
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):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Page 8</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 checked="" 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>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url): <u>See Part V, Page 8</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)

AdventHealth Tampa				
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:	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of %				
b <input type="checkbox"/> Income level other than FPG (describe in Section C)				
c <input checked="" type="checkbox"/> Asset level				
d <input checked="" type="checkbox"/> Medical indigency				
e <input checked="" type="checkbox"/> Insurance status				
f <input checked="" type="checkbox"/> Underinsurance discount				
g <input type="checkbox"/> Residency				
h <input type="checkbox"/> Other (describe in Section C)				
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application				
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application				
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process				
d <input checked="" 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):	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): See Part V, Page 8				
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Part V, Page 8				
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8				
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**

AdventHealth Tampa

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 type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" 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)**

AdventHealth Tampa

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
AdventHealth Carrollwood**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):** _____**2****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	No
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):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Page 8</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 checked="" 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>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url): <u>See Part V, Page 8</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)

AdventHealth Carrollwood			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000% and FPG family income limit for eligibility for discounted care of %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" 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):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): See Part V, Page 8			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Part V, Page 8			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
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**

AdventHealth Carrollwood

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 type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" 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)**

AdventHealth Carrollwood

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
AdventHealth Connerton**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):** _____

3

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	No
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):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Page 8</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 checked="" 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>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url): <u>See Part V, Page 8</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)

AdventHealth Connerton			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000% and FPG family income limit for eligibility for discounted care of %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" 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):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): See Part V, Page 8			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Part V, Page 8			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
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**

AdventHealth Connerton

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 type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" 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)

AdventHealth Connerton

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? _____

Name and address	Type of Facility (describe)
1	
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
Part I, Line 6a:	The filing organization was a wholly owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) during its current tax year. During the current year, AHSSHC served as a parent organization to 27 tax-exempt 501(c)(3) hospital organizations and a number of other health care facilities that operated in 10 states within the U.S. The system of organizations under the control and ownership of AHSSHC is known as "AdventHealth". All hospital organizations within AdventHealth collect, calculate, and report the community benefits they provide to the communities they serve. AdventHealth organizations exist solely to improve and enhance the local communities they serve. AdventHealth has a system-wide community benefits accounting policy that provides guidelines for its health care provider organizations to capture and report the costs of services provided to the underprivileged and to the broader community. Each AdventHealth hospital facility reports their community benefits to their Board of Directors and strives to communicate their community benefits to their local communities. Additionally, the filing organization's most recently conducted community health needs assessments and associated implementation strategies can be accessed on each of the filing organization's hospital facility's website.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7:	The amounts of costs reported in the table in line 7 of Part I of Schedule H were determined by utilizing a cost-to-charge ratio derived from Worksheet 2, Ratio of Patient Care Cost-to-Charges, contained in the Schedule H instructions.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities:	The filing organization is involved with and supportive of various other organizations in its community that work collaboratively to help those in need and to improve the health and safety of the residents of the community. The filing organization supports and participates with a number of other community organizations.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2:	The amount of bad debt expense reported on line 2 of Section A of Part III is recorded in accordance with Healthcare Financial Management Association Statement No. 15. Discounts and payments on patient accounts are recorded as adjustments to revenue, not bad debt expense.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3:	<p>Methodology for Determining the Estimated Amount of Bad Debt Expense that May Represent Patients who Could Have Qualified under the Filing Organization's Financial Assistance Policy: Self-pay patients may apply for financial assistance by completing a Financial Assistance Application Form (FAA Form). If an individual does not submit a complete FAA Form within 240 days after the first post-discharge billing statement is sent to the individual, an individual may be considered for presumptive eligibility based upon a scoring tool that is designed to classify patients into groups of varying economic means. The scoring tool uses algorithms that incorporate data from credit bureaus, demographic databases, and hospital specific data to infer and classify patients into respective economic means categories. Individuals who earn a certain score on the scoring tool are considered to qualify as eligible for the most generous financial assistance under the filing organization's Financial Assistance Policy. As determined by the filing organization, a nominal amount of such a patient's bill is written off as bad debt expense, while the remaining portion of the patient's bill is considered non-state charity. The amount written off as bad debt expense for those patients who potentially qualify as non-state charity using the scoring tool is the amount shown on line 3 of Section A of Part III.</p> <p>Rationale for Including Certain Bad Debts in Community Benefit: The filing organization is dedicated to the view that medically necessary health care for emergency and non-elective patients should be accessible to all, regardless of age, gender, geographic location, cultural background, physician mobility, or ability to pay. The filing organization treats emergency and non-elective patients regardless of their ability to pay or the availability of third-party coverage. By providing health care to all who require emergency or non-elective care in a non-discriminatory manner, the filing organization is providing health care to the broad community it serves. As a 501(c)(3) hospital organization, the filing organization maintains a 24/7 emergency room providing care to all whom present. When a patient's arrival and/or admission to the facility begins within the Emergency Department, triage and medical screening are always completed prior to registration staff proceeding with the determination of a patient's source of payment. If the patient requires admission and continued non-elective care, the filing organization provides the necessary care regardless of the patient's ability to pay. The filing organization's operation of a 24/7 Emergency Department that accepts all individuals in need of care promotes the health of the community through the provision of care to all whom present. Current Internal Revenue Service guidance that tax-exempt hospitals maintain such emergency rooms was established to ensure that emergency care would be provided to all without discrimination. The treatment of all at the filing organization's Emergency Department is a community benefit. Under the filing organization's Financial Assistance Policy, every effort is made to obtain a patient's necessary financial information to determine eligibility for financial assistance. However, not all patients will cooperate with such efforts and a financial assistance eligibility determination cannot be made based upon information supplied by the individual. In this case, a patient's portion of a bill that remains unpaid for a certain stipulated time period is wholly or partially classified as bad debt. Bad debts associated with patients who have received care through the filing organization's Emergency Department should be considered community benefit as charitable hospitals exist to provide such care in pursuit of their purpose of meeting the need for emergency medical care services available to all in the community.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4:	Financial Statement Footnote Related to Accounts Receivable and Allowance for Uncollectible Accounts: The financial information of the filing organization is included in a consolidated audited financial statement for the current year. The applicable footnote from the attached consolidated audited financial statements that addresses accounts receivable, the allowance for uncollectible accounts, and the provision for bad debts can be found on page 8-9. Please note that dollar amounts on the attached consolidated audited financial statements are in thousands.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	<p>Costing Methodology: Medicare allowable costs were calculated using a cost-to-charge ratio. Rationale for Including a Medicare Shortfall as Community Benefit: As a 501(c)(3) organization, the filing organization provides emergency and non-elective care to all regardless of ability to pay. All hospital services are provided in a non-discriminatory manner to patients who are covered beneficiaries under the Medicare program. As a public insurance program, Medicare provides a pre-established reimbursement rate/amount to health care providers for the services they provide to patients. In some cases, the reimbursement amount provided to a hospital may exceed its costs of providing a particular service or services to a patient. In other cases, the Medicare reimbursement amount may result in the hospital experiencing a shortfall of reimbursement received over costs incurred. In those cases where an overall shortfall is generated for providing services to all Medicare patients, the shortfall amount should be considered as a benefit to the community. Tax-exempt hospitals are required to accept all Medicare patients regardless of the profitability, or lack thereof, with respect to the services they provide to Medicare patients. The population of individuals covered under the Medicare program is sufficiently large so that the provision of services to the population is a benefit to the community and relieves the burdens of government. In those situations where the provision of services to the total Medicare patient population of a tax-exempt hospital during any year results in a shortfall of reimbursement received over the cost of providing care, the tax-exempt hospital has provided a benefit to a class of persons broad enough to be considered a benefit to the community. Despite a financial shortfall, a tax-exempt hospital must and will continue to accept and care for Medicare patients. Typically, tax-exempt hospitals provide health care services based upon an assessment of the health care needs of their community as opposed to their taxable counterparts where profitability often drives decisions about patient care services that are offered. Patient care provided by tax-exempt hospitals that results in Medicare shortfalls should be considered as providing a benefit to the community and relieving the burdens of government.</p>

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Form and Line Reference	Explanation
Part III, Line 9b:	<p>The hospital filing organization's collection practices are in conformity with the requirements set forth in the 2014 Final Regulations regarding the requirements of Internal Revenue Code Section 501(r)(4) - (r)(6). No extraordinary collection actions (ECA's) are initiated by the hospital filing organization in the 120-day period following the date after the first post-discharge billing statement is sent to the individual (or, if later, the specified deadline given in a written notice of actions that may be taken, as described below). Individuals are provided with at least one written notice (notice of actions that may be taken) and a copy of the filing organization's Plain Language Summary of the Financial Assistance Policy that informs the individual that the hospital filing organization may take actions to report adverse information to credit reporting agencies/bureaus if the individual does not submit a Financial Assistance Application Form (FAA Form) or pay the amount due by a specified deadline. The specified deadline is not earlier than 120 days after the first post-discharge billing statement is sent to the individual and is at least 30 days after the notice is provided. A reasonable attempt is also made to orally notify an individual about the filing organization's Financial Assistance Policy and how the individual may obtain assistance with the Financial Assistance application process. If an individual submits an incomplete FAA Form during the 240-day period following the date on which the first post-discharge billing statement was sent to the individual, the hospital filing organization suspends any reporting to consumer credit reporting agencies/bureaus (or ceases any other ECA's) and provides a written notice to the individual describing what additional information or documentation is needed to complete the FAA Form. This written notice contains contact information including the telephone number and physical location of the hospital facility's office or department that can provide information about the Financial Assistance Policy, as well as contact information of the hospital facility's office or department that can provide assistance with the financial assistance application process or, alternatively, a nonprofit organization or governmental agency that can provide assistance with the financial assistance application process if the hospital facility is unable to do so. If an individual submits a complete FAA Form within a reasonable time-period as set forth in the notice described above, the hospital filing organization will suspend any adverse reporting to consumer credit reporting agencies/bureaus until a financial assistance policy eligibility determination can be made.</p>

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Form and Line Reference	Explanation
Supplemental Schedule to Schedule H, Part III, Section B:	<p>Reconciliation of Schedule H Reported Medicare Surplus/(Shortfall) to Unreimbursed Medicare Costs Associated with the Provision of Services To All Medicare Beneficiaries: The Medicare revenue and allowable costs of care reported in Section B of Part III of Schedule H are based upon the amounts reported in the filing organization's Medicare cost report in accordance with the IRS instructions for Schedule H. On an annual basis, the filing organization also determines its total unreimbursed costs associated with providing services to all Medicare patients. Unreimbursed costs are considered a community benefit to the elderly and are combined into an annual Community Benefit Statement prepared by AdventHealth. The primary reconciling items between the Medicare surplus/(shortfall) shown on line 7 of Section B of Part III of Schedule H and the filing organization's unreimbursed costs of services provided to all Medicare patients are as follows:- Medicare surplus/(shortfall) shown on line 7 of Section B of Schedule H: \$ (16,282,604)- Difference in costing methodology: (8,038,218)- Unreimbursed costs incurred for services provided to Medicare patients that are not included in the organization's Medicare cost report: (47,315,770) -----</p> <p>Total Unreimbursed costs of serving all Medicare patients per the filing organization's community benefit reporting \$ (71,636,592) As indicated above, the primary differences between the Medicare surplus/(shortfall) reported on Schedule H, Part III, Section B, line 7 and the filing organization's portion of the Company's annual community benefit statement is due to a difference in the costing methodology and differences in the population of Medicare patients within the calculation. The cost methodology utilized in calculating any Medicare surplus/(shortfall) for purposes of the annual community benefit reporting is based upon the cost-to-charge ratio outlined in Worksheet 2 of the Schedule H instructions. The same cost-to-charge ratio is used to determine the costs associated with services provided to charity care patients and Medicaid patients as reported in Schedule H, Part I, line 7. In addition, the Medicare cost report excludes services provided to Medicare patients for physician services, services provided to patients enrolled in Medicare HMOs, and certain services provided by outpatient departments of the filing organization that are reimbursed on a fee schedule. The Company's own community benefit statement captures the unreimbursed cost of providing services to all Medicare beneficiaries throughout the organization.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2:	<p>The three hospitals operated by the filing organization conduct community health needs assessments (CHNA) every three years. The 2019 CHNAs were adopted by the filing organization's governing board by December 31, 2019, the end of the filing organization's taxable year in which it conducted the CHNAs. The filing organization's 2019 CHNAs complied with the guidance set forth by the IRS in Final Regulation Section 1.501(r)-3. In addition to the CHNAs discussed above, a variety of practices and processes are in place to ensure that the filing organization is responsive to the health needs of the communities it serves. Such practices and processes involve the following:</p> <ol style="list-style-type: none">1. A hospital operating/community board composed of individuals broadly representative of the community, community leaders, and those with specialized medical training and expertise;2. Post-discharge patient follow-up related to the on-going care and treatment of patients who suffer from chronic diseases;3. Sponsorship and participation in community health and wellness activities that reach a broad spectrum of the filing organization's community; and4. Collaboration with other local community groups to address the health care needs of the filing organization's community.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3:	<p>The Financial Assistance Policy (FAP), Financial Assistance Application Form (FAA Form), and the Plain Language Summary of the Financial Assistance Policy (PLS) of each of the filing organization's hospital facilities are transparent and available to all individuals served at any point in the care continuum. For each of the filing organization's hospital facilities, the FAP, FAA Form, PLS, and contact information for the hospital facility's financial counselors are prominently and conspicuously posted on each of the filing organization's hospital facility's websites. Each website indicates that a copy of the FAP, FAA Form, and PLS is available and how to obtain such copies in the primary languages of any populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 5% of the members of the community served by the hospital facility (referred to below as LEP populations). Signage is displayed in public locations of each of the filing organization's hospital facilities, including at all points of admission and registration and the Emergency Department. The signage contains each of the hospital facility's website address where the FAP, FAA Form, and PLS can be accessed and the telephone number and physical location that individuals can call or visit to obtain copies of the FAP, FAA Form and PLS or to obtain more information about the hospital facility's FAP, FAA Form and PLS. Paper copies of each of the hospital facility's FAP, FAA Form and PLS are available upon request and without charge, both in public locations in the hospital facility and by mail. Paper copies are made available in English and in the primary languages of any LEP defined populations. Each of the filing organization's hospital facility's financial counselors seek to provide personal financial counseling to all individuals admitted to the hospital facility who are classified as self-pay during the course of their hospital stay or at time of discharge to explain the FAP and FAA Form and to provide information concerning other sources of assistance that may be available, such as Medicaid. A paper copy of each of the hospital facility's PLS will be offered to every patient as a part of the intake or discharge process. A conspicuous written notice is included on all billing statements sent to patients that notifies and informs recipients about the availability of financial assistance under the filing organization's financial assistance policy, including the following: 1) the telephone number of the relevant hospital facility's office or department that can provide information about the FAP and the FAA Form; and 2) the website address where copies of the FAP, FAA Form and PLS may be obtained. Reasonable attempts are made to inform individuals about each of the hospital facility's FAP in all oral communications regarding the amount due for the individual's care. Copies of the PLS are distributed to members of the community in a manner reasonably calculated to reach those members of the community who are most likely to require financial assistance.</p>

Form and Line Reference	Explanation
Part VI, Line 4:	<p>The filing organization currently operates 3 hospital facilities, AdventHealth Tampa, including a Heart Hospital, AdventHealth Carrollwood, and AdventHealth Connerton, a long-term acute care hospital, on three campuses in and around the Tampa Bay Area. Combined, these facilities are a major healthcare provider caring for close to 200,000 patients each year residing in Hillsborough, Pasco and surrounding Counties. A description of each of the hospital campuses is described below. University Community Hospital, Inc. dba AdventHealth Tampa; AdventHealth Tampa (AHT), located in Hillsborough County in close proximity to the University of South Florida, is licensed for 536 acute-care beds. AHT is home to six Centers of Excellence that focus resources on major disease areas including cardiac treatment, women's health, stroke, pediatrics, diabetes management and orthopaedics. AdventHealth Pepin Heart Institute (AHPHI), located adjacent to AHT, is licensed for 75 beds. This free-standing heart hospital is filled with advancements in technology, techniques, and revolutionary patient-centered care and is raising expectations when it comes to the diagnosis, treatment, and study of cardiovascular disease. Most importantly, AHPHI is filled with a team of physicians, nurses, technicians, and staff who have worked together for more than 20 years to create one of the most successful heart programs in the Tampa Bay Area. AHPHI's physicians and clinical specialists have built a comprehensive cardiovascular program with the experience of providing thousands of angioplasty procedures and open heart surgeries. During 2019, the Hospital's patient percentage population was made up of the below payors with the remaining percentage of the patients being covered under commercial insurance. In 2019, about 61.5% of the Hospital's in-patients were admitted through the Hospital's Emergency Department. - Medicare Patients 47.9% - Medicaid Patients 13.9% - Self-Pay Patients 6.9% The demographic makeup of the Hospital's community is as follows: - Population 719,068 - Population Over 65 14.23% - Poverty (Below 100% FPL) 17.8% - Unemployment Rate 5.7% - Violent Crime Rate (Per 100,000 Pop.) 327.9 - Pop. Age 25+ with No High School Diploma 12.8% - Uninsured Adults 17.47% - Uninsured Children 5.55% - Food Insecurity Rate 15.5% - Pop. with Low Food Access 30.65% University Community Hospital, Inc. dba AdventHealth Carrollwood; AdventHealth Carrollwood (AHCW), also located in Hillsborough County, is licensed for 103 beds and offers comprehensive medical and surgical care, many specialized services, as well as a wide range of radiological procedures available for diagnosis and treatment of injuries and illnesses. Diagnostic imaging services offered include x-rays, ultrasound, mammography, nuclear medicine, CT Scan and special procedures. AHCW's five-story medical tower also houses a six-suite surgery unit that offers advanced technologies in gynecologic, vascular surgery and joint replacement procedures. During 2019, the Hospital's patient percentage population was made up of the below payors with the remaining percentage of the patients being covered under commercial insurance. In 2019, about 72.3% of the Hospital's in-patients were admitted through the Hospital's Emergency Department. - Medicare Patients 50.2% - Medicaid Patients 10.1% - Self-Pay Patients 6.6% The demographic makeup of the Hospital's community is as follows: - Population 547,282 - Population Over 65 12.85% - Poverty (Below 100% FPL) 20.4% - Unemployment Rate 5.5% - Violent Crime Rate (Per 100,000 Pop.) 338.8 - Pop. Age 25+ with No High School Diploma 13.7% - Uninsured Adults 17.24% - Uninsured Children 5.5% - Food Insecurity Rate 15.7% - Pop. with Low Food Access 17.26% University Community Hospital, Inc. dba AdventHealth Connerton; AdventHealth Connerton (AHC), located in Pasco County is licensed for 77 beds. This facility is designed to serve individuals who have medically complex illnesses, requiring additional weeks of specialized hospital care. AdventHealth Connerton (AHC) is a long-term acute care hospital located in rural Pasco County, Florida. When AHC conducted its most recent Community Health Needs Assessment, its Community Health Needs Assessment Committee noted the unique nature of the AdventHealth Connerton facility. AHC does not have an Emergency Department and is not a "community" hospital with a defined geographic service area. In 2015, patient referrals came from 25 other hospitals; patients themselves came from 52 different counties mostly in, but not limited to, Florida. During 2019, the Hospital's patient percentage population was made up of the below payors with the remaining percentage of the patients being covered under commercial insurance. - Medicare Patients 84.6% - Medicaid Patients 1.7% The demographic makeup of the Hospital's community is as follows: - Population 1,347,505 - Population Over 65 17.5% - Poverty (Below 100% FPL) 15.7% - Unemployment Rate 6.3%</p>

Form and Line Reference	Explanation
Part VI, Line 4:	<p>- Violent Crime Rate (Per 100,000 Pop.) 317.6 - Pop. Age 25+ with No High School Diploma 11.7% - Uninsured Adults 17.6% - Uninsured Children 5.62% - Food Insecurity Rate 15.5% - P op. with Low Food Access 31.86% The filing organization (UCH) is a crucial community and r egional asset. UCH provides necessary medical services to the already large and rapidly ex panding Tampa Area. With the exception of AHC, each facility is located in Tampa, Florida and primarily serves patients residing in Hillsborough County which is located on the west coast of central Florida.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5:	<p>The provision of community benefit is central to the filing organization's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served by the filing organization is a function of "extending the healing ministry of Christ and embodies the filing organization's commitment to its values and principles. The filing organization commits substantial resources to provide a broad range of services to both the underprivileged as well as the broader community. In addition to the community benefit and community building information provided in Parts I, II and III of this Schedule H, the filing organization captures and reports the benefits provided to its community through faith-based care. Examples of such benefits include the cost associated with chaplaincy care programs and mission peer reviews and mission conferences. During the current year, the filing organization provided \$718,193 of benefit with respect to the faith-based and spiritual needs of the community in conjunction with its operation of its community hospitals. The filing organization also provides benefits to its community's infrastructure by investing in capital improvements to ensure that facilities and technology provide the best possible care to the community. During the current year, the filing organization expended \$137,725,306 in new capital improvements. As a faith-based mission-driven community hospital organization, the filing organization is continually involved in monitoring its communities, identifying unmet health care needs and developing solutions and programs to address those needs. In accordance with its conservative approach to fiscal responsibility, surplus funds of the filing organization are continually being invested in resources that improve the availability and quality of delivery of health care services and programs to its communities. The filing organization's community outreach efforts are focused on health education, wellness information, physician referral, and screening services. Each month, the filing organization offers a variety of health and wellness classes taught by members of its medical staff and other health care professionals. The filing organization also maintains a speakers' bureau whereby qualified speakers are provided to community groups to deliver the latest information on health, wellness, and prevention. Because prevention and early detection are key components of maintaining good health for individuals of all ages, UCH regularly conducts a variety of free and low-cost health screening events. Such screenings include cholesterol, blood pressure checks, body fat and osteoporosis screenings.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	<p>University Community Hospital, Inc. is a part of a faith-based healthcare system of organizations whose parent is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). The system is known as AdventHealth. AHSSHC is an organization exempt from federal income tax under IRC Section 501(c)(3). AHSSHC and its subsidiary organizations operate 47 hospitals throughout the U.S., primarily in the Southeastern portion of the U.S. AHSSHC and its subsidiaries also operate 12 nursing home facilities and other ancillary health care provider facilities, such as ambulatory surgery centers and diagnostic imaging centers. As the parent organization of AdventHealth, AHSSHC provides executive leadership and other professional support services to its subsidiary organizations. Professional support services include among others IT, corporate compliance, legal, reimbursement, risk management, and tax as well as treasury functions. Certain support services, such as human resources, payroll, A/P, and supply chain management are provided pursuant to a shared services model by AHSSHC to its subsidiary organizations. The provision of these executive and support services on a centralized basis by AHSSHC provides an appropriate balance between providing each AdventHealth subsidiary hospital organization with mission-driven consistent leadership and support while allowing the hospital organization to focus its resources on meeting the specific health care needs of the community it serves. The reader of this Form 990 should keep in mind that this reporting entity may differ in certain areas from that of a stand-alone hospital organization due to its inclusion in a larger system of healthcare organizations. As a part of a system of hospital and other health care organizations, the filing organization benefits from reduced costs due to system efficiencies, such as large group purchasing discounts, and the availability of internal resources such as internal legal counsel. Each AHS subsidiary pays a management fee to AHSSHC for the internal services provided by AHSSHC. As a result, management fee expense reported by an AdventHealth subsidiary organization may appear greater in relation to management fee expense that may be reported by a single stand-alone hospital. The single stand-alone hospital would likely report costs associated with management and other professional services on various expense line items in its statement of revenue and expense as opposed to reporting such costs in one overall management fee expense. As the reporting of the Form 990 is done on an entity by entity basis, there is no single Form 990 that captures the programs and operations of AdventHealth as a whole. The reader is directed to visit the web-site of AdventHealth at www.adventhealth.com to learn more about the mission and operations of AdventHealth.</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Part VI, Line 7:	The filing organization does not file a community benefit report with any state.

Additional Data

Software ID:
Software Version:
EIN: 59-1113901
Name: University Community 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? 3		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	AdventHealth Tampa 3100 E Fletcher Avenue Tampa, FL 33613 www.adventhealth.com/hospital/adventhe 4035	X	X				X	X			
2	AdventHealth Carrollwood 7171 N Dale Mabry Hwy Tampa, FL 33614 www.adventhealth.com/hospital/adventhe 4179	X	X					X			
3	AdventHealth Connerton 9441 Health Center Drive Land OLakes, FL 34637 www.adventhealth.com/hospital/adventhe 4499	X	X								

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

Form and Line Reference	Explanation
AdventHealth Tampa	<p>Part V, Section B, Line 5: University Community Hospital, Inc. d/b/a AdventHealth Tampa, (AHT or the Hospital) is a 536-bed hospital facility located in Hillsborough County in Florida. The Hospital's primary service area is nestled in Hillsborough County, adjacent to the University of South Florida, and is primarily comprised of 27 zip codes surrounding the Hospital. Several of the primary service area zip codes include communities that are fundamentally underserved. The Hospital's primary service area includes diverse micro-communities which vary in income, education level, and living conditions and are ethnically and culturally diverse. In conducting its 2019 Community Health Needs Assessment (CHNA), primary and secondary health data was collected and analyzed. Primary data was gathered based upon input from individuals representing the broad community, as well as low-income, minority, and other medically underserved populations. Primary data input was primarily gathered through the establishment of a Community Health Needs Assessment Committee, community surveys, stakeholder interviews, focus groups, and Public Health input and expertise. The Hospital formed a Community Health Needs Assessment Committee (CHNAC) that included representatives of the community and the Hospital, with a special focus on underserved populations. Many of the CHNAC members were selected because of their direct ties to the underserved and impoverished communities in the Hospital's primary service area. Members of the CHNAC included representatives from Hillsborough County Public Schools, the Brain Expansion Scholastic Training Program, a not-for-profit dedicated to creating a long-lasting positive impact in the lives of under-represented and disadvantaged youth, the Hillsborough County Department of Health, and the University Area Community Development Center, an organization that provides economic, education, and public services in the University of South Florida area community where 95% of the population is below the poverty level. Other members of the CHNAC included representatives from Tampa Innovation Alliance, the Healthy Council of West Central Florida, the Crisis Center of Tampa Bay, Gracepoint, a behavioral health provider, the Tampa 1st Seventh Day Adventist Church, and Tampa Family Health Centers. The community health survey was done in collaboration with the Hillsborough County Department of Health . A total of 5,304 Hillsborough County residents participated in the collaborative community health survey. Special efforts were made to engage community members to participate in the survey, including the provision of computers at local community centers so that community members could access the survey online. Stakeholder interviews were conducted by members of the CHNAC. Focus groups were conducted in partnership with the Florida Department of Health in Hillsborough County and occurred in person at health department locations and at the University Area Community</p>

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

Form and Line Reference	Explanation
AdventHealth Tampa	y Development Center, which resides in the Hospital's service area. Various sources of sec ondary data were also reviewed to understand the larger issues plaguing the Hospital's pri mary service area.

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

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

Form and Line Reference	Explanation
AdventHealth Carrollwood	<p>Part V, Section B, Line 5: University Community Hospital, Inc., d/b/a AdventHealth Carrollwood (AHCW or the Hospital), is a 103-bed community hospital specializing in Spine, Orthopedic, and Bariatric Surgery, as well as Emergency, Cardiology, and Wound Healing services. The Hospital's primary service area is comprised of 19 zip codes located within the Florida counties of Hillsborough and Pasco. The total population in the Hospital's primary service area is approximately 547,000. Approximately 20% of the individuals living in the Hospital's primary service area live in households with incomes below the Federal poverty level. In conducting its 2019 Community Health Needs Assessment (CHNA), primary and secondary health data was collected and analyzed. Primary data was gathered based upon input from individuals representing the broad community, as well as low-income, minority, and other medically underserved populations. Primary data input was primarily gathered through the establishment of a Community Health Needs Assessment Committee, community surveys, stakeholder interviews, focus groups, and Public Health input and expertise. The Hospital formed a Community Health Needs Assessment Committee (CHNAC) that included representatives of the community and the Hospital, with a special focus on underserved populations. Many of the CHNAC members were selected because of their direct ties to the underserved and impoverished communities in the Hospital's primary service area. Members of the CHNAC included representatives from the University of South Florida - Office of Community Engagement and Partnerships, Carrollwood Seventh-Day Adventist Church, LifeSpring Seventh-Day Adventist Church and Tampa 1st Seventh-Day Adventist Church, the Crisis Center of Tampa Bay, the Tampa Bay Healthcare Collaborative, Feeding Tampa Bay, the Health Council of West Central Florida, the Tampa Bay Network to End Hunger, and the Hillsborough County Department of Health. The community health survey was done in collaboration with the Hillsborough County Department of Health. A total of 5,304 Hillsborough County residents participated in the collaborative community health survey. Special efforts were made to engage community members to participate in the survey, including the provision of computers at local community centers so that community members could access the survey online. Stakeholder interviews were conducted by members of the CHNAC. Focus groups were conducted in partnership with the Florida Department of Health in Hillsborough County and occurred in person at the Hillsborough County Health Department and at the University Area Community Development Center. Various sources of secondary data were also reviewed to understand the larger issues plaguing the Hospital's primary service area.</p>

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

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

Form and Line Reference	Explanation
AdventHealth Connerton	Part V, Section B, Line 5: AdventHealth Connerton is a 50-bed long-term acute care hospital to which patients are referred from 25 other hospital facilities in the state of Florida. AdventHealth Connerton serves patients with medically complex conditions that require additional weeks of specialized hospital care (following a hospitalization), have a history of failed treatment in a lower level of care, or have a high rate of recidivism. In conducting its 2019 Community Health Needs Assessment (CHNA), primary and secondary health data was collected and analyzed. Primary data was gathered based upon input from individuals representing the broad community, as well as low-income, minority, and other medically underserved populations. Primary data input was primarily gathered through the establishment of a Community Health Needs Assessment Committee, community surveys, and Public Health input and expertise. The Hospital formed a Community Health Needs Assessment Committee (CHNAC) that included representatives of the community and the Hospital, with a special focus on underserved populations. CHNAC members included a community member and representatives from the Pasco County Health Department, the Pasco County Fire Department, North Tampa Christian Academy, Gulfcoast North Area Health Education Center, and St. Leo University. AdventHealth Connerton worked with the Florida Department of Health in Pasco County to gather community input by participating in a joint county-wide community health survey and stakeholder interviews. Community surveys were completed on-line and in person in community settings. Community surveys were made available at local clinics, community events, department of motor vehicle locations, and other community locations throughout Pasco County. A total of 3,038 Pasco County residents participated in the community surveys. Stakeholder interviews were conducted with members of the CHNAC. Various sources of secondary data were also gathered as a part of the data collection process.

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

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

Form and Line Reference	Explanation
AdventHealth Tampa	Part V, Section B, Line 7d: The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment. Under this policy, the Community Health Needs Assessment Reports must be posted on the Hospital's website at least until the date the hospital facility has made widely available on its website its two subsequent Community Health Needs Assessment Reports. The Hospital will also make a paper copy of its Community Health Needs Assessment Report available for public inspection upon request and without charge, at least until the date the hospital facility has made available for public inspection its two subsequent Community Health Needs Assessment Reports.

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

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

Form and Line Reference	Explanation
AdventHealth Carrollwood	Part V, Section B, Line 7d: The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment. Under this policy, the Community Health Needs Assessment Reports must be posted on the Hospital's website at least until the date the hospital facility has made widely available on its website its two subsequent Community Health Needs Assessment Reports. The Hospital will also make a paper copy of its Community Health Needs Assessment Report available for public inspection upon request and without charge, at least until the date the hospital facility has made available for public inspection its two subsequent Community Health Needs Assessment Reports.

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

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

Form and Line Reference	Explanation
AdventHealth Connerton	Part V, Section B, Line 7d: The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment. Under this policy, the Community Health Needs Assessment Reports must be posted on the Hospital's website at least until the date the hospital facility has made widely available on its website its two subsequent Community Health Needs Assessment Reports. The Hospital will also make a paper copy of its Community Health Needs Assessment Report available for public inspection upon request and without charge, at least until the date the hospital facility has made available for public inspection its two subsequent Community Health Needs Assessment Reports.

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

Form and Line Reference	Explanation
AdventHealth Tampa	<p>Part V, Section B, Line 11: University Community Hospital, Inc., d/b/a AdventHealth Tampa, will be referred to in this document as AdventHealth Tampa or "the Hospital". In January of 2019, every wholly-owned entity across our organization adopted the AdventHealth system brand. University Community Hospital, Inc. d/b/a AdventHealth Tampa will be referred to in this document as AdventHealth Tampa or "the Hospital". Our identify has been unified to represent the full continuum of care our system offers. Any reference to our 2016 Community Health Needs Assessment (CHNA) or 2017 Community Health Plan (CHP) will utilize our new name for consistency. AdventHealth Tampa is part of the West Florida Division of AdventHealth which includes 11 hospital facilities. The information provided below explains how the hospital facility addressed in 2019 the significant health needs identified in its 2016 Community Health Needs Assessment, and any such needs that were not addressed and the reasons why such needs were not addressed. The hospital facility conducted a Community Health Needs Assessment in 2016 and adopted an implementation strategy to address the significant health needs identified in the 2016 Community Health Needs Assessment in 2017 prior to May 15, 2017. This is the third-year update for AdventHealth Tampa's 2017-2019 Community Health Plan (Implementation Strategy). AdventHealth Tampa developed this plan and posted it by May 15, 2017 as part of its 2016 Community Health Needs Assessment process. For the development of both the Community Health Needs Assessment and the Community Health Plan/Implementation Strategy, AdventHealth Tampa worked to define and address the needs of low-income, minority and underserved populations in its service area. The 2016 Community Health Needs Assessment used primary data interviews and surveys; secondary data from local, regional and national health-related sources; and Hospital prevalence data to help the Hospital determine the health needs of the community it serves. Once the data was gathered, the primary issues identified in the Community Health Needs Assessment were prioritized by community and Hospital stakeholders, who then selected key issues for the Hospital to address in its 2017-2019 Community Health Plan. The third-year progress on the Community Health Plan is noted below. The narrative describes the issues identified in 2016 and gives an update on the strategies addressing those issues. There is also a description of the identified issues that the Hospital is not addressing. AdventHealth Tampa chose five areas of focus for its 2017-2019 Community Health Plan: Obesity, Diabetes, Low Food Access/Nutrition, Mental Health Disorders/Substance Abuse (Drugs and Alcohol) and Access to Care (Primary and Dental/Smoking Cessation). Priority 1: Obesity 2016 Description of the Issue: This need met the criteria for prioritization as it was ranked high in relevance as an issue within the Hospital's primary service area (PSA).</p>

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

Form and Line Reference	Explanation
AdventHealth Tampa	<p>It was also identified as being addressed by other community groups and something that the Hospital has the capacity to positively impact. 2019 Update: The Hospital implemented several strategies to empower community members to improve their lifestyle choices through nutritional education and opportunities to exercise. In year one, AdventHealth Tampa sponsored the CREATION Health (CH) program which is a faith-based holistic (mental, physical and spiritual) wellness program with lifestyle seminars and training programs. It teaches eight universal principles of health (Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook, & Nutrition) for living a healthier and happier life. This 8-week seminar provides the best practices of whole person living based on Biblical principles and is supported by evidence-based science. Two faith congregations were invited to attend the CREATION Health "Train the Trainer" session hosted by the Mission and Ministry/Community Benefits departments. The outcome metrics for the CH seminars and subsequent goals were not met for years two and three as a result of a change in staffing and the decision to replace the CH program with a new initiative that would be developed at the division level. AdventHealth Tampa also sponsored the Complete Health Improvement Program (CHIP) in year one. CHIP is a lifestyle enrichment program designed to reduce disease risk factors through better health habits and appropriate lifestyle modifications. Program goals include lower cholesterol, hypertension, and blood sugar levels and to reduce excess weight and stress through improved dietary choices, enhanced daily exercise and increased support systems. The outcome metrics for the CHIP program and subsequent goals were not met for years two and three as a result of a change in staffing which led to a lack of staff to implement and manage the classes. Priority 2: Diabetes 2016 Description of the Issue: This need was identified as a significant health priority due to the high incidence of diabetes in the primary service area. 2019 Update: AdventHealth Tampa partnered with the American Diabetes Association (ADA) to host a pilot Morning Mile Program (before-school walking program) at two Title I schools in their PSA for the 2018 - 2019 school year. AdventHealth Tampa sponsored three schools for the 2018-2019 school year: Apollo Beach Elementary, Shaw Elementary School and Forest Hills Elementary School. The American Diabetes Association (ADA) in partnership with Fitness International, LLC oversees the management of the Morning Mile (MM) program in southwest Florida. The ADA implements and manages the program in schools on behalf of sponsors and adds a nutrition education component to increase its impact on school children. The ADA reported in October 2018 during year two of the implementation plan, of their struggle to maintain consistent communication with the designated point-of-contact at schools sponsored by AdventHealth.</p>

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Form and Line Reference	Explanation
AdventHealth Tampa	h. AdventHealth's Community Health Coordinator scheduled site visits to all sponsored schools to re-establish contact and determine what, if any, struggles they encountered implementing and managing the Morning Mile program at their schools. Additionally, the school site visits revealed variations between schools in how the program was managed and how data was tracked. A common barrier was an inability to use the data tracking program, Mileage Master, to record student participation data. This severely affected the ADA's ability to collect and report data outcomes for the MM program. There is no year three data available for Morning Mile outcomes for our AdventHealth Tampa sponsored school sites. Due to a lack of reporting outcomes and extremely poor management of the program by the ADA, as mentioned in year two, the program and partnership with ADA was not renewed for year three. See Continuation

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

Form and Line Reference	Explanation
AdventHealth Carrollwood	<p>Part V, Section B, Line 11: University Community Hospital, Inc. d/b/a AdventHealth Carroll wood will be referred to in this document as AdventHealth Carrollwood or "the Hospital". I n January of 2019, every wholly-owned entity across our organization adopted the AdventHea lth system brand. Our identify has been unified to represent the full continuum of care ou r system offers. Throughout this report, we will refer to our hospital by AdventHealth Car rollwood. Any reference to our 2016 Community Health Needs Assessment (CHNA) or 2017 Commu nity Health Plan (CHP) will utilize our new name for consistency.AdventHealth Carrollwood is part of the West Florida Division of AdventHealth. The West Florida Division includes 1 1 hospital facilities.The information provided below explains how the hospital facility ad dressed in 2019 the significant health needs identified in its 2016 Community Health Needs Assessment, and any such needs that were not addressed and the reasons why such needs wer e not addressed. The hospital facility conducted a Community Health Needs Assessment in 20 16 and adopted an implementation strategy to address the significant health needs identifi ed in the 2016 Community Health Needs Assessment in 2017 prior to May 15, 2017. This is th e third-year update for AdventHealth Carrollwood's 2017-2019 Community Health Plan (Implem entation Strategy). AdventHealth Carrollwood developed this Plan and posted it by May 15, 2017 as part of its 2016 Community Health Needs Assessment process.For the development of both the Community Health Needs Assessment and the Community Health Plan/Implementation St rategy, AdventHealth Carrollwood worked to define and address the needs of low-income, min ority and underserved populations in its service area. The 2016 Community Health Needs Ass essment used primary data interviews and surveys; secondary data from local, regional and national health-related sources; and Hospital prevalence data to help the Hospital determi ne the health needs of the community it serves. Once the data was gathered, the primary is sues identified in the Needs Assessment were prioritized by community and Hospital stakeho lders, who then selected key issues for the Hospital to address in its 2017-2019 Community Health Plan. The third-year progress on the Community Health Plan is noted below. The nar rative describes the issues identified in 2016 and gives an update on the strategies addre ssing those issues. There is also a description of the identified issues that the Hospital is not addressing.AdventHealth Carrollwood chose four areas of focus for the 2017-2019 Co mmunity Health Plan: Diabetes/Obesity/Nutrition Gap Prevalence, Access to Health (Elderly/ Seniors Barriers), Childhood Obesity, and Family Support.Priority 1: Diabetes/Obesity/Nutr ition Gap Prevalence2016 Description of the Issue: Obesity is related to diabetes, poor nu trition, and access to healthy food. These health indicators may indicate an unhealthy lif estyle and put individuals at</p>

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

Form and Line Reference	Explanation
AdventHealth Carrollwood	<p>risk for future health issues. AdventHealth Carrollwood is addressing the nutritional needs of those in communities designated as food deserts or low income/low access areas. There are high levels of diabetes and obesity in these communities due to the lack of access to food and specifically nutritious food. AdventHealth Carrollwood is uniquely positioned to address this need through its Food is Health program (formally Food is Medicine). 2019 Update: AdventHealth Carrollwood partnered with local community organizations to address the nutritional needs of those in food deserts or low income/low access areas through the Food is Health program (FiH). The program provides educational opportunities on health and lifestyle, biometric screenings and increased access to healthy produce and dry goods. In year three, the program was implemented in five food deserts and eight sites within the Hospital's service area, this did not meet the target outcome of seven food deserts and 12 sites. The outcome goals for years two and three were updated in year one to reflect a change from 13 food deserts and 25 sites to only seven food deserts and 12 sites due to 2018 budget constraints. A total of 15 diabetes and obesity courses were facilitated with at least ten participants attending each class as part of the Food is Health program. The number of courses offered increased compared to year two, when only 12 classes were taught. This was due to a renewed partnership with the Central City YMCA and a new partnership with Moffitt Cancer Center. Year three biometric outcomes showed that 52% of participants had a decrease in blood sugar, which increased from last year's 45% reduction in blood sugar. Of those participants who had a decrease in their blood sugar levels, 42% also had a decrease in body mass index (BMI), an increase from 38% in year two. Although we did not meet the goal of 65% reduced BMI, the decrease represents a significant health behavior change in the smaller sample size of participants. Since implementing the FiH program, we have begun to utilize the data trends to develop more realistic outcome goals. Furthermore, we also adjusted the outcome statements and metrics for this program in year two. The strategy to develop and administer a survey to measure improved knowledge and behavior change from program participants was removed as it was not an area where resources could be allocated. Additionally, the strategy and subsequent outcomes and metrics for establishing access points in communities for healthy foods was removed to reallocate available funding to the Food is Health program. The increased success of the FiH program has been due to our active participation in maintaining community partnerships, the restructure of the program implementation strategies to reflect available resources and opportunities, and the increase of internal organizational support to hire additional coordinators to manage the program. We continue to realize that we cannot r</p>

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Form and Line Reference	Explanation
AdventHealth Carrollwood	<p>un this program without strong partnerships with health education providers, local fresh p roduce vendors and other community-based organizations who are the boots on the ground add ressing social determinants of health.Our West Florida Division Community Benefit team con tinues to manage our community partnerships by regularly attending community meetings and actively engaging with food security initiatives. In year two, we launched new strategies for marketing the free FiH classes to the community and hope to engage our community in mu ch more effective ways to encourage participation. Examples of the marketing strategies im plemented in year three include: local advertisement in community newspapers, media interv iews to educate the community on the FiH program and its partnerships, internal education campaigns with Hospital team members and a collaboration with internal marketing teams to develop strategies to increase program awareness.In year two, there were challenges establ ishing reliable local produce vendor partnerships and stable local community sites for con ducting FiH classes. In year three, we pilot tested a new process for securing local produ ce vendors (visiting local farmers markets, slightly increasing the payment to help with c osts of mobile set up, et.) and have found some success from the new changes. In year one of the implementation plan, AdventHealth Carrollwood sponsored the CREATION Health (CH) pr ogram which is a faith-based holistic (mental, physical and spiritual) wellness program wi th lifestyle seminars and training programs. It teaches eight universal principles of heal th (Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook, & Nu trition) for living a healthier and happier life. This 8-week seminar provides the best pr actices of whole person living based on biblical principles and is supported by evidence-b ased science. Two faith congregations were invited by the chaplain at the Hospital to atte nd the AdventHealth West Florida Division CREATION Health "Train the Trainer" session host ed by the Mission and Ministry/Community Benefit departments. Only one congregation attend ed and sent three delegates: Town N' Country Seventh-day Adventist (SDA) Church. The deleg ates received a CH Leadership Kit valued at \$350. The CH Kit contains the CH seminar Power Point, CH topic videos, CH leadership manual, a small group discussion guide, a seminar p ersonal study guide and participant pre-post self-assessments. The outcome metrics for the number of CH seminars provided were adjusted for years two and three to zero as a result of the decision to replace the CH program with a new program that would be developed at th e division level.See Continuation</p>

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Form and Line Reference	Explanation
AdventHealth Connerton	<p>Part V, Section B, Line 11: University Community Hospital, Inc. d/b/a AdventHealth Connerton will be referred to in this document as AdventHealth Connerton or "the Hospital". AdventHealth Connerton is a long-term acute-care hospital (LTAC).In January of 2019, every wholly-owned entity across our organization adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our system offers. Throughout this report, we will refer to our hospital by AdventHealth Connerton (AHC-LTAC). Any reference to our 2016 Community Health Needs Assessment (CHNA) or 2017 Community Health Plan (CHP) will utilize our new name for consistency.AdventHealth Connerton is part of the West Florida Division of AdventHealth. The West Florida Division includes 11 hospital facilities. The information provided below explains how the hospital facility addressed in 2019 the significant health needs identified in its 2016 Community Health Needs Assessment, and any such needs that were not addressed and the reasons why such needs were not addressed. The hospital facility conducted a Community Health Needs Assessment in 2016 and adopted an implementation strategy to address the significant health needs identified in the 2016 Community Health Needs Assessment in 2017 prior to May 15, 2017. This is the third-year update for AdventHealth Connerton's 2017-2019 Community Health Plan (Implementation Strategy). AdventHealth Connerton developed this plan and posted it by May 15, 2017 as part of its 2016 Community Health Needs Assessment process.For the development of both the Community Health Needs Assessment and the Community Health Plan/Implementation Strategy, AdventHealth Connerton worked to define and address the needs of low-income, minority and underserved populations in its service area. The 2016 Community Health Needs Assessment used primary data in interviews and surveys; secondary data from local, regional and national health-related sources; and Hospital prevalence data to help the Hospital determine the health needs of the community it serves. Once the data was gathered, the primary issues identified in the Needs Assessment were prioritized by community and Hospital stakeholders, who then selected key issues for the Hospital to address in its 2017-2019 Community Health Plan. The third-year progress on the Community Health Plan is noted below. The narrative describes the issues identified in 2016 and gives an update on the strategies addressing those issues. There is also a description of the identified issues that the Hospital is not addressing.AdventHealth Connerton chose five areas of focus for their 2017-2019 Community Health Plan: Obesity , Respiratory Diseases, Health Education, Family/Caregiver Burnout & Compassion Fatigue, and Transportation.Priority 1: Obesity2016 Description of the Issue: In the Hospital's provider service area: 23.9% of the population do not have leisure time for physical activity; 36.2% of adults aged 18 and o</p>

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Form and Line Reference	Explanation
AdventHealth Connerton	<p>lder self-report to be clinically overweight; and 29% of adults aged 20 and older self-report being clinically obese. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. 2019 Update: AHC-LTAC partnered with the American Diabetes Association (ADA) to host a pilot Morning Mile (MM) Program (before-school walking program) at two Title I schools in their PSA for the 2018 - 2019 school year. AdventHealth Connerton LTAC sponsored one school for the 2018-2019 school year - Pine View Elementary School. Due to challenges in the previous year with the ADA, the contract was not renewed for year three. This was due to a lack of the ADA reporting program outcomes and extremely poor management of the program overall by the ADA. Priority 2: Respiratory Diseases (as related to Adult Smoking) 2016 Description of the Issue: In the Hospital's service area 21.7% of adults aged 18 and older smoke some days or every day. Tobacco use is linked to leading causes of death including cancer and cardiovascular diseases. 2019 Update: AHC-LTAC renewed a partnership with Gulf Coast North Area Health Education Center, a part of the University of South Florida Area Health Education Council (AHEC), to host community smoking cessation classes at the Hospital. The AHEC program conducts a 7-month follow-up with class participants and results show a statewide quit rate of 37% (2015 state statistics). AHC -LTAC planned to waive any room rental fees. The target was to host five classes in 2019, but no classes were completed in 2019 and the subsequent targets were not met. Part of the work done in 2019 for this priority was reestablishing a value partnership with AHEC and development of a new referral process for the upcoming years to increase access, awareness and enrollment into the classes. Priority 3: Health Education 2016 Description of the Issue : Patterns of health statistics shown in the secondary data for the AdventHealth Connerton -LTAC Community Health Needs Assessment indicate significant need for healthy lifestyle education in the community. 2019 Update: AHC-LTAC sponsored the CREATION Health (CH) program which is a faith-based holistic (mental, physical, and spiritual) wellness program with lifestyle seminars and training programs in 2017. It taught eight universal principles of health (Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook, & Nutrition) for living a healthier and happier life. The eight-week seminar provided the best practices of whole person living based on Biblical principles and supported by evidence-based science. The outcome metrics for number of CH seminars provided and subsequent attached goals were adjusted to zero for year three. This decision was the result of the decision to develop programming at the division level that could be more accessible for community members while also having more internal support for successful deployment. AHC-LTAC sponsored the Complete Health Imp</p>

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Form and Line Reference	Explanation
AdventHealth Connerton	<p>Improvement Program (CHIP). CHIP is a lifestyle enrichment program designed to reduce disease risk factors through better health habits and appropriate lifestyle modifications. Program goals include: lower blood cholesterol, hypertension, and blood sugar levels, and reduce excess weight and stress through improved dietary choices, enhanced daily exercise, and increased support systems. No classes were implemented in year 3 due to the challenges identified in previous years, which are identified below. Some key challenges identified included class scheduling and longevity of individuals as participants in classes. Classes are held twice a week for nine weeks. This represents a serious commitment for participation and lifestyle changes. For our community populations, this commitment presents some challenges. We plan to consider future programming that will make it easy for the community to access and attend the health education classes for this area of priority. See Continuation</p>

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Form and Line Reference	Explanation
AdventHealth Carrollwood - Part V, Section B, Line 11 (Continuation):	<p>Priority 1: Diabetes/Obesity/Nutrition Gap Prevalence -continuedAdventHealth Carrollwood s ponsored the Complete Health Improvement Program (CHIP) in the first year of the implement ation plan. CHIP is a lifestyle enrichment program designed to reduce disease risk factors through better health habits and appropriate lifestyle modifications. Program goals inclu de: lower blood cholesterol, hypertension, and blood sugar levels, and reduce excess weigh t and stress through improved dietary choices, enhanced daily exercise and increased suppo rt systems. No classes were implemented in year three due to the challenges outlined below .A key challenge included the time commitment required to complete a twice weekly, nine-we ek program. For many participants this proved to be a barrier to successfully completing t he program. Successful completion of the program also requires significant lifestyle chang es that were unsustainable over the length of the program for many participants. For the p opulations we serve these barriers were insurmountable. We plan to consider future program ming that will be easier for the community to access, attend and achieve success.</p> <p>Priority 2: Access to Health (Elderly/Seniors Barriers)2016 Description of the Issue: AdventHealth Carrollwood (AHCW) is addressing the increasing social isolation, barriers to health acces s and food insecurity issues facing the senior population in its service area.2019 Update: There were two strategies to address this priority initially. The first strategy and subs equent goals were based on the development of a pilot program that would utilize technolog y to decrease social isolation and increase transportation access for seniors. This was re moved from the implementation plan in 2017 when the community benefit manager position was eliminated and there was no longer an individual to run point on the initiative. The seco nd strategy was to collaborate with local community partners on the creation of health/nut rition programs that would be accessible for seniors. The Hospital partnered with the Seni or Connection Center and the Health Services Advisory Group to offer health and nutrition related classes to seniors participating in the Food is Health program. The classes focuse d on chronic diseases, such as diabetes, and were offered at churches, community, and seni or centers in food deserts and/or low income/low access communities. In year three, the Ho spital also partnered with the Senior Connection Center to offer one series-based nutritio n class for a senior's group at Highland Pines Park Community Center. The Hospital also pa rtners with one county-run senior center (Town & Country Senior Center) and one city-run s enior center (Barksdale Senior Center) for the Food is Health program. Additionally, in ye ar three, a new partnership with the Health Council of West Central Florida was establishe d to discuss ways to help address social isolation in the elderly/senior population. This collaboration resulted in a pl</p>

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Form and Line Reference	Explanation
AdventHealth Carrollwood - Part V, Section B, Line 11 (Continuation):	<p>an to incorporate this strategy into mental health interventions/activities in the 2020 - 2022 Community Health Plans. Priority 3: Childhood Obesity 2016 Description of the Issue: In the 2016 CHNA, lack of exercise was identified as a priority, which we are addressing through our childhood obesity work. With 1.1 million children in Florida classified as obese, AdventHealth Carrollwood wants to encourage a healthier lifestyle and dietary habits with youth in its service area. The journey to better choices will lead to decreased need for healthcare treatments for chronic diseases in the future. 2019 Update: The Hospital partnered with the American Diabetes Association (ADA) to host a pilot Morning Mile (MM) Program (before-school walking program) at two Title I schools in their PSA for the 2018 - 2019 school year. AdventHealth Carrollwood sponsored two schools, Dunbar Elementary Magnet School and Sligh Middle Magnet School. Although, year two goals exceeded expectations with 95% of the student population participating in the program, we decided not to renew the contract for the MM program for a third year. This decision was made due to a lack of reporting in outcomes and extremely poor management of the program overall by the ADA. In the original implementation plan, there was also a strategy to implement a "Fun Bites" program, with the goal of decreasing childhood obesity through increasing access to healthy snack food. The local Department of Health took over the program and the Hospital is no longer involved in it. As a result, the strategy was removed from the original plan. Priority 4: Family Support 2016 Description of the Issue: Current environmental factors, such as sub-standard housing, multi-generational families under one roof, un- or underemployment, and lack of consistent access to food and healthy food may put individuals at risk for further health issues. In Hillsborough County, the eighth largest public-school system in the country, more than 3,000 children are self-identified as homeless. This has impact on their physical, emotional, and behavioral health as well as that of their families. AdventHealth Carrollwood is creating a collaborative to prevent and ease the health impacts of this environmental issue. 2019 Update: The goal of this strategy was to convene community experts to create a model for ensuring physical and emotional health support for homeless children in public schools through stable housing and health support resources. As mentioned in our year two updates, due to the elimination of the community benefit manager position in 2017, there was no staff available to initiate this priority strategy. In year three, the West Florida Division Community Benefit team worked to incorporate family support into the FiH program to address lack of consistent access to food for families. Community Needs Not Chosen by AdventHealth Carrollwood: The primary and secondary data in the Community Health Needs Assessment identified multiple com</p>

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Form and Line Reference	Explanation
AdventHealth Carrollwood - Part V, Section B, Line 11 (Continuation):	<p>munity issues. Hospital and community stakeholders used the following criteria to narrow the larger list to the priority areas noted above:</p> <ol style="list-style-type: none"> 1. How acute is the need? (based on data and community concern) 2. What is the trend? Is the need getting worse? 3. Does the Hospital provide services that relate to the priority? 4. Is someone else or multiple groups in the community already working on this issue? 5. If the Hospital were to address this issue, are there opportunities to work with community partners? <p>Based on this prioritization process, the Hospital did not choose the following community issues:</p> <p>A. Mental Health: AdventHealth Carrollwood does not provide mental health services. The Hospital makes referrals to other local agencies that are better skilled at serving these needs.</p> <p>B. Low-income Poverty: AdventHealth Carrollwood does not have the ability to directly impact this population. Other collaborations in the community are addressing this issue.</p> <p>C. Education/Literacy: AdventHealth Carrollwood does not have the ability to directly impact this issue. Other collaborations in the community are working on these issues.</p>

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

Form and Line Reference	Explanation
AdventHealth Tampa - Part V, Section B, Line 11 (Continuation):	<p>Priority 3: Low Food Access/Nutrition2016 Description of the Issue: This need was identified as one for which lacked sufficient resources in the community.2019 Update: The strategy to address this need was to provide nutrition education and access to healthy food for under and uninsured individuals in targeted zip codes through the Food is Health Program (formally called Food is Medicine). AdventHealth Tampa partnered with local community organizations to address the nutritional needs of those in communities designated as food deserts or low income/low food access areas with the Food is Health Program. The Food is Health (FiH) program provides health and lifestyle educational opportunities, biometric screenings , and access to healthy produce and dry goods. In year three, 360 fresh produce vouchers were distributed to participants, which fell below the goal of 400. However, AdventHealth Tampa did exceed the goal of a reduction of 10% in blood sugar levels for participants. Blood sugar levels were measured by blood draws the first and last day of the education series with the actual number reached being 30%. In year three, the program had 49 participants , which did fall short of the targeted goal.The increased success of the FiH program has been due to our active participation in maintaining community partnerships, the restructure of the program implementation strategies to reflect available resources and opportunities , and the increase of internal organizational support to hire additional coordinators to manage the program. We continue to realize that we cannot run this program without strong partnerships with health education providers, local fresh produce vendors and other community-based organizations that are the boots on the ground addressing social determinants of health. Our West Florida Division Community Benefit team continues to manage our community partnerships by regularly attending community meetings and actively engaging with food security initiatives. In year two, we launched new strategies for marketing the free FiH classes to the community and hope to engage our community in more effective ways to encourage participation. Examples of the marketing strategies implemented in year three include: local advertisement in community newspapers, media interviews to educate the community on the FiH program and its partnerships, internal education campaigns with Hospital team members and a collaboration with internal marketing teams to develop strategies to increase program awareness. Priority 4: Mental Health Disorders/Substance Abuse (Drugs and Alcohol)2016 Description of the Issue: This need was identified as one which lacked sufficient resources and referral networks in the community. More than 800 people were referred from the Hospital's emergency department to mental health providers in 2015, indicating a need for additional resources and referral networks.2019 Update: In year three, our CARE 360 transition specialists and Case Management</p>

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

Form and Line Reference	Explanation
AdventHealth Tampa - Part V, Section B, Line 11 (Continuation):	<p>ent teams have worked to increase awareness and access to mental health networks available throughout the AdventHealth Tampa primary service area. Patients that are identified as n eeding mental health and/or behavioral health services in our emergency department are pro vided referrals to appropriate avenues of care. An immediate connection or referral can be made to a local community partner called Gracepoint, a private, non-profit behavioral hea lth center, with whom the Hospital has a long-standing relationship. Located in the Hospit al's emergency department is a Gracepoint Care Navigator, who can provide an immediate con nection or referral as needed. In year three 64% (1,067 patients) of referrals were from t he targeted under/uninsured zip codes within our community, this did fall short of our tar get goal of 95%. Overall, this partnership has been one of the most successful in achievin g the goals of the implementation plan and we continue to look for additional opportunitie s to grow this relationship.</p> <p>Priority 5: Access to Care (Primary and Dental/Smoking Cessati on)2016 Description of the Issue: This need was identified as having insufficient communit y resources to address it, giving the Hospital an opportunity to collaborate and link avai lable services.2019 Update: The Hospital had two strategies to address the access to care priority. The first, to provide smoking/tobacco cessation classes and the second, to conne ct emergency room patients to the Tampa Family Health Federally Qualified Health Center th rough a referral system. AdventHealth Tampa offered the "iQuit Tobacco" program in partner ship with AHEC (Area Health Education Centers). The AHEC program has a 7-month follow-up w ith class participants and results in a statewide quite rate of 37% (as of 2015).The year three goal was to offer 10 classes or sessions. However, this goal was not met, with only six classes/sessions offered. Challenges that impacted the success of the strategy were lo w attendance in sessions and a lack of enrollment and participation. This is not unusual f or smoking cessation programs, but data has shown that those who attend classes are more l ikely to maintain cessation. In 2019, AdventHealth Tampa did increase efforts to collabora te with AHEC to improve attendance. New recruitment strategies include working more closel y with community partners to identify residents in the target population who may want to a ttend. The Hospital did not meet the referral goal that had been set of 64% but did provid e 54% of uninsured/underinsured patients from targeted zip codes successful referrals to p rimary care at Tampa Family Health (FQHC) a federally qualified health center.Community Ne eds Not Chosen by AdventHealth Tampa:The primary and secondary data in the Community Healt h Needs Assessment identified multiple community issues. Hospital and community stakeholde rs used the following criteria to narrow the larger list to the priority areas noted above :1. How acute is the need? (ba</p>

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

Form and Line Reference	Explanation
AdventHealth Tampa - Part V, Section B, Line 11 (Continuation):	<p>sed on data and community concern)2. What is the trend? Is the need getting worse?3. Does the Hospital provide services that relate to the priority? 4. Is someone else or multiple groups in the community already working on this issue? 5. If the Hospital were to address this issue, are there opportunities to work with community partners? Based on this prioritization process, the Hospital did not choose the following community issues:1. Cancer: The re are existing community resources and internal Hospital resources in place.2. Heart Disease: This issue is a significant health priority for the AdventHealth Tampa service area and is already being addressed. The Pepin Heart Institute at AdventHealth Tampa already provides heart disease treatment as well as screenings and support groups such as Mended Hearts.3. Preventable Hospital Events: By addressing other priority areas, a correlating decrease in Preventable Hospital events should follow.4. Maternal and Child Health: AdventHealth Tampa provides OB and maternal-infant services as well as many new-mother and parent support programs. The Hospital is working with local FQHCs (Federally Qualified Health Centers) to increase the number of low-income women who receive early prenatal care and is working with the All Baby & Child Spring Educational Conference as well as Healthy Start programs to increase the number of women who attend prepared childbirth classes. In addition, the Community Health Needs Assessment Committee determined that multiple community partners are already working on this issue, including the local Health Department, the federal Healthy Start Coalition and the Maternal & Child Health Program at the University of South Florida, and the Tampa Bay Doula program.5. Teen Pregnancy: Teen pregnancy prevention is not a core competency of AdventHealth Tampa. The Hospital does provide and support the services noted above.6. Respiratory Diseases/Asthma: The Community Health Needs Assessment Committee determined that, while these are important health issues, AdventHealth Tampa does not have the outreach capacity to build a new program around respiratory disease.</p>

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

Form and Line Reference	Explanation
AdventHealth Connerton - Part V, Section B, Line 11 (Continuation):	<p>Priority 4: Family/Caregiver Burnout & Compassion Fatigue 2016 Description of the Issue: Programming and support for community first responders as well as employees and family members. 2019 Update: AHC-LTAC's leadership team has been trained in Critical Incident Debriefing, a program which provides resources for first responders to better equip them to meet the needs of their communities. This team now works with patients, families and employees. The Critical Incident Debriefing service was expanded to community caregivers and first responders in 2016. AHC-LTAC also implemented a Caring for Caregivers program for patient families, community, first responders and staff. The Hospital has allocated \$14,300 to the Caring for Caregivers Program Coordinator. The goals are to help LTAC families reduce their stress levels. Program components include screening for stressors, counseling and support and an updated reporting system for families who have concerns about their loved ones. This program has created a roving comfort cart with healthy snacks and bottled water for staff and visitors, a Recharge Room that includes soft music, aromatherapy and relaxing activities and Zumba classes. In year three outcomes show a 100% increase in rate of completion of activities implemented to reduce stress, 35% engaged in the healthy snacks program (which exceeds the expected outcome of 20% increase), and 86% of employees reported being engaged by the program initiatives to assess and identify stressors (which exceeds the expected outcome of 78%). Furthermore, the Hospital continued to offer a healing area onsite (healing environment) and provided essential oils, adult coloring books and sand bar to patients and families.</p> <p>Priority 5: Transportation 2016 Description of the Issue: Some family members of patients come from long distances in Florida or from out-of-state. They may not have rental cars, and the nearest lodging is 13 miles away. 2019 Update: AHC-LTAC provides family transportation to LTAC families without automobiles. AHC-LTAC continues to collaborate with the Pasco Economic Development Commission to find lodging solutions (for families) closer to the Hospital. In 2019, over 1200 free shuttle runs were provided to AdventHealth Connerton patient families. The Hospital provided a total of \$38,000 to cover costs associated with the shuttle. Community Needs Not Chosen by AdventHealth Connerton: The primary and secondary data in the Community Health Needs Assessment identified multiple community issues. Hospital and community stakeholders used the following criteria to narrow the larger list to the priority areas noted above: 1. How acute is the need? (based on data and community concern) 2. What is the trend? Is the need getting worse? 3. Does the Hospital provide services that relate to the priority? 4. Is someone else or multiple groups in the community already working on this issue? 5. If the Hospital were to address this issue, are there opportunities to work with com</p>

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

Form and Line Reference	Explanation
AdventHealth Connerton - Part V, Section B, Line 11 (Continuation):	munity partners? Based on this prioritization process, the Hospital did not choose the fol lowing community issues:A. Lack of Access to Healthcare: No LTAC Capacity;B. Heart Disease /Stroke: LTAC can refer to other AdventHealth facilities;C. Access to Dental Care: No LTAC capacity, not a patient need;D. Low-income/poverty: No LTAC Capacity;E. Access to Healthy Food: LTAC does not provide similar lines of services.

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 7a	Each hospital facility's CHNA report was made widely available through the following websites: Facility 1 -- AdventHealth Tampa https://www.adventhealth.com/community-health-needs-assessments Facility 2 -- AdventHealth Carrollwood https://www.adventhealth.com/community-health-needs-assessments Facility 3 -- AdventHealth Connerton https://www.adventhealth.com/community-health-needs-assessments

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 10a	Each hospital facility's Implementation plan was made widely available through the following websites: Facility 1 -- AdventHealth Tampa https://www.adventhealth.com/community-health-needs-assessments Facility 2 -- AdventHealth Carrollwood https://www.adventhealth.com/community-health-needs-assessments Facility 3 -- AdventHealth Connerton https://www.adventhealth.com/community-health-needs-assessments

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 16a, b, and c:	The Financial Assistance Policy for each facility can be found at URL: https://www.adventhealth.com/legal/financial-assistance The Financial Assistance Policy application for each facility can be found at: https://www.adventhealth.com/legal/financial-assistance The plain language summary for each facility is available at: https://www.adventhealth.com/legal/financial-assistance

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 8 - 10a	The filing organization's three hospital facilities adopted a Community Health Needs Assessment Report by 12/31/2019 and were in the process of developing Community Health Needs Implementation Strategies at that time. Each of the hospital facility's 2020-2022 Community Health Needs Implementation Strategy is documented in a written report called the "Community Health Plan". The Community Health Plan (CHP) describes how the hospital facility plans to meet its identified prioritized health needs or identifies the health need as one the hospital facility does not intend to specifically address and provides an explanation as to why the hospital facility does not intend to address that health need. Each of the hospital facility's 2020-2022 CHP was adopted by May 15, 2020 and is posted on each of the hospital facility's websites. As each of the hospital facility's 2020-2022 Community Health Needs Implementation Strategy was not adopted by the end of the hospital organization's taxable year of December 31, 2019, Schedule H, Part V, Section B, line 9 indicates that 2017 was the tax year in which each of the hospital facilities last adopted an implementation strategy. Schedule H, Part V, Section B, Line 10a reflects the website address for each of the hospital facility's 2014-2016, 2017-2019, and 2020-2022 Implementation Strategies.

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
University Community Hospital Inc

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
59-1113901

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5

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

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

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

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

Return Reference	Explanation
Part I, Line 2:	Grants are generally made only to related organizations that are exempt from Federal Income Tax under 501(c)(3), or to other non-profit community organizations. Accordingly, the filing organization has not established specific procedures for monitoring the use of grant funds in the United States as the filing organization does not have a grant making program that would necessitate such procedures.

Additional Data

Software ID:
Software Version:
EIN: 59-1113901
Name: University Community Hospital Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association Inc 11207 Blue Heron Blvd N St Petersburg, FL 33716	13-5613797	501(c)(3)	30,000				General Support
Lowry Park Zoological Society of Tampa Inc 1101 W Sligh Ave Tampa, FL 33604	59-2328289	501(c)(3)	15,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University Area Community Development Corp Inc 14013 N 22nd St Suite A Tampa, FL 33613	31-1624121	501(c)(3)	10,000				General Support
American Lung Association 100 S Ashley Drive Suite 275 Tampa, FL 33602	13-1632524	501(c)(3)	7,500				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bret Miller 1T Foundation 4222 W 69th Terrace Prairie Village, KS 66208	30-0629446	501(c)(3)	7,500				General Support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
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 University Community Hospital Inc		Employer identification number 59-1113901

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

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

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

[illegible]

Part II

Part III

Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	<p>The filing organization is a part of the system of healthcare organizations known as AdventHealth. Members of the filing organization's executive management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of the healthcare system known as AdventHealth. AHSSHC is exempt from federal income tax under IRC Section 501(c)(3). The filing organization reimburses AHSSHC for the salary and benefit cost of those executives on the payroll of AHSSHC. At the direction of AHSSHC, and in accordance with the reserved powers in the filing organization's governing documents, the executive team listed on Part VII provides services to the filing organization. First-class or charter travel: Pursuant to the AdventHealth system-wide general policy regarding business travel, no reimbursement will be provided for any additional cost incurred with respect to first-class or charter air travel beyond the cost of a regular coach airfare. As a means of providing additional business travel reimbursement for those members of the AHSSHC senior executive management team that travel frequently on behalf of AdventHealth, a special annual travel allowance is provided for those executives. As AdventHealth operates 47 hospitals in 9 states, the senior leadership of AHSSHC travel extensively and often visit multiple hospital locations in different states as a part of a single business trip. The special travel allowance can provide reimbursements to the executive for such items as the purchase of air travel upgrade coupons, to cover the cost differential between coach and first-class travel, or to cover the cost of a charter flight. The special travel allowance benefit was originally authorized by and codified into a policy by the AHSSHC Board Compensation Committee (the Committee), an independent body of the AHSSHC Board of Directors, who also approves the annual cap on the amount of the allowance. The special travel allowance has an annual cap of \$24,000 for members of the Leadership Executive Team (AdventHealth Cabinet - 13 members) and \$15,000 for AdventHealth Corporate Office Senior Vice Presidents, Regional CEO's and Division Chief Officers (generally 20-30 individual executives). The Regional SEO and the Regional CEO for the AdventHealth West Florida Division are members of the Board of Directors of the filing organization. The AdventHealth West Florida Region CFO and CNO are also listed on Part VII and are eligible for the special travel allowance. All of the individuals serving in these roles are considered common law employees of and are on the payroll of AHSSHC. While the special travel allowance benefit is an AHSSHC compensation policy and practice, the cost of providing this benefit is allocated to and reimbursed in part by the filing organization. Accordingly, the filing organization has checked the box in Schedule J, Part I, line 1a for first-class or charter travel since it has partially paid for the cost of providing this benefit. Those executives who receive the special travel allowance are responsible for tracking the expenses reimbursable under the special travel allowance and must submit such expenses on their accountable plan expense report. Any taxable reimbursements made to executives under the special travel allowance arrangement are treated as taxable compensation to the executive. Travel for companions: AHSSHC has a Corporate Executive Policy that provides a benefit to allow for a traveling AHSSHC executive to have his or her spouse accompany the executive on certain business trips each year. Typically, reimbursement is only provided to certain executive leaders and is usually limited to one business trip per year beyond the annual AdventHealth President's Council business meeting and other meetings where the spouse is specifically invited. The AHSSHC Corporate Executive Spousal Travel Policy was originally approved and reviewed by the AHSSHC Board Compensation Committee, an independent body of the AHSSHC Board of Directors. All spousal travel costs reimbursed to the executive are considered taxable compensation to the executive. Tax Indemnification and gross-up payments: AdventHealth has a system-wide policy addressing gross-up payments provided in connection with employer-provided benefits/other taxable items. Under the policy, certain taxable business-related reimbursements (i.e. taxable business-related moving expenses, taxable items provided in connection with employment) provided to any employee may be grossed-up at a 25% rate upon approval by the filing organization's CEO and CFO. Additionally, employees at the Director level and above are eligible for gross-up payments on gifts received for board of director services. Discretionary spending account: Nominal discretionary spending amounts are periodically provided to eligible executives who attend annual business meetings such as the AdventHealth CFO Conference or the CMO/CNO business meeting (\$300 or less per executive). Payments provided to each executive are considered taxable compensation to the executive. Housing allowance or residence for personal use: AHSSHC has a Corporate Executive Policy that addresses assistance to executives who have been relocated by the company during the year. Relocation assistance provided to executives may include relocation allowances to assist with duplicate housing expenses. Relocation assistance is administered per AHSSHC policy by an external relocation company. Any taxable reimbursements made to executives in connection with relocation assistance are treated as wages to the executive and are subject to all payroll withholding and reporting requirements. Health or social club dues or initiation fees: AHSSHC has a Corporate Executive Policy that addresses business development expenditures. Under this policy, certain AdventHealth eligible executives may be reimbursed for member dues and usage charges for a country club or other social club upon authorization. Club memberships must be recommended by the CEO of the AdventHealth hospital organization and approved by the Chairman of the Board of Directors of the organization. In addition, the proposed membership must be approved annually by the AHSSHC Board Compensation Committee, an independent committee of the Board of Directors of AHSSHC. Eligible executives are limited to certain senior level executives (hospital organization CEOs, the CEO of the nursing home region of AdventHealth, senior vice presidents at three large hospital organizations, regional CEOs and CFOs and the president and senior vice presidents of AHSSHC). In the current year, for this filing organization, one executive was eligible to receive reimbursement for club fees. Each AdventHealth executive who is approved for a club membership must submit an annual report to the AHSSHC Board Compensation Committee that describes how the membership benefited their organization during the preceding year. Additionally the Regional CEO and SEO of the West Florida Division of AdventHealth are listed on Part VII of the Form 990 and were reimbursed for social club dues. While the club dues membership is an AHSSHC compensation policy and practice, the cost of providing this benefit for the Regional CEO and SEO is allocated to and partially reimbursed by the filing organization.</p>
Part I, Line 3	<p>The individual who serves as the CEO of the filing organization is appointed and compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). Compensation and benefits provided to this individual are determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958. AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53.4958-6 with respect to its active executive-level positions. The AHSSHC Board Compensation Committee (the Committee) serves as the governing body for all executive compensation matters. The Committee is composed of certain members of the Board of Directors (the Board) of AHSSHC. Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC. The Committee's role is to review and approve all components of the executive compensation plan of AHSSHC. As an independent governing body with respect to executive compensation, it should be noted that the Committee will often confer in executive sessions on matters of compensation policy and policy changes. In such executive sessions, no members of management of AHSSHC are present. The Committee is advised by an independent third-party compensation advisor. This advisor prepares all the benchmark studies for the Committee. Compensation levels are benchmarked with a national peer group of other not-for-profit healthcare systems and hospitals of similar size and complexity to AdventHealth and each of its affiliated entities. The following principles guide the establishment of individual executive compensation: - The salary of the President/CEO of AdventHealth will not exceed the 50th percentile of comparable salaries paid by similarly situated organizations; and - Other executive salaries shall be established using market medians. The compensation philosophy, policies, and practices of AHSSHC are consistent with the organization's faith-based mission and conform to applicable laws, regulations, and business practices. As a faith-based organization sponsored by the Seventh-day Adventist Church (the Church), AHSSHC's philosophy and principles with respect to its executive compensation practices reflect the conservative approach of the Church's mission of service and were developed in counsel with the Church's leadership.</p>
Part I, Lines 4a-b	<p>During the year ending December 31, 2019, John Chubb and Theresa Trivette received severance payments in the amount of \$96,836 and \$46,877 respectively. Pursuant to the AHSSHC Corporate Executive Policy governing executive severance, severance agreements for executives operating at the Vice President level and above are entered into upon eligibility to facilitate the transition to subsequent employment following an involuntary separation from employment with AdventHealth. Schedule J, Part I, Line 4b: As discussed in Line 1a above, executives on the filing organization's management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of a healthcare system known as AdventHealth. In recognition of the contribution that each executive makes to the success of AdventHealth, AdventHealth provides to eligible executive's participation in the AdventHealth Executive FLEX Benefit Program (the Plan). The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including a split dollar life insurance policy and long-term care insurance, to individually tailor a benefits program appropriate to each executive's needs. The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits. The pre-determined benefits allowance credit percentage is approved by the AHSSHC Board Compensation Committee, an independent committee of the Board of Directors of AHSSHC. Any funds that remain after the cost of mandatory and elective benefits are subtracted from the annual pre-determined benefits allowance are contributed, at the employee's option, to either an IRC 457(f) deferred compensation account or to an IRC 457(b) eligible deferred compensation plan. Upon attainment of age 65, all previous 457(f) deferred amounts are paid immediately to the participant and any future employer contributions are made quarterly from the Plan directly to the participant. The Plan documents define an employee who is eligible to participate in the Plan to generally include the Chief Executive Officers of AdventHealth entities and Vice Presidents of all AdventHealth entities whose base salary is at least \$260,000. The Plan provides for a class year vesting schedule (2 years for each class year) with respect to amounts accumulated in the executive's 457(f) deferred compensation account. Distributions could also be made from the executive's 457(f) deferred compensation account upon attainment of age 65 or upon an involuntary separation. The account is forfeited by the executive upon a voluntary separation. In addition to the Plan, AdventHealth has instituted a defined benefit, non-tax-qualified deferred compensation plan for certain executives who have provided lengthy service to AdventHealth and/or to other Seventh-day Adventist Church hospitals or health care institutions. Participation in the plan is offered to AdventHealth executives on a pro-rata schedule beginning with 20 years of service as an employee of AdventHealth and/or another hospital or health care institution controlled by the Seventh-day Adventist Church and who satisfy certain other qualifying criteria. This supplemental executive retirement plan (SERP) was designed to provide eligible executives with the economic equivalent of an annual income beginning at normal retirement age equal to 60% of the average of the participant's three, five or seven highest years of base salary from AdventHealth active employment inclusive of income from all other Seventh-day Adventist Church healthcare employer-financed retirement income sources and investment income earned on those contributions through social security normal retirement age as defined in the plan. The number of years included in highest average compensation is determined by the individual's year of entry to the SERP and by the individual's year of entry to the AdventHealth Executive FLEX Benefit Program. Additionally, AdventHealth has adopted a Senior Executive Death Benefit (SEDB) Plan in recognition of the considerable age and service requirements in the SERP. The SEDB Plan provides a benefit in an amount equal to the amount the executive's benefit would have been under the SERP Plan assuming that, on the date of the executive's death (and not before), the executive satisfied the last of the eligibility requirements of the SERP Plan with present value recognizing an early benefit commencement. An eligible executive becomes a participant in the SEDB Plan if the executive dies prior to termination of employment, provided the executive has not satisfied all of the eligibility requirements of SERP as of the executive's date of death but would have satisfied all of those requirements within five (5) years following death had the executive lived and continued employment. The SEDB Plan was reviewed and approved by the AHSSHC Board Compensation Committee, an independent body of the AHSSHC Board of Directors. Flex Plan Flex Plan/ SERP 457(b) CY CY Employer CY Contrib./ Distributions Contrib. Distributions* Payment ----- Schultz, Michael \$169,331 \$150,331 \$275,464 \$ 0 Bergherm, Bruce \$ 92,206 \$ 42,088 \$249,122 \$ 0 Johnson, Joel \$ 48,976 \$ 23,688 \$302,346 \$ 0 Adams, Brian \$ 75,294 \$ 68,937 \$ 0 \$ 0 Didenko, Vadym \$ 70,126 \$ 56,302 \$ 0 \$ 0 Bales-Chubb, Denyse \$ 69,543 \$ 42,449 \$ 0 \$ 0 Skula, Erika \$ 33,929 \$ 5,505 \$ 0 \$ 0 McGuinness, Robin \$ 51,397 \$ 29,014 \$ 0 \$ 0 Torres, MD, Michael \$ 48,534 \$ 29,378 \$ 0 \$ 0 Jiang-Saldana, Hui \$ 32,292 \$ 25,825 \$ 0 \$ 0 Coe, Jason \$ 28,867 \$ 9,772 \$ 0 \$ 0 Bjornstad, MD, Brad \$ 47,795 \$ 28,795 \$ 0 \$ 0 Ross, MD, Douglas \$ 26,160 \$ 0 \$ 0 \$ 0 Heinrich, William \$ 20,570 \$ 0 \$ 0 \$ 0 Dunkel, Jason \$ 20,359 \$ 0 \$ 0 \$ 0 Shaw, Brigitte \$ 26,205 \$ 13,960 \$ 0 \$ 0 Cox, Shane \$ 25,568 \$ 6,551 \$ 0 \$ 0 Davis, Tyson \$ 3,125 \$ 0 \$ 0 \$ 0 Chubb, John \$ 0 \$ 48,129 \$ 0 \$ 32,607 * Including Investment Earnings</p>

Additional Data

Software ID:
Software Version:
EIN: 59-1113901
Name: University Community 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				
1Schultz Michael H Vice Chair/CEO West FL Reg	(i)	0	0	0	0	0	0	0
	(ii)	898,069	339,520	620,298	15,087	35,222	1,908,196	0
1Bergherm Bruce Dir/SEO West FL Region	(i)	0	0	0	0	0	0	0
	(ii)	549,470	152,709	341,383	97,292	26,987	1,167,841	41,695
2Johnson Joel Former CEO - Carrollwood	(i)	0	0	0	0	0	0	0
	(ii)	420,002	109,324	366,543	45,063	35,903	976,835	23,449
3Adams Brian S Director/CEO (end 5/19)	(i)	0	0	0	0	0	0	0
	(ii)	525,143	116,724	92,751	71,381	40,686	846,685	67,282
4Didenko Vadym V Former Officer - CFO West FL Region	(i)	0	0	0	0	0	0	0
	(ii)	504,495	114,100	90,804	66,213	41,595	817,207	51,481
5Bales-Chubb Denyse Director/CEO (beg 7/19)	(i)	0	0	0	0	0	0	0
	(ii)	458,932	89,200	58,065	84,630	30,524	721,351	42,579
6Skula Erika CEO - Carrollwood	(i)	0	0	0	0	0	0	0
	(ii)	316,654	47,646	287,454	30,016	23,037	704,807	5,449
7Mcguinness Robin J Former Key Emp-CNO West Region	(i)	0	0	0	0	0	0	0
	(ii)	386,439	75,290	44,553	66,484	23,169	595,935	28,554
8Torres MD Michael A Former CMO - Tampa	(i)	0	0	0	0	0	0	0
	(ii)	374,999	69,691	63,564	44,621	25,178	578,053	28,782
9Jiang-Saldana Hui Former COO - Tampa	(i)	0	0	0	0	0	0	0
	(ii)	353,348	48,951	54,841	28,379	37,166	522,685	24,479
10Coe Jason COO - Tampa	(i)	0	0	0	0	0	0	0
	(ii)	339,662	60,939	25,435	38,953	36,528	501,517	9,819
11Bjornstad MD Brad CMO - Carrollwood	(i)	0	0	0	0	0	0	0
	(ii)	336,798	65,274	71,880	15,087	11,596	500,635	0
12Ross MD Douglas CMO - Tampa	(i)	0	0	0	0	0	0	0
	(ii)	288,905	0	146,914	21,754	26,215	483,788	0
13Lambert MD Charles Physician/Medical Director	(i)	382,028	30,600	29,333	15,087	18,155	475,203	0
	(ii)	0	0	0	0	0	0	0
14Heinrich William CFO - Tampa (end 6/19)	(i)	0	0	0	0	0	0	0
	(ii)	306,519	55,072	26,175	16,657	38,232	442,655	0
15Dunkel Jason Director (beg 5/19)	(i)	0	0	0	0	0	0	0
	(ii)	305,675	43,431	33,548	16,446	36,026	435,126	0
16Shaw Brigitte W CBDO - Tampa	(i)	0	0	0	0	0	0	0
	(ii)	285,796	39,029	42,901	22,292	25,243	415,261	13,626
17Cox Shane H Former CFO - Carrollwood	(i)	0	0	0	0	0	0	0
	(ii)	283,252	39,724	37,152	21,654	29,581	411,363	6,677
18Davis Tyson CFO - Tampa (beg 10/19)	(i)	0	0	0	0	0	0	0
	(ii)	264,979	45,335	22,114	15,087	33,303	380,818	0
19Trivette Theresa CNO - (end 10/19)	(i)	0	0	0	0	0	0	0
	(ii)	195,649	36,184	76,735	12,693	22,570	343,831	0

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				
21 Chubb John Former COO-Carrollwood	(i)	0	0	0	0	0	0	0
	(ii)	0	43,563	181,413	1,133	2,592	228,701	80,736
1 Sauder Christopher CFO - Carrollwood	(i)	0	0	0	0	0	0	0
	(ii)	211,267	39,666	1,596	13,313	33,437	299,279	0
2 Escousse Thomas AVP & ED Cardio Services	(i)	221,829	19,048	5,753	13,083	19,622	279,335	0
	(ii)	0	0	0	0	0	0	0
3 Strech Scott AVP Cardio Services	(i)	147,704	13,860	59,153	8,675	15,761	245,153	0
	(ii)	0	0	0	0	0	0	0
4 Chu Loc Cardio Invasive Specialist	(i)	65,065	5,695	150,310	11,604	8,636	241,310	0
	(ii)	0	0	0	0	0	0	0
5 Long Tammy Exec Dir of Nursing	(i)	56,872	5,328	153,647	5,108	20,155	241,110	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
University Community Hospital Inc

Employer identification number
59-1113901

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) Nicholas Boigenzahn	Family of Board Member	36,832	Employee Compensation		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

Name of the organization

University Community 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**

59-1113901

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part V, Line 1a	The parent corporation and sole top-tier member of University Community Hospital, Inc. (the filing organization) is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). AHSSHC has established a shared service center to centralize the Accounts Payable (A/P) function for all AHSSHC subsidiary organizations. The filing organization has entered "0" in Part V, Line 1a because the filing organization no longer issues Form 1099 returns, rather, all such returns are filed by and under the name and EIN of AHSSHC as the payor subject to the information reporting requirements of Section 6041. The facts and circumstances support a position that AHSSHC, as a payor on behalf of its subsidiary organizations in a shared service environment, will have sufficient management and oversight in connection with the subsidiary organizations' payments to meet the standard set forth in Treas. Reg. Section 1.6041-1(e). AHSSHC will not merely be making payments at the direction of its subsidiary organizations. Accordingly, AHSSHC is considered the payor subject to the information reporting requirements of Section 6041.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	<p>University Community Hospital, Inc. (the filing organization) has one member. The sole member of the filing organization is Adventist Health System Sunbelt Healthcare Corporation.</p> <p>Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). There are no other classes of membership in the filing organization.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The sole member of the filing organization is AHSSHC. AHSSHC appoints all voting members t o the Board of Directors of UCH. Regular directors are nominated by the Board of Directors of UCH but must be appointed by the member.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	AHSSHC, as the sole member of the filing organization, has certain reserved powers as set forth in the Bylaws of the filing organization. These reserved powers include the following: 1) The approval or disapproval of the Bylaws of the filing organization; 2) To set limits and terms for the borrowing of funds in excess of \$100,000; 3) The approval or disapproval of single expenditures and/or the purchase or sale of real property in excess of one million dollars; 4) To direct the placement of funds and capital of the filing organization; 5) To establish general guiding policies; and 6) To approve the identity of an auditing firm and election of the fiscal year for the filing organization.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII, Section A	<p>For those Board of Director members (not including physician members of the board), office r(s) and key employees who devote less than full-time to the filing organization (based up on the average number of hours per week shown in column (B) on page 7 of the return) the c ompensation amounts shown in columns (E) and (F) on page 7 were provided in conjunction wi th that person's responsibilities and roles in serving in an executive leadership position as an employee of Adventist Health System Sunbelt Healthcare Corporation. Physician membe rs of the Board of Directors received compensation from related organizations as a result of providing various medical services to those related entities.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VIII, Lines 7a, b and c:	The amounts shown in Part VIII, Lines 7a(i) and 7c(i) of the Form 990 represents an allocated share of capital gain/(loss) from a system wide, corporate administered, investment program.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	<p>Payments to Healthcare Professionals: Program service expenses 53,978,413. Management and general expenses 0. Fundraising expenses 0. Total expenses 53,978,413. Professional Fees: Program service expenses 9,029,049. Management and general expenses 0. Fundraising expense s 0. Total expenses 9,029,049. Purchased Medical Services: Program service expenses 13,281,684. Management and general expenses 0. Fundraising expenses 0. Total expenses 13,281,684 . Environmental Services: Program service expenses 1,970,551. Management and general expen ses 0. Fundraising expenses 0. Total expenses 1,970,551. Transcription Services: Program s ervice expenses 235,810. Management and general expenses 0. Fundraising expenses 0. Total expenses 235,810. Recruiting: Program service expenses 555,357. Management and general exp enses 0. Fundraising expenses 0. Total expenses 555,357. Food Service Contracts: Program s ervice expenses 169. Management and general expenses 0. Fundraising expenses 0. Total expe nses 169. Miscellaneous Purchased Services: Program service expenses 6,181,839. Management and general expenses 0. Fundraising expenses 0. Total expenses 6,181,839. AdventHealth Ma nagement Fees: Program service expenses 0. Management and general expenses 8,596,036. Fund raising expenses 0. Total expenses 8,596,036. Billing & Collection Services: Program servi ce expenses 0. Management and general expenses 5,669,434. Fundraising expenses 0. Total ex penses 5,669,434. AdventHealth Shared Services Fees: Program service expenses 0. Managemen t and general expenses 5,917,732. Fundraising expenses 0. Total expenses 5,917,732.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	ASC 842 Lease Accounting Adjustments -1,276,099. Pension Liability Adjustment -1,981,222. Transfer to top-tier tax-exempt parent -10,847,066. Transfer from tax-exempt sub 260,665. Gift from Foundation 4,133,866. Interest in Foundation Restricted Earnings 1,583,155. Allocation to tax-exempt parent with respect to debt -634,598. Net Transfer to tax-exempt affiliates -69,770,256. Rounding 4.

990 Schedule O, Supplemental Information

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

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
University Community Hospital Inc

Employer identification number
59-1113901

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.

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

No

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

See Additional Data Table

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

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:
Software Version:
EIN: 59-1113901
Name: University Community 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
187 PR 4060 Lampasas, TX 76550 27-1858033	Operation of Rural Health Clinics & Medical Services	FL	501(c)(3)	Line 3	Metroplex Adventist Hospital Inc	Yes	
9100 W 74th Street Shawnee Mission, KS 66204 48-0868859	Fund-raising for Tax-exempt hospital	KS	501(c)(3)	Line 7	Shawnee Mission Medical Center Inc	Yes	
770 West Granada Blvd 319 Ormond Beach, FL 32174 83-3768458	Inactive	FL	501(c)(3)	Line 12a, I	Memorial Hlth Systems Inc	Yes	
770 West Granada Blvd 304 Ormond Beach, FL 32174 83-3748461	Inactive	FL	501(c)(3)	Line 12a, I	Memorial Hlth Systems Inc	Yes	
3100 E Fletcher Ave Tampa, FL 33613 59-3231322	Inactive	FL	501(c)(3)	Line 12a, I	University Community Hospital Inc	Yes	
900 Hope Way Altamonte Springs, FL 32714 84-1817046	Inactive	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
40100 US Highway 27 N Davenport, FL 33837 84-1793121	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
410 South 11th Street Lake Wales, FL 33853 83-4672945	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
1301 S Main Street Ottawa, KS 66067 83-0976641	Operation of Hospital & Related Services	KS	501(c)(3)	Line 3	Adventist Hlth Mid-America Inc	Yes	
671 Lake Winyah Drive Orlando, FL 32803 59-3069793	Education/Operation of School	FL	501(c)(3)	Line 2	Adventist Hlth SystemSunbelt Inc	Yes	
14055 Riveredge Drive Tampa, FL 33637 47-1881744	Inactive	FL	501(c)(3)	Line 10	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
14055 Riveredge Drive Ste 250 Tampa, FL 33637 84-3225135	Imaging & Testing	FL	501(c)(3)	Line 12a, I	AdventHealth West Florida Ambulatory Services Inc	Yes	
500 Remington Blvd Bolingbrook, IL 60440 65-1219504	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Midwest Health	Yes	
730 Courtland Street Orlando, FL 32804 20-5774723	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
701 Winthrop Avenue Glendale Heights, IL 60139 36-3208390	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Midwest Health	Yes	
9100 W 74th Street Shawnee Mission, KS 66204 52-1347407	Support of Affiliated Hospital	KS	501(c)(3)	Line 12c, III-FI	Adventist Hlth SystemSunbelt Inc	Yes	
2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 36-4138353	Operation of Physician Practices & Medical Services	IL	501(c)(3)	Line 3	AHS Midwest Management Inc	Yes	
900 Hope Way Altamonte Springs, FL 32714 59-2170012	Management Services	FL	501(c)(3)	Line 12a, I	N/A		No
1035 Red Bud Road Calhoun, GA 30701 58-1425000	Operation of Hospital & Related Services	GA	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
900 Hope Way Altamonte Springs, FL 32714 59-1479658	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	

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
11801 S Freeway Burleson, TX 76028 74-2578952	Leasing Personnel to Affiliated Hospital	TX	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
120 North Oak Street Hinsdale, IL 60521 36-2276984	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Inc	Yes	
2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 81-1105774	Operation of Physician Practices & Medical Services	IL	501(c)(3)	Line 3	AHS Midwest Management Inc	Yes	
2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 36-3354567	Operation of Physician Practice Mgmt	IL	501(c)(3)	Line 12a, I	Adventist Midwest Health	Yes	
1301 Wonder World Drive San Marcos, TX 78666 74-2621825	Provide Office Space - Medical Professionals	TX	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
305 E Oak Street Apopka, FL 32703 51-0605694	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
900 Hope Way Altamonte Springs, FL 32714 38-1359189	Inactive	MI	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Inc	Yes	
401 Palmetto Street New Smyrna Beach, FL 32168 59-1054892	Volunteer support services	FL	501(c)(3)	Line 10	N/A		No
500 Remington Blvd Bolingbrook, IL 60440 90-0494445	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
950 Highpoint Drive Hopkinsville, KY 42240 20-5782342	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
301 Huguley Blvd Burleson, TX 76028 20-5782243	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
1333 West Main Princeton, KY 42445 51-0605680	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
1301 Wonder World Drive San Marcos, TX 78666 45-3739929	Support Operation of Hospital	TX	501(c)(3)	Line 12a, I	Adventist Hlth System Sunbelt Inc	Yes	
250 S Chickasaw Trail Orlando, FL 32825 51-0605681	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
1220 Third Avenue West Durand, WI 54736 39-1365168	Operation of Hospital & Related Services	WI	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Inc	Yes	
730 Courtland Street Orlando, FL 32804 51-0605682	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
107 Boyles Drive Russellville, KY 42276 20-5782260	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
7350 Dairy Road Zephyrhills, FL 33540 51-0605684	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
250 S Chickasaw Trail Orlando, FL 32825 20-5774748	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
900 Hope Way Altamonte Springs, FL 32714 58-2171011	Inactive	GA	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Inc	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 Hospital Drive Hendersonville, NC 28792 56-0543246	Operation of Hospital & Related Svcs	NC	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
3355 E Semoran Blvd Apopka, FL 32703 20-5774761	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
13100 Fort King Road Dade City, FL 33525 82-2567308	Operation of Hospital & Related Svcs	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
770 West Granada Blvd 101 Ormond Beach, FL 32174 46-2354804	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Inc	Yes	
2600 Westhall Lane 4th Floor Maitland, FL 32751 59-3214635	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Inc	Yes	
1500 SW 1st Avenue Ocala, FL 34471 82-4372339	Operation of Hospital & Related Svcs	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
12470 Telecom Dr 100 Tampa, FL 33637 46-2021581	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
1000 Waterman Way Tavares, FL 32778 59-3140669	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
7050 Gall Blvd Zephyrhills, FL 33541 59-2108057	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Inc	Yes	
2600 Westhall Lane 4th Floor Maitland, FL 32751 55-0789387	Imaging & Testing	FL	501(c)(3)	Line 3	Florida Hospital Medical Group Inc	Yes	
485 North Keller Road 250 Maitland, FL 32751 47-2180518	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
701 Winthrop Avenue Glendale Heights, IL 60139 36-3926044	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
1395 S Pinellas Ave Tarpon Springs, FL 34689 59-2106043	Fund-raising for Tax-exempt hospital/foundation	FL	501(c)(3)	Line 12c, III-FI	N/A		No
1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3690149	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 7	N/A		No
120 North Oak Street Hinsdale, IL 60521 52-1466387	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
480 W Central Parkway Altamonte Springs, FL 32714 59-2935928	Operation of Hospice	FL	501(c)(3)	Line 10	The Comforter Health Care Group Inc	Yes	
485 North Keller Road 250 Maitland, FL 32751 20-8023411	Therapy services to tax exempt nursing homes	KS	501(c)(3)	Line 12b, II	Sunbelt Hlth Care Centers Inc	Yes	
5101 S Willow Springs Rd La Grange, IL 60525 30-0247776	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
485 North Keller Road 250 Maitland, FL 32751 81-3923985	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
305 Memorial Medical Pkwy 212 Daytona Beach, FL 32117 31-1771522	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 7	N/A		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
301 Memorial Medical Parkway Daytona Beach, FL 32117 59-0973502	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
701 West Plymouth Avenue Deland, FL 32720 59-3256803	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Memorial Hlth Systems Inc	Yes	
60 Memorial Medical Parkway Palm Coast, FL 32164 59-2951990	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Memorial Hlth Systems Inc	Yes	
210 Marie Langdon Drive Manchester, KY 40962 61-0594620	Operation of Hospital & Related Services	KY	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
9700 West 62nd Street Merriam, KS 66203 36-4595806	Lease to Related Organization	KS	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
2201 S Clear Creek Road Killeen, TX 76549 74-2225672	Operation of Hospital & Related Services	TX	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
2201 S Clear Creek Road Killeen, TX 76549 11-3762050	Physician Hlthcare services to the community	TX	501(c)(3)	Line 3	Metroplex Adventist Hospital Inc	Yes	
120 North Oak Street Hinsdale, IL 60521 35-2230515	Support of subsidiary foundations	IL	501(c)(3)	Line 12b, II	N/A		No
500 Beck Lane Mayfield, KY 42066 20-5782320	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
485 North Keller Road 250 Maitland, FL 32751 90-0866024	Provision of support to the nursing home division	GA	501(c)(3)	Line 12b, II	Sunbelt Hlth Care Centers Inc	Yes	
9100 W 74th Street Shawnee Mission, KS 66204 43-1224729	Support Hlth Care Services	MO	501(c)(3)	Line 12d, III-O	Adventist Hlth Mid-America Inc	Yes	
301 Memorial Medical Parkway Daytona Beach, FL 32117 59-1721962	Volunteer support services	FL	501(c)(3)	Line 12c, III-FI	N/A		No
485 North Keller Road 250 Maitland, FL 32751 81-3165729	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
6501 West 75th Street Overland Park, KS 66204 20-5774821	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
950 Highpoint Drive Hopkinsville, KY 42240 51-0605686	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
2600 Bruce B Downs Blvd Wesley Chapel, FL 33544 20-8488713	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
9100 E Mineral Circle Centennial, CO 80112 84-0438224	Operation of Hospital & Related Services	CO	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
1333 West Main Princeton, KY 42445 20-5782272	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
601 E Rollins Street Orlando, FL 32803 59-1191045	Provision of Hlthcare Services	FL	501(c)(3)	Line 10	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
900 Hope Way Altamonte Springs, FL 32714 26-3789368	Hlthcare Quality Services	FL	501(c)(3)	Line 12a, I	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
485 North Keller Road 250 Maitland, FL 32751 20-8040875	Provide administrative support to tax exempt nursing homes	FL	501(c)(3)	Line 12b, II	Sunbelt Hlth Care Centers Inc	Yes	
7995 E Prentice Ave 204 Greenwood Village, CO 80111 84-0745018	Fund-raising for Tax-exempt hospital	CO	501(c)(3)	Line 7	N/A		No
2201 S Clear Creek Road Killeen, TX 76549 46-1656773	Support Operation of Hospital	TX	501(c)(3)	Line 12a, I	Adventist Hlth SystemSunbelt Inc	Yes	
683 East Third Street Russellville, KY 42276 51-0605691	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
1900 Medical Parkway San Marcos, TX 78666 51-0605693	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
1900 Medical Parkway San Marcos, TX 78666 20-5782224	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
6501 West 75th Street Overland Park, KS 66204 48-0952508	Lease to Related Organization	KS	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
485 North Keller Road 250 Maitland, FL 32751 81-3914908	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
9100 W 74th Street Shawnee Mission, KS 66204 48-0637331	Operation of Hospital & Related Services	KS	501(c)(3)	Line 3	Adventist Hlth Mid-America Inc	Yes	
38250 A Avenue Zephyrhills, FL 33542 51-0605679	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
401 Palmetto Street New Smyrna Beach, FL 32168 47-3793197	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
1055 Saxon Blvd Orange City, FL 32763 59-3281591	Medical Office Building for Hospital	FL	501(c)(3)	Line 12a, I	Southwest Volusia Hlthcare Corp	Yes	
1055 Saxon Blvd Orange City, FL 32763 59-3149293	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
1301 Wonder World Drive San Marcos, TX 78666 20-8814408	Physician Hlthcare services to the community	TX	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
718 Goodwin Lane Leitchfield, KY 42754 20-5782288	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
305 East Oak Street Apopka, FL 32703 20-5774856	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
485 North Keller Road 250 Maitland, FL 32751 58-1473135	Management Services	TN	501(c)(3)	Line 12b, II	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
900 Hope Way Altamonte Springs, FL 32714 59-2219301	Fund Raising for Affiliated Tax-Exempt Hospitals	FL	501(c)(3)	Line 7	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
1395 S Pinellas Ave Tarpon Springs, FL 34689 59-0898901	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	University Community Hospital Inc	Yes	
301 Huguley Blvd Burleson, TX 76028 51-0605677	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	

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
718 Goodwin Lane Leitchfield, KY 42754 51-0605678	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
605 Montgomery Road Altamonte Springs, FL 32714 27-1857940	Lease to Related Organization	FL	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
60 Memorial Medical Parkway Palm Coast, FL 32164 59-2486582	Volunteer support services	FL	501(c)(3)	Line 12c, III-FI	N/A		No
485 North Keller Road 250 Maitland, FL 32751 47-2219363	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
9700 West 62nd Street Merriam, KS 66203 20-5774890	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
3100 E Fletcher Ave Tampa, FL 33613 59-2554889	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 12a, I	N/A		No
3100 E Fletcher Ave Tampa, FL 33613 59-1113901	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
13601 Bruce B Downs Blvd Ste 110 Tampa, FL 33613 59-3686109	Home Health Services	GA	501(c)(3)	Line 10	West Florida Health Inc	Yes	
500 Beck Lane Mayfield, KY 42066 51-0605676	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
38250 A Avenue Zephyrhills, FL 33542 20-5774930	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
7350 Dairy Road Zephyrhills, FL 33540 20-5774967	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Association	FL	N/A	C				Yes	
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	N/A	C				Yes	
CC MOB Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2616875	Real Estate Rental	TX	N/A	C				Yes	
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX 78666 74-2729873	Inactive	TX	N/A	C				Yes	
Central Texas Providers Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org.	TX	N/A	C				Yes	
Florida Hospital Flagler Medical Offices Association Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 26-2158309	Condo Association	FL	N/A	C				Yes	
Florida Hosp Hlth Village Property Owner's Assoc Inc 550 E Rollins Street 7th Floor Orlando, FL 32803 82-1748255	Condo Association	FL	N/A	C				Yes	
Florida Hospital Healthcare System Inc 101 Southhall Lane Ste 150 Maitland, FL 32751 59-3215680	PHSO	FL	N/A	C				Yes	
Florida Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	N/A	C				Yes	
Florida Memorial Health Network Inc (11 - 102419) 770 W Granada Blvd Ste 317 Ormond Beach, FL 32174 59-3403558	Physician Hospital Org.	FL	N/A	C				Yes	
Kissimmee Multispecialty Clinic Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Association	FL	N/A	C				Yes	
LN Health Partners Inc 550 E Rollins Street 6th Floor Orlando, FL 32803 81-3556903	Inactive	FL	N/A	C				Yes	
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS 66204 48-0901551	Inactive	KS	N/A	C				Yes	
North American Health Services Inc & Sub 900 Hope Way Altamonte Springs, FL 32714 62-1041820	Lessor/Holding Co.	TN	N/A	C				Yes	
Ormond Prof Associates Condo Assoc'n Inc (430 year end) 770 W Granada Blvd Ste 101 Ormond Beach, FL 32174 59-2694434	Condo Association	FL	N/A	C				Yes	

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

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

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
Adventist Health System Sunbelt Healthcare Corp	M	5,500,376	% of Facility's Operating Exp.
Adventist Health System Sunbelt Healthcare Corp	P	30,047,389	Cost
Adventist Health System Sunbelt Healthcare Corp-Shared Svcs	M	5,917,732	% of Facility's Operating Exp.
Adventist Health System Sunbelt Healthcare Corp dba AIT	M	23,354,768	% of Facility's Operating Exp.
Adventist Health System Sunbelt Healthcare Corp	R	1,650,463	Actual Amount Given
Florida Hospital Physician Group Inc	P	25,639,530	Cost
Florida Hospital Zephyrhills Inc	Q	9,314,862	Cost
Pasco-Pinellas Hillsborough Community Health System Inc	Q	11,933,614	Cost
Tarpon Springs Hospital Foundation Inc	Q	7,269,398	Cost
University Community Hospital Foundation Inc	Q	4,070,742	Cost
Pasco-Pinellas Hillsborough Community Health System Inc	P	391,521	Cost
Florida Hospital Zephyrhills Inc	P	91,429	Cost
Adventist Health SystemSunbelt Inc dba AdventHealth Sebring	Q	3,864,791	Cost
Adventist Health SystemSunbelt Inc dba AdventHealth Orlando	P	1,160,871	Cost
Adventist Health System Sunbelt Healthcare Corp	B	5,858,783	Actual Amount Given
University Community Hospital Foundation Inc	P	222,241	Cost
Florida Hospital Dade City Inc	Q	1,833,071	Cost
Florida Hospital Ocala Inc	Q	9,992,498	Cost
West Florida Health Home Care Inc	Q	1,717,200	Cost
Adventist Health System Sunbelt Healthcare Corp - Insurance Allocation	P	3,337,820	Cost
SunSystem Development Corp -dba AH Foundation West Florida	Q	776,146	Cost
AdventHealth West Florida Imaging Inc	R	837,603	Actual Transfer
AdventHealth West Florida Ambulatory Services Inc	R	2,017,861	Actual Transfer
Adventist Health System Sunbelt Healthcare Corp	R	1,650,463	Actual Transfer
Florida Hospital Physician Group Inc	R	808,113	Actual Transfer

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
Florida Hospital Ocala Inc	R	51,068,634	Actual Transfer
Tarpon Springs Hospital Foundation Inc	R	15,013,016	Actual Transfer
Florida Hospital Dade City Inc	R	2,619,827	Actual Transfer
Adventist Health System Sunbelt Healthcare Corp	P	215,721	Cost
University Community Hospital Foundation Inc	C	4,133,866	Actual Amount Received
Zephyrhills Health & Rehab Center Inc	B	51,547	Actual Amount Given