

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493321201340

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
Adventist Health SystemSunbelt Inc

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Altamonte Springs, FL 32714

D Employer identification number
59-1479658

E Telephone number
(407) 357-2317

G Gross receipts \$ 4,695,540,113

F Name and address of principal officer:
Terry Shaw
900 Hope Way
Altamonte Springs, FL 32714

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 1071

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

J Website: ▶ www.adventhealth.com

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

L Year of formation: 1973

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Operation of 11 acute-care hospitals & related healthcare services.

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) 19

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 31,145

6 Total number of volunteers (estimate if necessary) 2,638

7a Total unrelated business revenue from Part VIII, column (C), line 12 17,974,929

b Net unrelated business taxable income from Form 990-T, line 39 1,206,540

Revenue

8 Contributions and grants (Part VIII, line 1h) 21,817,289

9 Program service revenue (Part VIII, line 2g) 4,331,317,719

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 60,971,258

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,307,248

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,426,413,514

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 23,222,174

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) 1,682,310,367

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

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 2,170,733,626

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,876,266,167

19 Revenue less expenses. Subtract line 18 from line 12 550,147,347

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 8,117,641,825

21 Total liabilities (Part X, line 26) 4,036,105,065

22 Net assets or fund balances. Subtract line 21 from line 20 4,081,536,760

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 C Addiscott Asst. Secretary

2020-11-16
Date

Paid Preparer Use Only

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

Preparer's signature
Firm's EIN ▶
Phone no.

Date
Check ☐ if self-employed
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 wholistic, best practice care across a connected, comprehensive continuum of services. With Christ as our example, AdventHealth cares for and nurtures people: our employees, our communities, our healthcare professionals, and those who trust us for care and healing.

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

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

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

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

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

4a (Code:) (Expenses \$ 3,685,598,199 including grants of \$ 23,069,970) (Revenue \$ 4,524,180,616)
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 ► 3,685,598,199

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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
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	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	Yes
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
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	Yes
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	1,399
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	Yes

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

Form **990** (2019)

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	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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?	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:
 Paul Rathbun 900 Hope Way Altamonte Springs, FL 32714 (407) 357-2419

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)								5,653,118	25,157,765	3,083,335

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 ▶ 1,976

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Brasfield & Gorrie LLC 2999 Circle 75 Pkwy Suite 100 Atlanta, GA 30339	Design and Construction Services	63,361,837
AMN Healthcare Inc 2735 Collections Center Dr Chicago, IL 60693	Healthcare Staffing Services	21,192,391
PricewaterhouseCoopers Advisory Product PO Box 932011 Atlanta, GA 31193	Consulting Services	12,259,754
Batson-Cook Company PO Box 24697 Jacksonville, FL 32241	Design and Construction Services	10,285,783
Brown Parker & Demarinis Advertising In 1825 NW Corporate Blvd Suite 250 Boca Raton, FL 33431	Advertising Services	9,684,862

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 ▶ 447

Form 990 (2019)										Page 9			
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)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	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	26,372,078									
	e Government grants (contributions)		1e	4,557,367									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	216,934									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f		31,146,379										
Program Service Revenue			Business Code										
	2a Patient Revenue		622110	4,453,491,493		4,440,513,368		12,978,125					
	b Rent from Exempt Affiliates		622110	18,798,317		18,798,317							
	c Cafeteria/Vending Rev.		622110	17,887,932		17,460,852		427,080					
	d Gift Shop		622110	6,632,199		6,592,383		39,816					
	e Research		622110	4,697,801		4,697,801							
	f All other program service revenue.			21,567,921		17,190,774		4,377,147					
	g Total. Add lines 2a-2f		4,523,075,663										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			77,570,994						77,570,994			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties			196,523						196,523			
			(i) Real	(ii) Personal									
	6a Gross rents		6a	3,110,758	105,840								
	b Less: rental expenses		6b	1,218,442	53,115								
	c Rental income or (loss)		6c	1,892,316	52,725								
	d Net rental income or (loss)			1,945,041				152,761		1,792,280			
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	39,342,854	2,063,981								
	b Less: cost or other basis and sales expenses		7b	0	361,208								
	c Gain or (loss)		7c	39,342,854	1,702,773								
	d Net gain or (loss)			41,045,627						41,045,627			
	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 Equity earnings from related enti			622110	17,726,281		17,726,281							
b Investment in Subs			622110	1,149,308		1,149,308							
c EHR Revenue			622110	51,532		51,532							
d All other revenue													
e Total. Add lines 11a-11d			18,927,121										
12 Total revenue. See instructions			4,693,907,348		4,524,180,616		17,974,929		120,605,424				

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	22,836,511	22,836,511		
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.	233,459	233,459		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,062,490		11,062,490	
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	1,332,824,013	1,312,897,601	19,926,412	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	50,195,429	49,096,349	1,099,080	
9 Other employee benefits	305,097,704	293,024,998	12,072,706	
10 Payroll taxes	100,505,177	98,288,808	2,216,369	
11 Fees for services (non-employees):				
a Management				
b Legal	5,510,934		5,510,934	
c Accounting	760,625		760,625	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,669,173		12,669,173	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	502,671,025	425,642,552	77,028,473	
12 Advertising and promotion	35,504,141		35,504,141	
13 Office expenses	77,779,903	47,061,834	30,718,069	
14 Information technology	142,849,743	126,718,187	16,131,556	
15 Royalties				
16 Occupancy	104,164,154	104,164,154		
17 Travel	6,979,597	91,615	6,887,982	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,811,620		1,811,620	
20 Interest	33,963,555	33,963,555		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	209,523,329	209,523,329		
23 Insurance	32,197,524	31,424,445	773,079	
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	738,308,785	738,308,785		
b Repairs/Maintenance	85,141,611	85,141,611		
c Assessments	82,832,021	82,832,021		
d UBI Tax	724,539		724,539	
e All other expenses	103,209,029	24,348,385	78,860,644	
25 Total functional expenses. Add lines 1 through 24e	3,999,356,091	3,685,598,199	313,757,892	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		101,384	1	91,546	
	2	Savings and temporary cash investments		2,749,161,344	2	2,917,094,143	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		547,174,284	4	652,396,165	
	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		95,583,705	8	109,133,897	
	9	Prepaid expenses and deferred charges		34,710,051	9	39,071,767	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,030,717,873			
	b	Less: accumulated depreciation	10b	2,253,419,818	2,499,435,427	10c	2,777,298,055
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		6,023,522	12	7,172,830	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		29,516,663	14	28,585,967	
	15	Other assets. See Part IV, line 11		2,155,935,445	15	2,390,854,395	
16	Total assets. Add lines 1 through 15 (must equal line 34)		8,117,641,825	16	8,921,698,765		
Liabilities	17	Accounts payable and accrued expenses		338,721,594	17	330,251,271	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		3,370,428,808	20	3,356,609,779	
	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		326,954,663	25	323,467,059	
	26	Total liabilities. Add lines 17 through 25		4,036,105,065	26	4,010,328,109	
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		4,080,199,116	27	4,909,860,928	
	28	Net assets with donor restrictions		1,337,644	28	1,509,728	
	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		4,081,536,760	32	4,911,370,656	
33	Total liabilities and net assets/fund balances		8,117,641,825	33	8,921,698,765		

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	4,693,907,348
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,999,356,091
3	Revenue less expenses. Subtract line 2 from line 1	3	694,551,257
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,081,536,760
5	Net unrealized gains (losses) on investments	5	244,008,776
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	-108,726,137
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,911,370,656

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

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

Additional Data

Software ID:
Software Version:
EIN: 59-1479658
Name: Adventist Health SystemSunbelt Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

Operation of 11 acute care hospitals with 150,586 patient admissions, 745,554 patient days and 1,368,029 outpatient visits in the current year. In addition to hospital operations, the corporation provides medical care through a number of other activities such as urgent care centers, physician clinics, home health services, hospice services, sleep centers, wound centers, therapy and rehab.

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			
Shaw Terry D Dir/President/AdventHealth CEO	1.00 50.00	X		X				0	4,276,521	435,698
Houmann Lars D Dir/AH Crp Relations Off (end 12/19)	1.00 50.00	X						0	2,609,062	296,909
Tol Daryl Pres/CEO Central FL Division	1.00 50.00			X				0	1,857,791	292,832
Rathbun Paul C Director/AdventHealth CFO	1.00 50.00	X		X				0	1,594,684	249,273
Stevens Eric A CEO CF S Acute/AH Orl/Women (End 12/19)	1.00 50.00				X			0	1,468,816	148,607
Silvestry MD Scott Physician/Director AH Thoracic Transplant	88.00 0.00					X		1,499,528	0	21,827
Soler Eddie Former Key Emp/AH Sr Finance Officer	0.00 50.00						X	0	1,302,984	188,801
Banks David P Former Key Emp/AH Chief Strategy Off	0.00 50.00						X	0	1,272,319	176,260
Goodman Todd A CFO Central FL Division	1.00 50.00			X				0	1,290,806	154,429
Moorhead MD John David Former Key Emp/AH Chief Clincial Officer	0.00 50.00						X	0	1,409,467	29,601

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			
Davis Jr MD Robert Duane Physician/Director AH Cardiovascular Institute	70.00 0.00					X		1,202,139	0	23,035
Botta MD Donald Physician/Director AH Heart Transplant	50.00 0.00					X		1,044,263	0	21,482
Shimshak MD Thomas M Interventional Cardiology Physician	50.00 0.00					X		961,825	0	23,444
Jones MD Phillip Interventional Cardiology Physician	50.00 0.00					X		943,888	0	31,941
Hilliard Douglas W Sr VP/Sr Finance Officer AH Orlando	50.00 0.00				X			0	733,295	122,821
Thompson Michael J CEO Central FL South Integrated Hlth Serv	40.00 10.00				X			0	700,128	129,291
Hagensicker Janice K Former Key Emp/Sr Fin Off AH Orl SW Mkt	50.00 0.00						X	0	771,807	38,182
Owen Terry R Former Key Emp/SVP Partnering Strategy	50.00 0.00						X	0	711,730	97,523
Reed MD Monica P Former Key Employee	0.00 0.00						X	0	724,580	34,419
Cook Timothy W CEO AH Alt & West Orange Mkt	50.00 0.00				X			0	673,562	77,704

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			
Spent Brett CEO AH Orlando (Beg 3/19)	50.00 0.00				X			200	638,553	100,871
Harcombe Douglas W CEO AH Celebration & South Mkt	50.00 0.00				X			0	607,383	107,345
Zbaraschuk Amy L Sr VP/Sr Finance Off CF S Integrated Hlth Svcs	50.00 0.00				X			25	601,450	103,041
Dodds Sheryl D Chief People Off Central FL South	50.00 0.00				X			0	630,232	26,860
Wandersleben Jennifer J CEO CF S Acute/AH Orl/Women (Beg 12/19)	50.00 0.00				X			0	509,265	87,183
Paradis J Brian Former Key Employee	0.00 0.00						X	0	331,644	13,889
Bradley Kenneth W Former Key Emp/AH Dir Emerging Leaders	0.00 50.00						X	0	214,004	27,745
Jernigan PhD Donald L Dir/AH CEO Emeritus/Leadership Inst	1.00 3.00	X						0	180,408	22,322
Werner Thomas L Director	1.00 3.30	X						0	5,263	0
Smith DMin PhD Ron C Chairman/Director	2.00 3.00	X						300	2,449	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			
Davidson James R Director	1.00 3.00	X						300	2,449	0
Peoples Troy K Director	1.00 3.00	X						0	2,749	0
Thurber Gary F Vice Chairman/Director	2.00 3.00	X						0	2,749	0
Freedman David Director (beg 1/19)	1.00 3.00	X						300	2,249	0
Griffith Jr Buford Director	1.00 3.00	X						50	2,449	0
Moore MDiv Larry R Vice Chairman/Secretary/Director	2.00 3.00	X						0	2,449	0
Page John M Director	1.00 3.00	X						0	2,449	0
Poenitz Steven N Director	1.00 3.00	X						0	2,449	0
Scott Glynn CW Director	1.00 3.00	X						0	2,449	0
Valentine II MDiv Maurice R Vice Chairman/Director	2.00 3.00	X						0	2,449	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			
Webb Gil Director	1.00 3.00	X						0	2,449	0
Carlson Ronald Director	1.00 3.00	X						0	2,029	0
Machado Allan Director	1.00 3.00	X						300	1,699	0
Aguilera Ronald Director	1.00 3.00	X						0	1,699	0
Brown-Fraser PhD RD Sherine R Director	1.00 3.00	X						0	1,699	0
Craig Carlos J Director	1.00 3.00	X						0	1,699	0
Johnson MD Mark Director	1.00 3.00	X						0	1,699	0
Shaw EdD Kenneth Director	1.00 3.00	X						0	1,699	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
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

☐ 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

☐ 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: 59-1479658
Name: Adventist Health SystemSunbelt 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 Adventist Health SystemSunbelt Inc	Employer identification number 59-1479658
--	--

Part I-A

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

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

Part I-B

Complete if the organization is exempt under section 501(c)(3).

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

Part I-C

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

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

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

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

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

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

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		139,303
j	Total. Add lines 1c through 1i			139,303
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:	The corporation paid dues to the American Hospital Association, Florida Hospital Association, Texas Hospital Association, and Association of Organ Procurement who use a portion of the dues to conduct lobbying activities.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493321201340

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
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐

Yes

☐

No

2a

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

☐

Yes

☐

No

b

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

☐

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

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	20,471,913	19,274,406	19,390,999	19,118,543	18,008,913
b	Contributions	50,000	100,000	166,685	568,450	530,000
c	Net investment earnings, gains, and losses	1,196,289	1,099,218	1,051,467	277,615	911,157
d	Grants or scholarships					
e	Other expenditures for facilities and programs	526,694	1,711	9,029	573,609	331,527
f	Administrative expenses					
g	End of year balance	21,191,508	20,471,913	20,600,122	19,390,999	19,118,543

2

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

a

Board designated or quasi-endowment ▶ 92.460 %

b

Permanent endowment ▶ 7.540 %

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	267,201,762		267,201,762
b	Buildings	1,821,163,946	715,241,856	1,105,922,090
c	Leasehold improvements			
d	Equipment	2,561,088,793	1,485,190,606	1,075,898,187
e	Other	381,263,372	52,987,356	328,276,016
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			2,777,298,055

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) Funds Held in Trust	8,462
(2) Due From Related/Affiliated Entities	9,610,397
(3) Long-term Investments	139,962,852
(4) Other Non-Current Assets	149,612,543
(5) Receivable - Interco Alloc of Tax-Exempt Bond Proceeds	1,966,544,182
(6) Receivable from Third Party	52,093,800
(7) Board Designated Funds	100
(8) Other Current Receivables	73,022,059
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	2,390,854,395

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	323,467,059

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-1479658
Name: Adventist Health SystemSunbelt Inc

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Funds Held in Trust	8,462
Due From Related/Affiliated Entities	9,610,397
Long-term Investments	139,962,852
Other Non-Current Assets	149,612,543
Receivable - Interco Alloc of Tax-Exempt Bond Proceeds	1,966,544,182
Receivable from Third Party	52,093,800
Board Designated Funds	100
Other Current Receivables	73,022,059

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	<p>All endowment funds are held by related 501(c)(3) exempt foundations. These endowment funds have been established for a variety of purposes in support of related tax-exempt hospitals. All of the foundation's permanently restricted endowment funds are required to be retained permanently either by explicit donor stipulation or by the Florida Uniform Prudent Management of Institutional Funds Act. Part V, line 1a, column (b) Prior year - Explanation for change in opening balance: During 2018, it was determined that an Endowment in the amount of \$1,325,716 received prior to 2018 should be reclassified from permanent endowment to a temporarily restricted asset. Part V, line 1a, column (d) Four years back - Explanation for change in opening balance: During year 2015, it came to the attention of the Foundation's management that an Endowment in the amount of \$340,022 was mistakenly misclassified as of December 31, 2014. As a result, the Foundation restated beginning board-designated endowment funds in its 2015 tax year. Part V, line 1c, column (c) Three years back - During 2016, the Foundation agreed to a modification of a donor's endowment agreement, which resulted in an impairment of \$722,928. This amount was netted with the Foundation's 2016 investment return.</p>

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>

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			845,786
b Total from continuation sheets to Part I	0	0			564,948
c Totals (add lines 3a and 3b)	0	0			1,410,734

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

[illegible]

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	10
3	Enter total number of other organizations or entities	0

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

Part III can be duplicated if additional space is needed.

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2:	Foreign grants are generally non-cash donations of medical equipment and supplies to assist foreign health care providers in fulfilling their mission of providing health care services to the populations they serve. The foreign health care providers are often hospitals and/or clinics operated and/or sponsored by or affiliated with the Seventh-Day Adventist Church. The foreign hospitals/clinics may be located in remote and/or underserved villages and townships of developing countries. Grants are typically made to other U.S. charitable organizations or foreign entities recognized as charitable by the foreign country in which they are located. As a result of the nature of the grants as non-cash medical equipment and supplies and the fact that most grants are made indirectly through other U.S. or foreign charitable organizations, the filing organization has not established specific procedures for monitoring the use of grant funds outside the United States.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part III Accounting Method:	

Additional Data

Software ID:
Software Version:
EIN: 59-1479658
Name: Adventist Health SystemSunbelt Inc

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Grantmaking		64,640
Central America and the Caribbean			Meetings		1,956

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Mission Trips	470,738
East Asia and the Pacific			Fundraising		2,549

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking		119,161
East Asia and the Pacific			Meetings		16,104

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	Mission Trips	111,550
Europe (including Iceland and Greenland)			Meetings		59,088

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)			Speakers		1,632
Middle East and North Africa			Meetings		5,832

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (which includes Canada and Mexico, but not the U.S.)			Grantmaking		10,500
North America (which includes Canada and Mexico, but not the U.S.)			Meetings		6,774

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (which includes Canada and Mexico, but not the U.S.)			Program Services	Mission Trips	58,848
South America			Grantmaking		10,396

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Meetings		3,105
South America			Program Services	Mission Trips	271,132

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking		33,420
Sub-Saharan Africa			Program Services	Mission Trips	163,309

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	General Support	9,500	Check			Book
		Central America and the Caribbean	Medical Supplies or Equipment			25,135	Medical Equipment	Other

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Medical Supplies or Equipment			8,581	Medical Equipment	Other
		Central America and the Caribbean	Medical Supplies or Equipment			7,764	Medical Equipment	Other

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Medical Supplies or Equipment			6,380	Medical Equipment	Other
		Central America and the Caribbean	Medical Supplies or Equipment			10,000	Medical Equipment	Other

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Medical Supplies or Equipment			119,161	Medical Equipment	Other
		North America (which includes Canada and Mexico, but not the U.S.)	General Support	10,500				Book

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Medical Supplies or Equipment			13,500	Medical Equipment	Other
		Sub-Saharan Africa	Medical Supplies or Equipment			18,944	Medical Equipment	Other

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	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)			259,648,780		259,648,780	6.490 %
b Medicaid (from Worksheet 3, column a)			574,746,918	390,467,536	184,279,382	4.610 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			834,395,698	390,467,536	443,928,162	11.100 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			25,619,720	48,210	25,571,510	0.640 %
f Health professions education (from Worksheet 5)			46,606,465	9,689,161	36,917,304	0.920 %
g Subsidized health services (from Worksheet 6)			14,176,900	12,756,248	1,420,652	0.040 %
h Research (from Worksheet 7)			5,245,063	4,304,414	940,649	0.020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			16,360,423		16,360,423	0.410 %
j Total. Other Benefits			108,008,571	26,798,033	81,210,538	2.030 %
k Total. Add lines 7d and 7j			942,404,269	417,265,569	525,138,700	13.130 %

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 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			23,061,279	7,314,222	15,747,057	0.390 %
8 Workforce development			530,675	1,525	529,150	0.010 %
9 Other			148,026		148,026	0 %
10 Total			23,739,980	7,315,747	16,424,233	0.400 %

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	283,933,952	
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	14,857,529	
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	736,646,994
6 Enter Medicare allowable costs of care relating to payments on line 5	6	859,530,208
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-122,883,214
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	(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 1 San Marcos MRI LP	Imaging Center	60.000 %	0 %	40.000 %
2 2 Central Texas Ambulatory Endoscopy	Endoscopy Center	18.800 %	0 %	81.200 %
3 3 Surgery Management Associates of Kissimmee LLC	Management/Admin	30.000 %	0 %	70.000 %
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?

11

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

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

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

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

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): _____

	Yes	No
Community Health Needs Assessment		
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)**

Facility Reporting Group - A

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 <u>200.000000000000</u> % 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): <u>See Part V, Page 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

Facility Reporting Group - A

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)**

Facility Reporting Group - A

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)
Facility Reporting Group - B**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):** _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	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? If "Yes" (list url): <u>See Part V, Page 8</u>	10	Yes
a		
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)

Facility Reporting Group - B				
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**

Facility Reporting Group - B

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)**

Facility Reporting Group - B

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 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? 57

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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 the filing organization's websites.

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:	<p>The costs of community building activities reported on Part II of Schedule H primarily represent the costs associated with commercially sponsored research conducted by two of the organization's hospitals. These two hospitals participate in clinical drug and device research that is performed on patients who have a condition or disease for which the eventual commercial use of a drug or device is intended. This research is related to patient care and serves to expand scientific knowledge with respect to potential treatments and cures for various diseases and conditions. The costs of community building activities reported on Part II of Schedule H also include the costs associated with providing education for the filing organization's staff physicians and employees. The filing organization's provision of these educational programs/activities to staff physicians and employees provides an opportunity for health care professionals to enhance their skills and expertise and keep up-to-date with the latest advancements in medical procedures and technology. In addition, training opportunities are often provided on-site at the filing organization's hospital facilities, thereby allowing for health care professionals to be more readily available to assist in meeting immediate patient care needs. Education and training provided to each facility's workforce is vital in assisting health care professionals directly involved in patient care with keeping abreast of the latest developments in their respective areas of expertise, learning possible new and innovate ways of delivering care to patients, and understanding the newest technologies available for the treatment of patients. The remainder of the costs incurred stem from the hospitals' involvement in and support of various other community agencies in its service area that work collaboratively to help those in need and to improve the health and safety of the residents of the community. The organization's hospitals participate with a number of other community organizations to address the healthcare needs of all its communities. Both cash and in-kind donations are made annually to various local charitable organizations.</p>

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 pages 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. 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: \$(122,883,214) - Difference in costing methodology: 37,360,853 - Unreimbursed costs incurred for services provided to Medicare patients that are not included in the organization's Medicare cost report: (209,652,957) ----- Total Unreimbursed costs of serving all Medicare patients per the filing organization's community benefit reporting \$(295,175,318) 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 III, Line 9b:	<p>Collection Policies: 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2:	<p>As reported in Schedule H, Part V, Section B, the filing organization's hospital facilities conduct their community health needs assessments (CHNAs) every three years. Their 2019 CHNAs were adopted by all hospital governing boards by December 31, 2019, the end of the filing organization's taxable year in which the CHNAs were conducted. All of the filing organization's hospital facilities' 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 all of its communities. Such practices and processes involve the following:</p> <ol style="list-style-type: none">1. Hospitals' operating/community boards 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 hospital communities; and4. Collaboration with other local community groups to address the health care needs of the filing organization's hospital communities.

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 the filing organization's hospital facilities are transparent and available to all individuals served at any point in the care continuum. The FAP, FAA Form, PLS, and contact information for the hospital facilities' financial counselors are prominently and conspicuously posted on the filing organization's hospital facilities' websites. Each hospital facility's 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 relevant hospital facility (referred to below as LEP defined populations). Signage is displayed in public locations of the filing organization's hospital facilities, including at all points of admission and registration and the Emergency Department. The signage contains each 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 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. The filing organization's hospital facilities' financial counselors seek to provide personal financial counseling to all individuals admitted to the hospital facilities 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 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 hospital facilities' 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 the hospital facilities' FAP in all oral communications regarding the amount due for the individual's care. Copies of the PLS are distributed to members of each hospital facility's 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>In 2019, the filing organization operated 4 separately licensed hospitals that together encompassed 11 separate campus locations and 4 off-site emergency departments. The hospitals are located in Florida and Texas. A description of each of the hospital campuses is described below.</p> <p>Adventist Health System/Sunbelt, Inc. dba Central Texas Medical Center: Central Texas Medical Center (CTMC) is a 170-bed acute-care hospital providing a wide range of healthcare services in San Marcos, Texas, and the neighboring communities within Hays and Caldwell counties, Texas. Special services offered at CTMC include a 24/7, Level 4 emergency and trauma center, state-of-the-art medical imaging and laboratory services, a women's center featuring a Level 2 Neonatal Intensive Care Unit, renovated and expanded surgery suites --including two equipped with robotic capabilities--a Rehabilitation Institute, a center for advanced wound healing and hyperbaric medicine, and two cardiac catheterization labs. As a health resource for their community, CTMC's Creation Health Institute also annually hosts the oldest and largest health screening and fair event in Hays County, as well as a number of ongoing classes and workshops ranging in topics from diabetes prevention and management to heart disease, stroke, arthritis, self-help, nutrition and more. For more than 20 consecutive years, CTMC has been named "The Best Hospital in Hays County" in the annual "Best of Hays" publication released by the San Marcos Daily Record. In addition to interventional cardiac services, CTMC is a Certified Chest Pain Center and an accredited Primary Stroke Center. The accreditation enhances CTMC's ability to receive and treat patients suffering from chest pain and/or a possible heart attack. The result is a focus on reduced time from symptom onset to diagnosis and treatment, getting patients treated more quickly during the critical window of time when the integrity of the heart muscle can be preserved, and monitoring of patients whose diagnosis is uncertain to ensure they are not sent home too quickly or admitted unnecessarily. CTMC leads the region in da Vinci robotic-assisted surgery and offers a variety of specialty care services including medical imaging, rehabilitation, hospice, women's services and more. During 2019, CTMC'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 67.2% of the CTMC's in-patients were admitted through the Hospital's Emergency Department. - Medicare Patients 46.6% - Medicaid Patients 10.4% - Self-Pay Patients 12.3% The demographic makeup of CTMC's community is as follows: - Population 366,191 - Population Over 65 12.83% - Poverty (Below 100% FPL) 15.30% - Unemployment Rate 4.70% - Violent Crime Rate (Per 100,000 Pop.) 247.3 - Pop. Age 25+ with No High School Diploma 13.70% - Uninsured Adults 18.45% - Uninsured Children 9.21% - Food Insecurity Rate 14.90% - Pop. with Low Food Access 22.80%</p> <p>Adventist Health System/Sunbelt, Inc. dba AdventHealth Sebring: AdventHealth Sebring is comprised of three separate hospital campuses with a total of 205 beds. Two of the hospital campuses are located in Highlands County, Florida and operate under a single hospital license and the third separately licensed campus is located in Hardee County, Florida. Highlands and Hardee counties are in the south central areas of Florida and are adjacent to each other. During 2019, the patient percentage population for all three campuses of AdventHealth Sebring 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 64.8% - Medicaid Patients 12.6% - Self-Pay Patients 5.2%*AdventHealth Sebring (Highlands County) - The main 147-bed hospital facility is located in north Sebring. AdventHealth Sebring has key service lines, including a heart & vascular center, Cancer Institute, Breast Care Center, Blessed Beginnings Birthing Center, and Emergency Services. Most recently, the Hospital has established a retail pharmacy and Orthopedic unit. AdventHealth Sebring is on the cutting edge of technology in Highlands County, being the only Orthopedic program to use the MAKOplasty Robot and only Surgical Services Program to use the da Vinci Robot. The Hospital has received recognition for its patient safety, orthopedics, heart care, and as a breast imaging center of excellence. In 2018, AdventHealth Sebring was named Highland News Sun "Business of the Year." The demographic makeup of AdventHealth Sebring's community is as follows: - Population 108,572 - Population Over 65 31.52% - Poverty (Below 100% FPL) 19.40% - Unemployment Rate 7.80% - Violent Crime Rate (Per 100,000 Pop.) 319.6 - Pop. Age 25+ with No High School Diploma 17.30% - Uninsured Adults 23.07% - Uninsured Children 7.77</p>

Form and Line Reference	Explanation
Part VI, Line 4:	<p>% - Food Insecurity Rate 15.80% - Pop. with Low Food Access 34.64% *AdventHealth Lake Placid (Highlands County) - This satellite facility houses 33 medical and surgical beds, the county's only 17-bed inpatient mental health unit and a wide range of services that are highly sophisticated for a small community hospital. This campus also specializes in inpatient geriatric psychiatric services within Highlands and Hardee counties. The need for behavioral health services is extreme in both counties since there is no other program closer than sixty miles. AdventHealth Lake Placid has received national recognition in patient safety, ultrasound and computed tomography (CT), and Emergency Department (ED) areas. To better meet the needs of Highlands County, the Hospital offers a Wellness Center, along with educational classes, for the community. Key service lines include ER, ICU and the Medical Surgical Unit. AdventHealth Lake Placid is on the leading edge of technology in Highlands County as the only Hospital to utilize virtual and room sterilization technology. The demographic makeup of AdventHealth Lake Placid's community is as follows: - Population 87,256 - Population Over 65 31.26% - Poverty (Below 100% FPL) 19.50% - Unemployment Rate 7.70% - Violent Crime Rate (Per 100,000 Pop.) 310.2 - Pop. Age 25+ with No High School Diploma 17.00% - Uninsured Adults 23.23% - Uninsured Children 7.78% - Food Insecurity Rate 15.70% - Pop. with Low Food Access 35.83% *AdventHealth Wauchula (Hardee County) - Built at a new location in 2017, this campus is licensed for 25 beds and specializes in emergency and outpatient care, while offering excellent medical inpatient services. The Hospital contains the only ER in Hardee County. AdventHealth Wauchula offers many inpatient and outpatient services, including physical & occupational therapy, a transitional care unit, medical surgical swing unit, and the only mammography unit in Hardee County, the Linda Adler Mammography Center. In 2019, AdventHealth Wauchula opened a Wellness Center to better meet the health needs of Hardee County. The Hospital has been recognized as a Top Rural Hospital by The Leapfrog Group and best hospital for patient safety. *** see continuation of footnote</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 \$7,846,312 of benefit with respect to the faith-based and spiritual needs of the communities it serves in conjunction with its operation of community hospitals. The filing organization also provides benefits to its communities' infrastructure by investing in capital improvements to ensure that facilities and technology provide the best possible care. During the current year, the filing organization expended \$480,999,723 in new capital improvements. As faith-based mission-driven community hospitals, 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 Hospitals are continually being invested in resources that improve the availability and quality of delivery of health care services and programs to its communities.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	<p>The filing organization 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 AdventHealth 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 an annual community benefit report with any state agencies.

Form and Line Reference	Explanation
Part VI, Line 4 Continuation of Footnote	<p>Description of Community Information - ContinuedThe demographic makeup of AdventHealth Wau chula's community is as follows: - Population 90,145 - Population Over 65 27.66% - Poverty (Below 100% FPL) 21.00% - Unemployment Rate 7.50% - Violent Crime Rate (Per 100,000 Pop.) 303.7 - Pop. Age 25+ with No High School Diploma 19.50% - Uninsured Adults 23.93% - Unins ured Children 7.87% - Food Insecurity Rate 15.50% - Pop. with Low Food Access 34.42%</p> <p>Advent Health System/Sunbelt, Inc.: AdventHealth's Central Florida Division South Region consists of a 2,993-bed medical complex in Central Florida with seven separate hospital campus es and four off-site emergency departments (the Hospitals) that operate under a single hos pital license. The Hospitals serve the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake County) but also draw patients from other parts of the Southeastern United States, the Caribbean and South America. The 7-campus he alth system is the largest healthcare provider in Central Florida with more than 2 million patient visits per year and is the nation's largest Medicare provider. It is the second l argest employer in the area. The main campus of AdventHealth's Central Florida Division So uth Region is located in Orlando, Florida (Orange County) near the downtown area. The othe r 6 campuses are located in surrounding communities in the counties of Orange, Osceola, an d Seminole. In addition to operating the 7 hospitals, it also operates 35 full-service urg ent care clinics in convenient community settings.During 2019, the patient percentage popu lation for all seven campuses was made up of the below payors with the remaining percentag e of the patients being covered under commercial insurance. In 2019, about 68% of the Hosp ital's in-patients were admitted through the Hospital's Emergency Department. - Medicare P atients 43.2% - Medicaid Patients 14.9% - Self-Pay Patients 7.6%</p> <p>A brief description of eac h of the 7 hospital campuses is described below:</p> <p>*AdventHealth Orlando (Orange County) - At the core of AdventHealth's Central Florida Division South Region, AdventHealth Orlando (A HO) is a 1,364-bed acute-care tertiary hospital. AHO is home to nationally recognized Cent ers of Excellence for cancer, cardiology, children's health, diabetes, neuroscience, ortho pedics, transplant and global robotics. AdventHealth Orlando houses one of the largest Eme rgency Departments and cardiac catheterization labs in the country and is one of the busie st hospitals in the nation, providing service excellence to more than 52,000 inpatients an d 172,000 outpatients in 2019. The campus also includes a state-of-the-art Cardiac Diagnos tic Center featuring 15 Cath and electro physiology (EPS) Labs. The cardiology team perfor med over 21,000 cardiac catheterizations and over 2,300 open heart surgeries in 2019. In 2 018, two orthopedic floors in the patient tower were totally renovated. In 2019, an inpati ent Hospice unit was opened. Additionally, AHO houses the Translational Research Institute , a 54,000 square-foot facility devoted to the study of obesity and metabolic origins of c ardiovascular disease with the aim of developing new treatments to battle diabetes and obe sity. AHO also serves as a teaching hospital for family medicine, allopathic and osteopath ic tracts, emergency medicine, neuromusculoskeletal medicine, general surgery, podiatric m edicine and surgery, and internal medicine. As one of the premier health systems in the na tion, AHO sets the standard for innovation, quality and comprehensive care. AdventHealth f or Women at Orlando is a 12-story hospital located on the Orlando campus. The first floor houses the Breastfeeding Center, parent education classroom as well as obstetrical triage and registration. Ten of the 12 floors are complete, which include 72 mother-baby rooms an d high-risk OB rooms, 14 labor and delivery suites, 13 operating rooms, 82 NICU and 104 on cology beds which include GYN oncology, medical oncology and an ICU capable BMT unit.Also located on the AHO Campus is the Walt Disney Pavilion at AdventHealth for Children. The Wa It Disney Pavilion is not a stand-alone facility but rather a 7-story tower located on AHO 's campus. It is a full-service facility served by more than 140 pediatric specialists and a highly trained pediatric team of more than 800 employees. The Walt Disney Pavilion at A dventHealth for Children delivers a complete range of pediatric health services for young e r patients including advanced surgery, oncology, neurosurgery, cardiology and transplant s ervices; full-service pediatrics; and an innovative health and obesity platform.</p> <p>The demogr aphic makeup of AdventHealth Orlando's community is as follows: - Population 1,391,240 - P opulation Over 65 12.20% - Poverty (Below 100% FPL) 14.90% - Unemployment Rate 9.50% - Vio lent Crime Rate (Per 100,000 Pop.) 448.7 - Pop. Age 25+ with No High School Diploma 10.90% - Uninsured Adults 17.60% - Uninsured Children 6.</p>

Form and Line Reference	Explanation
Part VI, Line 4 Continuation of Footnote	<p>70% - Food Insecurity Rate 13.30% - Pop. with Low Food Access 33.71%*AdventHealth Altamonte e (Seminole County) - AdventHealth Altamonte is a 393-bed facility, which has recently doubled in size with a new patient tower to better serve a busy community. AdventHealth Altamonte was the first "satellite" hospital, built in 1973 on what was then pastureland, miles from the nearest business district. Located north of Orlando in fast-growing Seminole County, AdventHealth Altamonte is the largest satellite campus within AdventHealth's Central Florida Division South Region and includes AdventHealth Lake Mary ER, an off-site emergency room that provides quicker access to care the community needs. In addition to maternity, pediatric, emergency, medical and surgical services, the hospital operates the Martin Andersen Cancer Center (along with the region's only Cancer Resource Library), a heart catheterization lab, and a comprehensive outpatient program which includes surgery, diagnostics, and medical treatment programs. In 2014, the Mother Baby Unit was expanded to provide a 15 bed CDU, ten new LDR rooms, six triage rooms, a new C-section operating room and a new recovery unit. The demographic makeup of AdventHealth Altamonte's community is as follows: - Population 473,408 - Population Over 65 16.30% - Poverty (Below 100% FPL) 12.42% - Unemployment Rate 8.50% - Violent Crime Rate (Per 100,000 Pop.) 421.8 - Pop. Age 25+ with No High School Diploma 7.90% - Uninsured Adults 14.00% - Uninsured Children 5.40% - Food Insecurity Rate 12.40% - Pop. with Low Food Access 33.37%*AdventHealth Apopka (Orange County) - In 1975, AdventHealth Apopka became the second satellite hospital. For over four decades, AdventHealth Apopka has set the standard in hometown health care by providing high-tech, quality care with a personalized touch. It is a 120-licensed-bed hospital, which includes intensive care services, emergency medicine, endoscopy, outpatient services, diagnostic services, respiratory services and rehabilitation services. A replacement, 320,000 square foot facility has been built on a 71-acre site located approximately three miles from the existing facility. Five of the seven floors have been completed with the remaining two floors to be shelled in for future expansion. The new facility features 120 private patient rooms, advanced surgical suites and a diagnostic catheterization lab. Completion of this \$203 million project took place in December 2017. *** see continuation of footnote</p>

Form and Line Reference	Explanation
Part VI, Line 4 Continuation of Footnote	<p>Description of Community Information - ContinuedAdventHealth Apopka also operates AdventHealth Winter Garden ER, an off-site emergency room that provides urgent care to the community as well as specialized respiratory care and advanced stroke treatment as a designated stroke center. The demographic makeup of AdventHealth Apopka's community is as follows: - Population 1,391,240 - Population Over 65 12.20% - Poverty (Below 100% FPL) 14.24% - Unemployment Rate 11.40% - Violent Crime Rate (Per 100,000 Pop.) 596.6 - Pop. Age 25+ with No High School Diploma 12.60% - Uninsured Adults 18.30% - Uninsured Children 7.60% - Food Insecurity Rate 13.70% - Pop. with Low Food Access 31.30% *AdventHealth Celebration (Osceola County) - AdventHealth Celebration is a cornerstone of Disney's planned community in Celebration, Florida. Today, this 237-bed acute care hospital delivers a state-of-the-art healing environment to residents of Osceola, Orange, Polk and Lake Counties, as well as to visitors from across the United States and the world. From its creation AdventHealth Celebration has been about promoting health and wellness as well as healing. Inside the resort-style hospital there is a wellness center, complete with workout area, pool, and rehabilitation facility. AdventHealth Celebration also houses the Global Robotics Institute, which provides patients with access to some of the most experienced robotic surgeons in the world. The Nicholson Center for Surgical Advancement also is a location where surgeons from around the world travel to learn the latest robotic surgery techniques. The Institute for Interactive Patient Care is a 234,000 square-foot patient tower with 62 beds and was the first of its kind in the nation where physicians can study everything from new patient safety technology to the impact of changing communication with patients about their care. In 2013, a four-story medical office building was added in which the Women's Institute is situated. In 2014, a new 5th floor inpatient 32 bed state-of-the-art medical/surgical unit was added. In 2018, two inpatient surgical cardiovascular OR's were added. AdventHealth Celebration offers services in cancer, digestive health, neuroscience, weight-loss services and surgery, orthopedic health, spine health, thoracic surgery, women's and men's health, robotic-assisted surgeries and imaging diagnostics. The demographic makeup of AdventHealth Celebration's community is as follows: - Population 368,559 - Population Over 65 15.40% - Poverty (Below 100% FPL) 14.59% - Unemployment Rate 13.00% - Violent Crime Rate (Per 100,000 Pop.) 454.9 - Pop. Age 25+ with No High School Diploma 12.10% - Uninsured Adults 19.40% - Uninsured Children 7.00% - Food Insecurity Rate 11.90% - Pop. with Low Food Access 35.53% *AdventHealth East Orlando (Orange County) - AdventHealth East Orlando is an innovative local leader that fills a vital need in a fast-growing area. A recent 200,000 square-foot expansion project upgraded the Hospital to 295 beds, with a spacious patient tower and 80 new private rooms designed to enhance the holistic care experience. In 2014, an expanded ED provided 60 new treatment rooms. AdventHealth East Orlando includes a teaching hospital with residencies in family medicine, podiatry and emergency medicine. The campus is also home to an outpatient surgery center, a hospital-based Center for Medical Simulation and Education, a Cancer Institute featuring state-of-the-art technology for radiation oncology and a dedicated infusion center, as well as a 12-bed Children's Emergency Center. Alongside having the largest emergency room in Central Florida, other services include cardiovascular, pulmonary and digestive health, orthopedics and rehabilitation, ear/nose/throat, endocrinology, and urology. The Hospital also meets the diverse needs of its growing community at its brand-new, freestanding emergency room, AdventHealth Waterford Lakes ER, which offers hospital-based ER services by board-certified emergency physicians, critical care nurses, and stroke and chest pain experts. The demographic makeup of AdventHealth East Orlando's community is as follows: - Population 1,391,240 - Population Over 65 12.20% - Poverty (Below 100% FPL) 16.67% - Unemployment Rate 11.60% - Violent Crime Rate (Per 100,000 Pop.) 607.2 - Pop. Age 25+ with No High School Diploma 11.10% - Uninsured Adults 18.50% - Uninsured Children 7.70% - Food Insecurity Rate 13.80% - Pop. with Low Food Access 25.18% *AdventHealth Kissimmee (Osceola County) - AdventHealth Kissimmee is a 162-bed community-focused hospital, conveniently located near Walt Disney World. The team located at AdventHealth Kissimmee is dedicated to bringing mission-focused, faith-based care to residents and visitors of Osceola and Orange Counties. This facility has recently expanded to include a new medical office building, patient tower, new main entrance, expanded Emergency Department and a parking garage. The new three-story patient tower includes pri</p>

Form and Line Reference	Explanation
Part VI, Line 4 Continuation of Footnote	<p>vate patient rooms and a host of modern amenities and technologies. Services offered include cardiovascular services, orthopedics and rehabilitation, neuroscience, cancer, diabetes , gastroenterology, emergency services, urology, and imaging resources. The demographic makeup of AdventHealth Kissimmee's community is as follows: - Population 368,559 - Population Over 65 15.40% - Poverty (Below 100% FPL) 15.89% - Unemployment Rate 14.00% - Violent Crime Rate (Per 100,000 Pop.) 470.0 - Pop. Age 25+ with No High School Diploma 12.80% - Uninsured Adults 19.50% - Uninsured Children 6.90% - Food Insecurity Rate 11.10% - Pop. with Low Food Access 27.03%*AdventHealth Winter Park (Orange County) - AdventHealth Winter Park is a 422-bed facility that is a model of community health and wellness. The facility boasts spacious patient care areas and a full spectrum of specialties and services, including the Dr. P. Phillips Baby Place (with Level II NICU), AdventHealth Orthopedic Institute, and state-of-the-art surgery, recovery and rehabilitation at the AdventHealth Cancer Institute. In 2019, the new 5-story Nicholson Pavilion opened, adding 80 all-private rooms to the AdventHealth Winter Park campus. AdventHealth Winter Park has the Central Florida Region's only senior-friendly emergency room. Services offered at AdventHealth Winter Park include cancer, cardiovascular, digestive health, women's health, neuroscience, ophthalmology, orthopedics and rehabilitation, urology, and sports medicine. The Hospital also provides timely, convenient and quality emergency care at its state-of-the-art freestanding emergency room, AdventHealth Oviedo ER, which is staffed with physicians trained to provide medical treatments for adults and children. *** see continuation of footnote</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 Continuation of Footnote	Description of Community Information - Continued The demographic makeup of AdventHealth Winter Park's community is as follows: - Population 1,391,240 - Population Over 65 12.20% - Poverty (Below 100% FPL) 14.99% - Unemployment Rate 10.10% - Violent Crime Rate (Per 100,000 Pop.) 517.6 - Pop. Age 25+ with No High School Diploma 9.50% - Uninsured Adults 18.50% - Uninsured Children 6.60% - Food Insecurity Rate 13.10% - Pop. with Low Food Access 27.31%

Additional Data

Software ID:

Software Version:

EIN: 59-1479658

Name: Adventist Health SystemSunbelt Inc

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 11											
Name, address, primary website address, and state license number											
1	AdventHealth Orlando 601 E Rollins Street Orlando, FL 32803 www.adventhealth.com/hospital/adventh4369	X	X	X	X		X	X		Therapy Center, EPS Cath Lab, 4 Off-site EDs	A
2	AdventHealth Celebration 400 Celebration Place Celebration, FL 34747 www.adventhealth.com/hospital/adventh4369	X	X		X			X		Therapy Center	A
3	AdventHealth Altamonte Springs 601 E Altamonte Drive Altamonte Springs, FL 32701 www.adventhealth.com/hospital/adventh4369	X	X		X			X		Cancer Center, Therapy	A
4	AdventHealth East Orlando 7727 Lake Underhill Road Orlando, FL 32822 www.adventhealth.com/hospital/adventh4369	X	X		X			X			A
5	AdventHealth Winter Park 200 N Lakemont Avenue Winter Park, FL 32792 www.adventhealth.com/hospital/adventh4369	X	X		X			X			A

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 11											
Name, address, primary website address, and state license number											
6	AdventHealth Kissimmee 2450 North Orange Blossom Trail Kissimmee, FL 34744 www.adventhealth.com/hospital/adventh 4369	X	X		X			X			A
7	AdventHealth Sebring 4200 Sun N Lake Blvd Sebring, FL 33825 www.adventhealth.com/hospital/adventh 4171	X	X					X			B
8	AdventHealth Apopka 2100 Ocoee-Apopka Road Apopka, FL 32703 www.adventhealth.com/hospital/adventh 4369	X	X		X			X			A
9	Central Texas Medical Center 1301 Wonder World Drive San Marcos, TX 78666 www.ctmc.org 000556	X	X					X			A
10	AdventHealth Lake Placid 1210 US Highway 27 North Lake Placid, FL 33852 www.adventhealth.com/hospital/adventh 4171	X	X					X		Senior Behavioral Unit, Outpatient Physical Therapy	B

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? 11		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
11	AdventHealth Wauchula 735 S 5th Avenue Wauchula, FL 33873 www.adventhealth.com/hospital/adventh4239	X	X			X		X		Skilled Nursing	A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group A consists of:	- Facility 1: AdventHealth Orlando, - Facility 2: AdventHealth Celebration, - Facility 3: AdventHealth Altamonte Springs, - Facility 4: AdventHealth East Orlando, - Facility 5: AdventHealth Winter Park, - Facility 6: AdventHealth Kissimmee, - Facility 8: AdventHealth Apopka, - Facility 9: Central Texas Medical Center, - Facility 11: AdventHealth Wauchula

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
Facility Reporting Group - A Part V, Section B, line 5:	<p>Group A-Facility 1 -- AdventHealth OrlandoAdventHealth Orlando (AHO or the Hospital) is th e flagship hospital of the seven hospital campuses that operate under a single hospital li cense. The seven campuses of AdventHealth in Central Florida are known as the AdventHealth Central Florida Division South Region (CFD-South) and are located in the Central Florida counties of Seminole, Orange, and Osceola. AHO is located in and serves the residents of O range County. AHO has become one of the most trusted and comprehensive hospitals in the re gion. The CFD-South conducted its 2019 Community Health Needs Assessment (CHNA) in two par ts: a regional health needs assessment for four counties in Central Florida (Lake, Orange, Osceola and Seminole) (a sister hospital is located in Lake County, Florida and was a par ticipant in the regional health needs assessment) and a separate health needs assessment f ocused on each of the seven separate CFD-South hospital campuses. The 2019 CHNA conducted for AHO was built on input from people representing the broad and local community, as well as low-income, minority and other medically underserved populations. This input was sol ic ited throughout 2019 and was gathered and considered in multiple ways as described below.A HO had a local Community Health Needs Assessment Committee (CHNAC) that included represent atives from the Hospital and community with a special focus on underserved populations wit hin AHO's community/service area. The following organizations participated in AHO's CHNAC and specifically represented low-income, minority and other medically underserved populati ons:Second Harvest Food Bank - a non-profit organization that operates a food bank through out the six counties that make up most of Central Florida and provides a workforce develop ment program for populations at risk for food insecurity;Grace Medical Home - a patient-ce ntered medical home that focuses on serving the clinically underserved through the provisi on of continuous and comprehensive primary care;Juvenile Diabetes Research Foundation;Rona ld McDonald House;United Against Poverty;Healthy Start Coalition of Orange County;Mother's Milk Bank of Central Florida; andOrange County Public Health Department.In order to ensur e that input was solicited and gathered from low-income, minority, medically underserved, and other underrepresented community members, a variety of primary data collection efforts were made. Primary data for the 2019 CHNA was collected through a community survey, stake holder interviews, focus groups, key informant surveys and intercept surveys. The audience for the community survey was the general community with a concentration on underrepresent ed populations. Both online and paper surveys were made available in four languages. A tot al of over 1,240 surveys were completed by Orange County residents. Stakeholder interviews were collected from community members who represented underserved populations through the programs and services they of</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
Facility Reporting Group - A Part V, Section B, line 5:	fer, such as local food banks and federally qualified health centers. A total of 9 focus g roups were held which included representatives from organizations that serve underrepresen ted populations in Orange County, including organizations that provide services primarily to the homeless populations, seniors, and incarcerated individuals as well as mental healt h providers. One hundred and eleven key information surveys were collected from individual s who represented a particular population and/or sector in the community that was not able to be included in the stakeholder interviews or focus groups. Additionally, a total of 86 intercept surveys were conducted with individuals at United Against Poverty, AdventHealth Community Medicine Clinic and the Christian Service Center that focused on the health nee ds of underrepresented Orange County residents.Group A-Facility 2 -- AdventHealth Celebrat ionAdventHealth (AHC or the Hospital) is one of seven campuses that operate under a single hospital license. The seven hospital campuses of AdventHealth in Central Florida are know n as the AdventHealth Central Florida Division South Region (CFD-South) and are located in the Central Florida counties of Seminole, Orange, and Osceola. AHC is located in Osceola County and it primarily serves residents from Osceola County. The CFD-South conducted its 2019 Community Health Needs Assessment (CHNA) in two parts: a regional health needs assess ment for four counties in Central Florida (Lake, Orange, Osceola and Seminole) (a sister h ospital is located in Lake County, Florida and was a participant in the regional health ne eds assessment) and a separate health needs assessment focused on each of the seven separa te CFD-South hospital campuses. The 2019 CHNA conducted for AHC was built on input from pe ople representing the broad and local community, as well as low-income, minority and other medically underserved populations. This input was solicited throughout 2019 and was gathe red and considered in multiple ways as described below.AHC had a local Community Health Ne eds Assessment Committee (CHNAC) that included representatives from the Hospital and commu nity with a special focus on underserved populations within AHC's community/service area. The following organizations participated in AHC's CHNAC and specifically represented low-i ncome, minority and other medically underserved populations:Osceola Council of Aging - a n on-profit organization with a focus on providing care and essential social services to sen iors and families; Community Vision of Osceola County - a community planning non-profit th at works to convene regional stakeholders to create a shared vision for a healthy and pros perous Osceola County; Hope Community Center - a social service non-profit that works to c onnect socioeconomically disadvantaged families to essential services with the goal of hel ping them to become self-sustaining; The Osceola County Health Department;Celebration Foun dation;The City of Kissimmee;O

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
Facility Reporting Group - A Part V, Section B, line 5:	<p>Osceola Community Health Services; Park Place Behavioral Health; REACH Marketing; and Second Harvest Food Bank. In order to ensure that input was solicited and gathered from low-income, minority, medically underserved, and other underrepresented community members, a variety of primary data collection efforts were made. Primary data for the 2019 CHNA was collected through a community survey, stakeholder interviews, focus groups, key informant surveys and intercept surveys. The audience for the community survey was the general community with a concentration on underrepresented populations. Both online and paper surveys were made available in four languages. A total of 289 surveys were completed by Osceola County residents. Stakeholder interviews were collected from community members who represented underserved populations through the programs and services they offer, such as local food banks and federally qualified health centers. A total of nine focus groups were held which included representatives from organizations that serve underrepresented populations in Osceola County, including organizations that provide services primarily to the homeless population, seniors, and incarcerated individuals as well as mental health providers. Ninety-seven key information surveys were collected from individuals who represented a particular population and/or sector in the community that was not able to be included in the stakeholder interviews or focus groups. Additionally, nine intercept surveys were conducted with patients at a local federally qualified health center.</p> <p>Group A-Facility 3 -- AdventHealth Altamonte AdventHealth Altamonte Springs (AHAIt or the Hospital) is one of seven campuses that operate under a single hospital license. The seven hospital campuses of AdventHealth in Central Florida are known as the AdventHealth Central Florida Division South Region (CFD-South) and are located in the Central Florida counties of Seminole, Orange, and Osceola. AHAIt is located in Seminole County and its primary service area encompasses all of Seminole County. The CFD-South conducted its 2019 Community Health Needs Assessment (CHNA) in two parts: a regional health needs assessment for four counties in Central Florida (Lake, Orange, Osceola and Seminole) (a sister hospital is located in Lake County, Florida and was a participant in the regional health needs assessment) and a separate health needs assessment focused on each of the seven separate CFD-South hospital campuses. **see continuation of footnote</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
Facility Reporting Group - A Part V, Section B, line 7d:	The Hospital facilities have 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 Hospitals' websites at least until the date the hospital facilities have made widely available on its websites its two subsequent Community Health Needs Assessment Reports. The Hospitals 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 facilities have 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
Facility Reporting Group - A Part V, Section B, line 11:	<p>Group A-Facility 1 -- AdventHealth Orlando Adventist Health System/Sunbelt, Inc d/b/a AdventHealth Orlando will be referred to in this document as AdventHealth Orlando (AHO or the Hospital). The Hospital is a wholly-owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is the 501(c)(3) parent organization of a hospital and healthcare system known as AdventHealth. In January 2019, every wholly-owned entity of AHSSHC adopted the AdventHealth system brand. Our identity 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 Orlando is part of the Central Florida Division South Region of AdventHealth. The division includes seven 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 Orlando's 2017- 2019 Community Health Plan/Implementation Strategy. The Hospital developed this plan and posted it in May 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 Orlando 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 did not address. AHO chose two areas of focus for its 2017- 2019 Community Health Plan: 1. Access to Care - Preventative; and 2. Access to Care - Primary and Behavioral/Mental Health. Priority 1: Access to Care - Preventative 2016 Description of the Issue: AHO recognizes the important impact that access, knowledge and lifestyle have in the health and well-being</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
Facility Reporting Group - A Part V, Section B, line 11:	<p>g of an individual. The Hospital strives to increase access to care and create opportunities for community members to lead healthier lives, in part by addressing issues involving preventative care impacted by food insecurity, obesity and maternal and child health. 2019 Update: The AHO Community Health Plan has six desired outcome statements under the Access to Care - Preventative priority. 1. Improve access to healthy and nutritious foods; 2. Improve access to knowledge around healthy nutrition and wellness; 3. Educate and empower the faith community to promote health within congregations in critical areas; 4. Support and create opportunities for increased quality of life for residents of Orange County; 5. Increase access to knowledge of chronic disease self-management practices; and 6. Support opportunities that promote knowledge of chronic diseases within the primary service area.</p> <p>Outcome 1: Improve access to healthy and nutritious foods</p> <p>The first Regional strategy focuses on supporting food distribution programs within the targeted zip codes. The Region established a partnership in 2017 to help fund a local church program in order to increase its impact. The church had established a fresh food co-op which supplies food pantries throughout the Orange, Osceola, and Seminole tri-county area with healthier options. 144,957 meals were provided in Orange County throughout 2019 through this initiative. The second Regional strategy began as a pilot at AHO. The AHO campus partnered with Second Harvest Food Bank, a local non-profit food bank, in 2017 to begin providing unused food from the AdventHealth Hospital campuses to Second Harvest so this food can be distributed throughout high need areas in the community. The number of meals provided from the Orlando campus was 17,476 in 2019. This Regional strategy expanded to all facilities in the Central Florida Division South Region in 2019.</p> <p>Outcome 2: Improve access to knowledge around healthy nutrition and wellness</p> <p>There are two Regional strategies for this outcome. The Mission: FIT POSSIBLE program is a comprehensive wellness program which brings health and wellness education to schools, churches, and community centers. Health and wellness educators provide education during regular visits, as well as supplemental education for teachers and staff to engage kids in activities that teach them how to be physically and emotionally healthy. Seven schools in AHO's target zip codes received this program in 2019 meeting the goal. The second Regional strategy was to provide Nutrition Wellness classes to community members which would help with increasing access to knowledge around nutrition. This program was not deployed in 2019 due to a lack of resources.</p> <p>Outcome 3: Educate and empower the faith community to promote health within congregations in critical areas</p> <p>The Regional strategy for this outcome is to create a network of faith partners that can promote health through congregational settings. This strategy is funded at a R</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
Facility Reporting Group - A Part V, Section B, line 11:	<p>egional level. The pilot was implemented at AHO. The AHO campus began developing and shari ng best practices to be implemented across the South Region. In AdventHealth Orlando's pri mary service area, there are three faith partners that distributed 10,219 meals to communi ty members in need in 2019.Outcome 4: Support and create opportunities for increased quali ty of life for residents of Orange CountyThe Regional strategy involved offering programmi ng from Healthy Central Florida (HCF) to the service areas that AHO reaches. The goal of H CF is to make Central Florida communities the healthiest in the nation. This initiative be gan with three target communities Winter Park, Maitland and Eatonville. The program was no t redeployed in 2019 due to staff and internal strategy changes, but AdventHealth Orlando continually seeks programs that would benefit the underserved populations. Outcome 5: Incr ease access to knowledge of chronic disease self-management practicesThe Regional strategy for this outcome is to fund and implement the evidence-based Stanford Chronic Disease Sel f-Management Program (CDSMP) in its targeted zip codes throughout the Region. In Orange Co unty, 12 CDSMP classes were hosted with 167 participants in 2019. A graduation rate of 76. 6 percent was achieved with 128 of those participating successfully completing the course. Outcome 6: Support opportunities that promote knowledge of chronic diseases within the pri mary service areaThe Regional strategy included monetary support for the American Heart As sociation for their disease education efforts. Funding continues to be provided at a Regio nal level of \$500,000 over the course of three years. Since this strategy is implemented s trictly as a funding donation on a Regional level, there is not a specific facility metric .The Hospital will look at the successes and challenges that have come from its third year of implementation of the 2017 Community Health Plan and how to better serve its target po pulations. There are ongoing conversations and future plans will incorporate these learnin gs. The Hospital collaborates with multiple community partners on the identified prioritie s. These partners include, but are not limited to, county health departments, federally qu alified healthcare clinics, faith communities, and numerous non-profit entities. The bigge st challenge that the Hospital has identified with this priority is aligning available pro grams with strong foundations and adequate resources for deployment.**see continuation of footnote</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
Part V, Section B	Facility Reporting Group B

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
Facility Reporting Group B consists of:	- Facility 7: AdventHealth Sebring, - Facility 10: AdventHealth Lake Placid

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
Facility Reporting Group - B Part V, Section B, line 5:	<p>AdventHealth Sebring (AH Sebring) and AdventHealth Lake Placid (AH Lake Placid) are both located in Highlands County Florida and operate under a single hospital license. AH Sebring and AH Lake Placid share the same service area which includes Highlands County and portions of adjacent Hardee County. 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 stakeholder interviews. AH Sebring and AH Lake Placid formed a Community Health Needs Assessment Committee (CHNAC) that included representatives of the community, 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 primary service area of AH Sebring and AH Lake Placid. Key members of the CHNAC included representatives from the following organizations: Drug Free Highlands; Highlands County Sheriff's Office; MV Transportation - an organization involved in helping to meet transportation needs of those living in disadvantaged communities; Peace River Center - a domestic violence center; Healthy Start Coalition of Hardee, Highlands, and Polk Counties; Highlands County Board of County Commissioners; Nu-Hope Elder Care Services, Inc.; Highway Park Neighborhood Council; Heartland Regional Transportation Planning Organization; Florida Department of Health in Highland County; Samaritan's Touch Care Center; Wings of Faith Christian Worship Center; Heartland Rural Health Network; Highlands County Veteran Services Office; RCMA - an organization that provides child-care and child and parent education for migrant and other low-income families; and Central Florida Health Care - a federally qualified health center. Community surveys were completed on-line and in person by participants in community settings. Local community organizations assisted in survey participation efforts by providing access to a computer at community events. Community surveys were also made available at local clinics, community events, department of motor vehicle locations, and the community locations. A total of 578 residents from Highlands County participated in the Community Health Needs Assessment survey. AH Sebring and AH Lake Placid also gathered primary data through stakeholder interviews. Interviews were conducted on-line by members of the CHNAC.</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
Facility Reporting Group - B Part V, Section B, line 6a:	AdventHealth Sebring and AdventHealth Lake Placid collaborated in conducting their Community Health Needs Assessments (CHNA) in 2019.

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
Facility Reporting Group - B Part V, Section B, line 7d:	The Hospital facilities have 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 Hospitals' websites at least until the date the hospital facility has made widely available on its websites its two subsequent Community Health Needs Assessment Reports. The Hospitals 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 facilities have 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
Facility Reporting Group - B Part V, Section B, line 11:	<p>Adventist Health System/Sunbelt, Inc. d/b/a AdventHealth Sebring and AdventHealth Lake Placid will be referred to in this document as AdventHealth Sebring and AdventHealth Lake Placid or "The Hospitals". These two hospitals operate under a single hospital license. The Hospitals are wholly-owned subsidiaries of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is the 501(c)(3) parent organization of a hospital and healthcare system known as AdventHealth. In January 2019, every wholly-owned entity of AHSSHC adopted the AdventHealth system brand. Our identity 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 Sebring and AdventHealth Lake Placid are part of the West Florida Division of the healthcare system known as AdventHealth. The West Florida Division of AdventHealth 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 Sebring and AdventHealth Lake Placid's 2017-2019 Community Health Plan/Implementation Strategy. The Hospitals developed this plan and posted it in May 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 Sebring and AdventHealth Lake Placid 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 Hospitals determine the health needs of the communities 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 Hospitals to address in the 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 Hospitals did not address. AdventHealth Sebring and AdventHealth Lake Placid chose five areas of focus for their 2017-2019 Community Health Plan. 1. Heart Diseases</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
Facility Reporting Group - B Part V, Section B, line 11:	<p>e/Stroke/High Blood Pressure/Cholesterol; 2. Diabetes;3. Obesity/Nutrition; 4. Access to C are (Primary Care); and 5. Access to Care (Mental Health Services).Priority 1: Heart Disease/Stroke/High Blood Pressure/Cholesterol2016 Description of the Issue: Heart Disease is t he second leading cause of death in the Primary Service Area (PSA). The service area also has a higher than state average rate of high blood pressure and cholesterol.2019 Update: A dventHealth Sebring and AdventHealth Lake Placid implemented two interventions to address issues related to Heart Disease/Stroke/High Blood Pressure/Cholesterol in all adults with chronic diseases residing in low income/low access areas throughout the communities in its PSA. In 2019, the Hospitals were unable to meet the participation numbers required to pro vide the evidence-based Stanford Chronic Disease Self- Management Program (CDSMP), which e ducates participants regarding chronic disease self-management. The Hospitals' greatest ch allenge was recruiting participants, even though efforts were made both in the Hospitals a nd through local community partners. The class requires a minimum number of participants a nd the expectation of a six-week commitment proved to be an engagement challenge the Hospi tals were unable to meet. The second intervention was to provide the Complete Health Impro vement Program (CHIP) class series, a lifestyle enrichment program designed to reduce dise ase risk through better health habits and appropriate lifestyle modifications. Goals inclu ded lowering cholesterol, hypertension and blood sugar levels, reducing excess weight thro ugh improved dietary choices, enhancing daily exercise, increasing support systems and dec reasing stress in an evidence-based program. Classes are held twice a week for nine weeks. In 2019, 78 percent of participants had improved biometrics, surpassing the goal of 50 pe rcent. Additionally, 100 percent of participants self-reported an improved knowledge arou nd nutrition, exceeding the goal of 85 percent.Priority 2: Diabetes2016 Description of the Issue: Diabetes prevalence in the Primary Service Area (PSA) is higher than the state aver age of diabetes rates, and there is lower than average access to diabetes self-management and pre-diabetes education programs. 2019 Update: AdventHealth Sebring partnered with the American Diabetes Association (ADA) to provide the Morning Mile Program, a before-school w alking program, at two Title I schools in its PSA. The ADA contracts Fitzness Internationa l, LLC who 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 nut ritional education component to increase its impact on school children. Although 2018 goal s met expectations with 65 percent of the student population participating in the program, the program was discontinued for 2019 due to a lack of reporting of outcomes and poor man agement of the program overall</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
Facility Reporting Group - B Part V, Section B, line 11:	<p>by the ADA. A second intervention, added in 2018, included offering free, 3-hour pre-diabetes classes at the Hospitals and in the community. These classes are open to the public and offered by the Hospitals' Diabetes Center. Community partners are offering diabetes self-management education for those already diagnosed, but no pre-diabetes programs. Lack of transportation to attend classes continues to be a concern, and it has been difficult, historically, to entice residents to attend health lectures or classes. In 2019, the Hospitals continued its partnership with local community partners offering 20 pre-diabetes self-management education classes, meeting the goal for the year. Priority 3:</p> <p>Obesity/Nutrition 2016 Description of the Issue: In the Hospitals' Primary Service Area (PSA), 41 percent of residents have low food access (food desert), 31.9 percent of adults aged 18 and older self-report that they have a Body Mass Index (BMI) in the "overweight" category and 34.7 percent of adults aged 20 and older self-report that they have a BMI in the "obese" category. 2019 Update: AdventHealth Sebring and AdventHealth Lake Placid 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 supported by evidence-based science. The Hospitals also provided free pre- and post-bio-metric screenings (blood pressure, blood sugar, and body mass index) and nursing services for CH program participants. In 2019, there were 26 graduates from the CH program, slightly less than the goal of 30. All program graduates (100 percent) reported making improved lifestyle choices as measured by a self-assessment form, surpassing the goal of 85 percent. The Hospitals also met the goal for new trainers by training two additional staff members to teach the CH program. **see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 5 Continuation of Footnote	<p>Group A-Facility 3 -- AdventHealth AltamonteThe 2019 CHNA conducted for AHAlt was built on input from people representing the broad and local community, as well as low-income, minority and other medically underserved populations. This input was solicited throughout 2019 and was gathered and considered in multiple ways as described below.AHAlt had a local Community Health Needs Assessment Committee (CHNAC) that included representatives from the Hospital and community with a special focus on underserved populations within AHAlt's community/service area. The following organizations participated in AHAlt's CHNAC and specifically represented low-income, minority and other medically underserved populations:Community Health Centers - an organization providing medical services and representing low-income, minority, and other underrepresented populations;Second Harvest Food Bank; Shepherd's Hope - a primary care clinic serving low-income, minority, and other underrepresented populations; Hope Community Center - an organization that provides education, immigration services, youth and family services and other community programs to low-income, minority, and other underrepresented populations; and The Department of Health in Seminole County. In order to ensure that input was solicited and gathered from low-income, minority, medically underserved, and other underrepresented community members, a variety of primary data collection efforts were made. Primary data for the 2019 CHNA was collected through a community survey, stakeholder interviews, focus groups, key informant surveys and intercept surveys. The audience for the community survey was the general community with a concentration on underrepresented populations. Both online and paper surveys were made available in four languages. A total of 523 surveys were completed by Seminole County residents. Stakeholder interviews were collected from community members who represented underserved populations through the programs and services they offer, such as local food banks and federally qualified health centers. A total of 10 focus groups were held which included representatives from organizations that serve underrepresented populations in Seminole County, including organizations that provide services primarily to the homeless populations, seniors, and incarcerated individuals as well as mental health providers. Eighty-three key information surveys were collected from individuals who represented a particular population and/or sector in the community that was not able to be included in the stakeholder interviews or focus groups. Additionally, fourteen intercept surveys were conducted with patients at a local federally qualified health center.</p> <p>Group A-Facility 4 -- AdventHealth East OrlandoAdventHealth East Orlando (AHEO or the Hospital) is one of seven campuses that operate under a single hospital license. The seven hospital campuses of AdventHealth in Central Florida are known as the AdventHealth Central Florida</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 5 Continuation of Footnote	<p>Division South Region (CFD-South) and are located in the Central Florida counties of Seminole, Orange, and Osceola. AHEO is located in and serves the residents of Orange County. The CFD-South conducted its 2019 Community Health Needs Assessment (CHNA) in two parts: a regional health needs assessment for four counties in Central Florida (Lake, Orange, Osceola and Seminole) (a sister hospital is located in Lake County, Florida and was a participant in the regional health needs assessment) and a separate health needs assessment focused on each of the seven separate CFD-South hospital campuses. The 2019 CHNA conducted for AHEO was built on input from people representing the broad and local community, as well as low-income, minority and other medically underserved populations. This input was solicited throughout 2019 and was gathered and considered in multiple ways as described below. AHEO had a local Community Health Needs Assessment Committee (CHNAC) that included representatives from the Hospital and community with a special focus on underserved populations within AHEO's community/service area. The following organizations participated in AHEO's CHNAC and specifically represented low-income, minority and other medically underserved populations: True Health - a multi-county Federally Qualified Health Center that provides access to care for low-income, uninsured, underinsured and underserved populations in Seminole and Orange Counties regardless of ability to pay; United Global Outreach; Orange County Government; and Second Harvest Food Bank. In order to ensure that input was solicited and gathered from low-income, minority, medically underserved, and other underrepresented community members, a variety of primary data collection efforts were made. Primary data for the 2019 CHNA was collected through a community survey, stakeholder interviews, focus groups, key informant surveys and intercept surveys. The audience for the community survey was the general community with a concentration on underrepresented populations. Both online and paper surveys were made available in four languages. A total of over 1,240 surveys were completed by Orange County residents. Stakeholder interviews were collected from community members who represented underserved populations through the programs and services they offer, such as local food banks and federally qualified health centers. A total of 9 focus groups were held which included representatives from organizations that serve underrepresented populations in Orange County, including organizations that provide services primarily to the homeless populations, seniors, and incarcerated individuals as well as mental health providers. One hundred and eleven key information surveys were collected from individuals who represented a particular population and/or sector in the community that was not able to be included in the stakeholder interviews or focus groups. Additionally, a total of 86 intercept surveys were conducted with indi</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 5 Continuation of Footnote	viduals at United Against Poverty, AdventHealth Community Medicine Clinic and the Christia n Service Center that focused on the health needs of underrepresented Orange County reside nts. Group A-Facility 5 -- AdventHealth Winter ParkAdventHealth Winter Park (AHWP or the H ospital) is one of seven campuses that operate under a single hospital license. The seven hospital campuses of AdventHealth in Central Florida are known as the AdventHealth Central Florida Division South Region (CFD-South) and are located in the Central Florida counties of Seminole, Orange, and Osceola. AHWP is located in and primarily serves the residents o f Orange County. The CFD-South conducted its 2019 Community Health Needs Assessment (CHNA) in two parts: a regional health needs assessment for four counties in Central Florida (La ke, Orange, Osceola and Seminole) (a sister hospital is located in Lake County, Florida an d was a participant in the regional health needs assessment) and a separate health needs a sssessment focused on each of the seven separate CFD-South hospital campuses. The 2019 CHNA conducted for AHWP was built on input from people representing the broad and local commun ity, as well as low-income, minority and other medically underserved populations. This inp ut was solicited throughout 2019 and was gathered and considered in multiple ways as descr ibed below.AHWP had a local Community Health Needs Assessment Committee (CHNAC) that inclu ded representatives from the Hospital and community with a special focus on underserved po pulations within AHWP's community/service area. The following organizations participated i n AHWP's CHNAC and specifically represented low-income, minority and other medically under served populations:Second Harvest Food Bank;Seniors First, Inc.;Fleet Farming; andOrange C ounty Health Department. In order to ensure that input was solicited and gathered from low -income, minority, medically underserved, and other underrepresented community members, a variety of primary data collection efforts were made. Primary data for the 2019 CHNA was c ollected through a community survey, stakeholder interviews, focus groups, key informant s urveys and intercept surveys. The audience for the community survey was the general commun ity with a concentration on underrepresented populations. Both online and paper surveys we re made available in four languages. A total of over 1,240 surveys were completed by Orang e County residents. Stakeholder interviews were collected from community members who repre sented underserved populations through the programs and services they offer, such as local food banks and federally qualified health centers.**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
Part V, Section B, Line 5 Continuation of Footnote	<p>Group A-Facility 5 -- AdventHealth Winter Park A total of 9 focus groups were held which included representatives from organizations that serve underrepresented populations in Orange County, including organizations that provide services primarily to the homeless populations, seniors, and incarcerated individuals as well as mental health providers. One hundred and eleven key information surveys were collected from individuals who represented a particular population and/or sector in the community that was not able to be included in the stakeholder interviews or focus groups. Additionally, a total of 86 intercept surveys were conducted with individuals at United Against Poverty, AdventHealth Community Medicine Clinic and the Christian Service Center that focused on the health needs of underrepresented Orange County residents.</p> <p>Group A-Facility 7 -- AdventHealth Kissimmee AdventHealth Kissimmee (AHK or the Hospital) is one of seven campuses that operate under a single hospital license. The seven hospital campuses of AdventHealth in Central Florida are known as the AdventHealth Central Florida Division South Region (CFD-South) and are located in the Central Florida counties of Seminole, Orange, and Osceola. AHK is located in and serves the residents of Osceola County. The CFD-South conducted its 2019 Community Health Needs Assessment (CHNA) in two parts: a regional health needs assessment for four counties in Central Florida (Lake, Orange, Osceola and Seminole) (a sister hospital is located in Lake County, Florida and was a participant in the regional health needs assessment) and a separate health needs assessment focused on each of the seven separate CFD-South hospital campuses. The 2019 CHNA conducted for AHK was built on input from people representing the broad and local community, as well as low-income, minority and other medically underserved populations. This input was solicited throughout 2019 and was gathered and considered in multiple ways as described below. AHK had a local Community Health Needs Assessment Committee (CHNAC) that included representatives from the Hospital and community with a special focus on underserved populations within AHK's community/service area. The following organizations participated in AHK's CHNAC and specifically represented low-income, minority and other medically underserved populations: Osceola Council of Aging - a non-profit organization with a focus on providing care and essential social services to seniors and families; Community Vision of Osceola County - a community planning non-profit that works to convene regional stakeholders to create a shared vision for a healthy and prosperous Osceola County; Hope Community Center - a social service non-profit that works to connect socioeconomically disadvantaged families to essential services with the goal of helping them to become self-sustaining; The Osceola County Health Department; Celebration Foundation; The City of Kissimmee; Osceola Community Health Services; Park Plaza</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 5 Continuation of Footnote	<p>ce Behavioral Health; REACH Marketing; andSecond Harvest Food Bank.In order to ensure that input was solicited and gathered from low-income, minority, medically underserved, and ot her underrepresented community members, a variety of primary data collection efforts were made. Primary data for the 2019 CHNA was collected through a community survey, stakeholder interviews, focus groups, key informant surveys and intercept surveys. The audience for t he community survey was the general community with a concentration on underrepresented pop ulations. Both online and paper surveys were made available in four languages. A total of 289 surveys were completed by Osceola County residents. Stakeholder interviews were collec ted from community members who represented underserved populations through the programs an d services they offer, such as local food banks and federally qualified health centers. A total of nine focus groups were held which included representatives from organizations tha t serve underrepresented populations in Osceola County, including organizations that provi de services primarily to the homeless populations, seniors, and incarcerated individuals a s well as mental health providers. Ninety-seven key information surveys were collected fro m individuals who represented a particular population and/or sector in the community that was not able to be included in the stakeholder interviews or focus groups. Additionally, n ine intercept surveys were conducted with patients at a local federally qualified health c enter.Group A-Facility 8 -- AdventHealth ApopkaAdventHealth Apopka (AHApk or the Hospital) is one of seven campuses that operate under a single hospital license. The seven hospital campuses of AdventHealth in Central Florida are known as the AdventHealth Central Florida Division South Region (CFD-South) and are located in the Central Florida counties of Semi nole, Orange, and Osceola. AHApk is located in Orange County and its primary service area encompasses all of Orange County. The CFD-South conducted its 2019 Community Health Needs Assessment (CHNA) in two parts: a regional health needs assessment for four counties in Ce ntral Florida (Lake, Orange, Osceola and Seminole) (a sister hospital is located in Lake C ounty, Florida and was a participant in the regional health needs assessment) and a separa te health needs assessment focused on each of the seven separate CFD-South hospital campus es. The 2019 CHNA conducted for AHApk was built on input from people representing the broa d and local community, as well as low-income, minority and other medically underserved pop ulations. This input was solicited throughout 2019 and was gathered and considered in mult iple ways as described below.AHApk had a local Community Health Needs Assessment Committee (CHNAC) that included representatives from the Hospital and community with a special focu s on underserved populations within AHApk's community/service area. The following organiza tions participated in AHApk's</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 5 Continuation of Footnote	<p>CHNAC and specifically represented low-income, minority and other medically underserved populations:Community Health Centers - a federally qualified health center serving Central Florida residents;Seminole County Department of Health;Second Harvest Food Bank; Shepherd's Hope - a free and charitable clinic that provides care to the underinsured and uninsured; andHope Community Center.In order to ensure that input was solicited and gathered from low-income, minority, medically underserved, and other underrepresented community members, a variety of primary data collection efforts were made. Primary data for the 2019 CHNA was collected through a community survey, stakeholder interviews, focus groups, key informant surveys and intercept surveys. The audience for the community survey was the general community with a concentration on underrepresented populations. Both online and paper surveys were made available in four languages. A total of over 1,240 surveys were completed by Orange County residents. Stakeholder interviews were collected from community members who represented underserved populations through the programs and services they offer, such as local food banks and federally qualified health centers. A total of 9 focus groups were held which included representatives from organizations that serve underrepresented populations in Orange County, including organizations that provide services primarily to the homeless populations, seniors, and incarcerated individuals as well as mental health providers. One hundred and eleven key information surveys were collected from individuals who represented a particular population and/or sector in the community that was not able to be included in the stakeholder interviews or focus groups. Additionally, a total of 86 intercept surveys were conducted with individuals at United Against Poverty, AdventHealth Community Medicine Clinic and the Christian Service Center that focused on the health needs of underrepresented Orange County residents. Group A-Facility 9 -- Central Texas Medical CenterCentral Texas Medical Center (CTMC or the Hospital) is a 170-bed hospital located in San Marcos, Texas. The Hospital's service area consists of Hays and Caldwell counties. 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 stakeholder interviews. **see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 5 Continuation of Footnote	<p>Group A-Facility 9 -- Central Texas Medical CenterCentral Texas Medical Center formed a Co mmunity Health Needs Assessment Committee (CHNAC) that included representatives of the com munity, with a special focus on underserved populations. Many of the CHNAC members were se lected because of their direct ties to the underserved and impoverished communities in the primary service area of Central Texas Medical Center. Key members of the CHNAC included r epresentatives from the following organizations:Texas State Student Health Center;Women, I nfants and Children (WIC);Community Action, Inc.;San Marcos - Hays County EMS;San Marcos C onsolidated Independent School District;Scheib Mental Health;Hays County Commis sion; andCo mmuniCare Health Centers. CTMC also gathered primary data through focus groups, interviews , and an online survey. Focus groups were conducted at the Dr. Eugene Clark Central Librar y, the Hays County Library, WIC Programs Center of Caldwell County and Hays County Communi ty Action, Inc. One-hundred and twenty-two online surveys were completed by community resi dents. Group A-Facility 11 -- AdventHealth WauchulaAdventHealth Wauchula is a 25-bed hospi tal located in Wauchula, Florida in Hardee County. It serves the same communities as its s ister hospitals, AdventHealth Sebring and AdventHealth Lake Placid. AdventHealth Wauchula is designated by the state of Florida as a Critical Access Hospital. In conducting its 201 9 Community Health Needs Assessment (CHNA), primary and secondary health data was collecte d and analyzed. Primary data was gathered based upon input from individuals representing t he broad community, as well as low-income, minority, and other medically underserved popul ations. Primary data input was primarily gathered through the establishment of a Community Health Needs Assessment Committee, community surveys, and stakeholder interviews. AH Wauc hula formed a Community Health Needs Assessment Committee (CHNAC) that included representa tives of the community, with a special focus on underserved populations. Many of the CHNAC members were selected because of their direct ties to the underserved and impoverished co mmunities in the primary service area of AH Wauchula. Key members of the CHNAC included re presentatives from the following organizations:Drug Free Hardee;MV Transportation - an org anization involved in helping to meet transportation needs of those living in disadvantage d communities;Peace River Center - a domestic violence center;Healthy Start Coalition of H ardee, Highlands, and Polk Counties;Highlands County Board of County Commissioners;Nu-Hope Elder Care Services, Inc.;Heartland Regional Transportation Planning Organization;Florida Department of Health in Hardee County;Samaritan's Touch Care Center;Heartland Rural Healt h Network;Hardee Help Center; RCMA - an organization that provides child-care and child an d parent education for migrant and other low-income families; and Central Florida Health C are - a federally qualified he</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 5 Continuation of Footnote	alth center.Community surveys were completed on-line and in person by participants in comm unity settings. Local community organizations assisted in survey participation efforts by providing access to a computer at community events. Community surveys were also made avail able at local clinics, community events, department of motor vehicle locations, and the co mmunity locations. A total of 578 residents participated in the Community Health Needs Ass essment survey. AH Wauchula also gathered primary data through stakeholder interviews. Int erviews were conducted on-line by members of the CHNAC.

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	<p>Each hospital facility's CHNA report was made widely available through the following websites: Facility 1 -- AdventHealth Hospital Orlando https://www.adventhealth.com/community-health-needs-assessments Facility 2 -- AdventHealth Celebration https://www.adventhealth.com/community-health-needs-assessments Facility 3 -- AdventHealth Altamonte Springs https://www.adventhealth.com/community-health-needs-assessments Facility 4 -- AdventHealth East Orlando https://www.adventhealth.com/community-health-needs-assessments Facility 5 -- AdventHealth Winter Park https://www.adventhealth.com/community-health-needs-assessments Facility 6 -- AdventHealth Kissimmee https://www.adventhealth.com/community-health-needs-assessments Facility 7 -- AdventHealth Sebring https://www.adventhealth.com/community-health-needs-assessments Facility 8 -- AdventHealth Apopka https://www.adventhealth.com/community-health-needs-assessments Facility 9 -- Central Texas Medical Center http://www.ctmc.org/about-us/community-benefit Facility 10 -- AdventHealth Lake Placid https://www.adventhealth.com/community-health-needs-assessments Facility 11 -- AdventHealth Wauchula https://www.adventhealth.com/community-health-needs-assessments</p> <p>Part V, Section B, Line 10a Each hospital facility's most recently adopted implementation strategy was made widely available through the following websites: Facility 1 -- AdventHealth Hospital Orlando https://www.adventhealth.com/community-health-needs-assessments Facility 2 -- AdventHealth Celebration https://www.adventhealth.com/community-health-needs-assessments Facility 3 -- AdventHealth Altamonte Springs https://www.adventhealth.com/community-health-needs-assessments Facility 4 -- AdventHealth East Orlando https://www.adventhealth.com/community-health-needs-assessments Facility 5 -- AdventHealth Winter Park https://www.adventhealth.com/community-health-needs-assessments Facility 6 -- AdventHealth Kissimmee https://www.adventhealth.com/community-health-needs-assessments Facility 7 -- AdventHealth Sebring https://www.adventhealth.com/community-health-needs-assessments Facility 8 -- AdventHealth Apopka https://www.adventhealth.com/community-health-needs-assessments Facility 9 -- Central Texas Medical Center http://www.ctmc.org/about-us/community-benefit Facility 10 -- AdventHealth Lake Placid https://www.adventhealth.com/community-health-needs-assessments Facility 11 -- AdventHealth Wauchula https://www.adventhealth.com/community-health-needs-assessments</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 1 -- AdventHealth OrlandoDescription of CHNA Significant Needs ContinuedP riority 2: Access to Care - Primary and Behavioral/Mental Health 2016 Description of the I ssue: AHO recognizes the important impact that access, knowledge and lifestyle have in the health and well-being of an individual. The Hospital strives to increase access to primar y and behavioral/mental health care. The approach for the priority involves addressing aff ordability and access to appropriate-level care utilizing care navigation and coordination . 2019 Update: The AHO Community Health Plan has four desired outcomes under the Access to Care - Primary and Behavioral/Mental Health priority. 1. Increase access to primary care services in Orange County;2. To increase access to primary care in Orange County by suppor ting community partners;3. Participate in strategic processes that combat the heroin epide mic; and4. Provide behavioral health resources for the uninsured. Outcome 1: Increase acce ss to primary care services in Orange CountyStrategies were developed on both a Regional a nd facility level to increase access to care. The first strategy involves maintaining the Orlando Community Medicine Clinic, a clinic run by AHO to serve uninsured residents in Ora nge County. The clinic is funded by the Region. The metric for this strategy has a goal of the number of patients seen. The Hospital did not meet the goal of serving 4,500 with a t otal of 1,807 patients seen in 2019.The second Regional strategy was to connect residents to the Community Care program. The Community Care Program is a Regional initiative which f ocuses on clinically stabilizing patients in the community environment while addressing ro ot causes (often social determinant based) of uninsured high utilizers of care with comple x diagnoses. The Region funds the Community Care Program which enrolled 47 patients from t he target population in the AHO area, surpassing the goal of 37. Another aspect of increas ing access, which was implemented in 2018, has been to utilize a Care Navigation team acro ss the Region to connect uninsured patients to permanent medical homes through a partnersh ip with local federally qualified healthcare clinics. The team assists with identifying an d scheduling appointments for patients in order to ensure follow-up care is accessible. In 2019, 4,414 appointments were scheduled from AHO, which did not meet the goal of 5,000.Th e Region has continued to fund the AdventHealth Transitions Clinic (also known as the Trin a Hidalgo Heart Care Center). This clinic provides follow-up care for cardiac issues to th e uninsured who lack primary care. All funding is provided at a Regional level. The clinic serves Orange, Osceola, Seminole, and Lake County residents. The current tracking structu re for the clinic does not allow for extraction of metrics by county at this time. In 2019 , 921 patients were seen for a total of 3,532 visits throughout the Region.The Region also continued to fund and staff t</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>he AdventHealth Transitions Lung Clinic. This clinic provides care for underinsured and un insured who are impacted by respiratory issues. The current tracking structure for the cli nic does not allow for extraction of metrics by county at this time. In 2019, 784 new and 2,700 total patients were served throughout the Region. Outcome 2: To increase access to p rimary care in Orange County by supporting community partnersThe Regional strategy for thi s outcome was to provide monetary support to three different organizations that provide he alth care to uninsured and underinsured residents of Orange and/or Seminole County. Althou gh they only appear on the AHO plan, they do impact multiple AdventHealth facilities. Adve ntHealth provided funding to the following partners who are helping to provide care to the target population in Orange County as well as throughout the Region.1. Shepherd's Hope re ceived \$150,000 toward operation of their free clinics to provide access to free high qual ity, compassionate medical care.2. Grace Medical Home received \$143,000 toward operations to continue being a place for Central Florida's most underserved residents to enjoy the be nefit of quality, comprehensive, ongoing healthcare. 3. Health Care Center for the Homeles s received \$100,000 toward operations to continue their commitment to providing for the he alth care needs of the homeless and uninsured residents of Orlando, Florida and surroundin g areas.Outcome 3: Participate in strategic processes that combat the heroin epidemicThe R egional strategy for this outcome was to actively participate in the Orange County Heroin Task Force in collaboration with the Orange County Government. This collaboration resulted in a grant that is being used to fund two navigator positions in the county's busiest eme rgency departments. The focus of these navigators is to help establish and coordinate subs tance abuse treatment for individuals who are brought into the emergency departments. This one-year strategy is complete and the navigators have been established in the Hospital. O utcome 4: Provide behavioral health resources for the uninsuredThere are two Regional stra tegies for this outcome statement. Both are funded Regionally. The first is to provide spo nsorship dollars to the Outlook Clinic for Depression and Anxiety. The Outlook Clinic for Depression and Anxiety is a collaboration with the Mental Health Association, Orange Count y Government, UCF Social Work Department and additional partners. AHO donated \$114,800 in 2019 to help meet the needs of uninsured residents in Orange County. The Region provided a n annual \$718,320 donation to Aspire Behavioral Health. Aspire Behavioral Health provides a full range of behavioral healthcare services designed to meet the diverse needs of the c ommunity including both inpatient and outpatient services. The funding increases capacity for Aspire Behavioral Health to operate beds that would have been closed otherwise due to funding cuts. AHO collaborates</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>with multiple community partners on the priorities identified. These partners include, but are not limited to, county health departments, federally qualified healthcare clinics, faith communities and numerous non-profit entities. The greatest challenge identified in the work for this priority has been to recognize and break down silos. Often, it has been found that multiple organizations are working on similar initiatives. The Hospital is striving to act as a convener between partners to create alignments to better utilize resources. Community Needs Not Chosen by AdventHealth Orlando: The primary and secondary data in the Community Health Needs Assessment identified multiple community issues. The 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> <ol style="list-style-type: none"> 1. High rates of substance abuse: This issue was not chosen because addiction is understood to be a component of mental health. If AHO can positively affect access to mental health services, a component of the top priority chosen, this may also affect rates of substance abuse. 2. Homelessness: While homelessness is a serious issue in Central Florida, the issue was not chosen because AHO is already working with community partners, including the Regional Commission on Homelessness, on this issue. In late 2014, the Hospital donated \$6 million to the Commission's Housing First initiative. 3. Lack of affordable housing: This issue was not chosen because the Hospital does not have the resources to effectively address this need. 4. Poverty: This issue was not chosen because the Hospital does not have the resources to effectively address this need. 5. Asthma: While asthma did emerge as a serious health concern in the area assessed, the Hospital did not choose this as a top priority because if the community has access to preventative and primary care, a component of the top priority chosen, this may also affect the rates of asthma. 6. Sexually transmitted infections (STIs): This issue was not chosen as a top priority because while the Hospital has the means to treat STIs, it does not have the resources to effectively prevent them. Additionally, if the community has access to preventative and primary care, a component of the top priority chosen, this may affect the rates of STIs. **see continuation of footnote

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 1 -- AdventHealth OrlandoDescription of CHNA Significant Needs Continued 7. Diabetes in specific populations: This issue was not chosen specifically because it falls in the category of chronic disease, which relates to the top priority chosen. As AHO develops its Community Health Plan, it will factor in the higher prevalence of diabetes in minority populations. 8. Infant mortality in specific populations: This issue was not chosen specifically because it falls in the category of maternal and child health, which relates to the top priority chosen. As AHO develops its Community Health Plan, it will factor in the higher prevalence of infant mortality in minority populations.</p> <p>Group A-Facility 2 -- AdventHealth CelebrationAdventist Health System/Sunbelt, Inc d/b/a AdventHealth Celebration will be referred to in this document as AdventHealth Celebration (AHC or the Hospital). The Hospital is a wholly-owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is the 501(c)(3) parent organization of a hospital and healthcare system known as AdventHealth. In January 2019, every wholly-owned entity of AHSSHC adopted the AdventHealth system brand. Our identity 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 Celebration is part of the Central Florida Division South Region of AdventHealth. The division includes seven 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 Celebration's 2017-2019 Community Health Plan/Implementation Strategy. The Hospital developed this plan and posted it in May 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 Celebration 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.</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>olders, 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 did not address. AHC chose two areas of focus for their 2017-2019 Community Health Plan: 1. Access to Care - Preventative; and 2. Access to Care - Primary and Behavioral/Mental Health. Priority 1: Access to Care - Preventative 2016 Description of the Issue: AHC recognizes the important impact that access, knowledge and lifestyle have in the health and well-being of an individual. The Hospital strives to increase access to care and create opportunities for community members to lead healthier lives, in part by addressing issues involving preventative care impacted by food insecurity, obesity and maternal and child health. 2019 Update: The AHC Community Health Plan has five desired outcome statements under the Access to Care - Preventative priority. 1. Improve access to healthy and nutritious foods; 2. Improve access to knowledge around healthy nutrition and wellness; 3. Educate and empower the faith community to promote health within congregations in critical areas; 4. Increase access to knowledge of chronic disease self-management practices; and 5. Support opportunities that promote knowledge of chronic diseases within the primary service area. Outcome 1: Improve access to healthy and nutritious foods The first Regional strategy focuses on supporting food distribution programs within the targeted zip codes. The Region established a partnership in 2017 to help fund a local church program in order to increase its impact. The church had established a fresh food co-op which supplies food pantries throughout the Orange, Osceola, and Seminole tri-county area with healthier options. 20,400 meals were provided in Osceola County throughout 2019 through this initiative. The second Regional strategy began as a pilot at another AdventHealth hospital in the Central Florida Division South Region, AdventHealth Orlando. The AdventHealth Orlando campus partnered with Second Harvest Food Bank, a local non-profit food bank, in 2017 to begin providing unused food from the AdventHealth Hospital campuses to Second Harvest so this food can be distributed throughout high need areas in the community. The number of meals provided from the Celebration campus was 1,926 in 2019. Outcome 2: Improve access to knowledge around healthy nutrition and wellness There are two Regional strategies for this outcome. The Mission: FIT POSSIBLE program is a comprehensive wellness program which brings health and wellness education to schools, churches, and community centers. Health and wellness educators provide education during regular visits, as well as supplemental education for teachers and staff to engage kids in activities that teach them how</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>to be physically and emotionally healthy. In 2019, AdventHealth Celebration did not final ize any school partnerships and will continue to work with the school district to implemen t this program in the next CHP cycle. The second Regional strategy was to provide Nutritio n Wellness classes to community members which would help with increasing access to knowled ge around nutrition. This program was not deployed in 2019 due to a lack of resources.Outc ome 3: Educate and empower the faith community to promote health within congregations in c ritical areasThe Regional strategy for this outcome is to create a network of faith partne rs that can promote health through congregational settings. This strategy is funded at a R egional level. The pilot was implemented at another AdventHealth hospital in the Central F lorida Division South Region, AdventHealth Orlando. The AdventHealth Orlando campus began developing and sharing best practices to be implemented across the South Region. In 2019, AdventHealth Celebration was not able to finalize a partnership with the church partners i n its primary service area so there are no church outcomes to report. Outcome 4: Increase access to knowledge of chronic disease self-management practicesThe Regional strategy for this outcome is to fund and implement the evidence-based Stanford Chronic Disease Self-Man agement Program (CDSMP) in its targeted zip codes throughout the Region. CDSMP provides ed ucation and care coordination services to target populations in the community. In Osceola County, CDSMP classes were hosted with 44 participants in 2019. A graduation rate of 93 pe rcent was achieved with 41 of those participating successfully completing the course. Of t he 41 people who completed the course, 20 were Spanish speaking with a graduation rate of 95 percent.Outcome 5: Support opportunities that promote knowledge of chronic diseases wit hin the primary service areaThe Regional strategy included monetary support for the Americ an Heart Association for their disease education efforts. Funding continues to be provided at a Regional level of \$500,000 over the course of three years. Since this strategy is im plemented strictly as a funding donation on a Regional level, there is not a specific faci lity metric. **see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 2 -- AdventHealth CelebrationDescription of CHNA Significant Needs Contin ued As the Hospital looks at the successes and challenges that have come from its third ye ar of implementation of the 2017 Community Health Plan, there are opportunities to better define strategies and expand outcomes to better serve its target populations. There are on going conversations and future plans will incorporate these learnings. The Hospital collab orates with multiple community partners on the identified priorities. These partners inclu de, but are not limited to, county health departments, federally qualified healthcare clin ics, faith communities, and numerous non-profit entities. The biggest challenge that the H ospital has identified with this priority is aligning available programs with strong found ations and adequate resources for deployment.Priority 2: Access to Care - Primary and Beha vioral/Mental Health 2016 Description of the Issue: AHC recognizes the important impact th at access, knowledge and lifestyle have in the health and well-being of an individual. The Hospital strives to increase access to primary and mental health care. The approach for t he priority involves addressing affordability and access to appropriate-level care utilizi ng care navigation and coordination.2019 Update: The AHC Community Health Plan has six des ired outcome statements under the Access to Care - Primary and Behavioral Health priority. 1. Increase access to primary care for uninsured and underinsured residents by supporting community partners;2. Increase dental care access for uninsured and underinsured adults;3 . Build primary care and other medical capacity in Osceola County;4. Increase access to pr imary care in Osceola County;5. Improve access to primary care services through transporta tion strategies; and6. Provide behavioral health resources for the uninsured.Outcome 1: In crease access to primary care for uninsured and underinsured residents by supporting commu nity partnersFunding was provided at a Regional level to support the Osceola Council of Ag ing Free Chronic Care Clinic. The clinic provides health care to the uninsured and underin sured residents of AHC's service area. The total grant funding of \$500,000 over a three-ye ar period beginning 2017 will continue to increase capacity of the clinic. Additional Regi onal funding was provided in the amount of \$15,000 to support the organization's Meals on Wheels program in 2019. Outcome 2: Increase dental care access for uninsured and underinsu red adultsFunding was provided at a Regional level to support a pilot Mobile Dental Van in conjunction with the Osceola Health Department and a larger pilot program. The program fu nding ended in 2018 and will not be continued in 2019. Outcome 3: Build primary care and o ther medical capacity in Osceola CountyAHC committed to provide monetary support as well a s actively participate in the Community Vision's Health Leadership Council. The Council is the County's convening agency</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>for health and social issues and is comprised of safety net providers. AHC currently has a representative serving on the Leadership Council. The convening and participation has led to several opportunities for alignment due to the opportunity to develop and strengthen partnerships with other organizations with a shared mission to serve the residents of Osceola County. Funding was provided at a Regional level in 2019 in the amount of \$10,000. AHC will continue to support the work of the Council both financially and through council participation.</p> <p>Outcome 4: Increase access to primary care in Osceola County. Strategies were developed on both a Regional and Hospital facility level to increase access to care. The first Regional strategy is to connect residents to the Community Care program. The Community Care Program is a Regional initiative which focuses on clinically stabilizing patients in the community environment while addressing root causes (often social determinant based) of uninsured high utilizers of care with complex diagnoses. The Region funds the Community Care Program which enrolled 25 patients from the target population in the AHC area. The second strategy for increasing access, which was implemented in 2018, has been to utilize a Care Navigation team across the Region to connect uninsured patients to permanent medical homes through a partnership with local federally qualified healthcare clinics. The team assists with identifying and scheduling appointments for patients in order to ensure follow-up care is accessible. In 2019, 1,498 appointments were scheduled for AdventHealth Celebration patients, which was less than the goal of 5,000. The goal was not reached due to a change in the criteria for tracking. The third strategy is to provide primary and secondary care services to underserved residents who would otherwise not have access to care through the HAPPI program. This Regionally funded program was implemented specifically for the Osceola County area. A total of 1,456 unique underserved residents of Osceola County received primary and secondary care services in 2019, which significantly surpassed the goal of 175.</p> <p>Outcome 5: Improve access to primary care services through transportation strategies. AHC partnered with the Florida Department of Transportation on their one-year Complete Streets Study. Complete Streets is a national initiative focused on building transportation infrastructure that is designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. The goal is to increase safety and ease for those crossing the street, walking to shops, and bicycling to work. In 2017, the Hospital participated in the study led by the Florida Department of Health, which also included another partner, the Federally Qualified Health Centers (FQHCs), in the Region. The hope is that the Hospital's participation will help reduce transportation barriers which have been</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>cited as especially prevalent amongst those vulnerable populations across the Region. Out come 6: Provide behavioral health resources for the uninsuredThe Region provides an annual \$250,000 donation to Park Place Behavioral Health. Park Place Behavioral Health provides a full range of behavioral healthcare services designed to meet the diverse needs of the c ommunity including both inpatient and outpatient services. The funding increases capacity for Park Place Behavioral Health to operate beds that would have been closed otherwise due to funding cuts. AHC collaborates with multiple community partners on the priorities it h as identified. These partners include, but are not limited to, county health departments, federally qualified healthcare clinics, faith communities and numerous non-profit entities . The greatest challenge AHC has identified in the work for this priority has been to reco gnize and break down silos. Often, AHC has found that multiple organizations are working o n similar initiatives. AHC is striving to act as a convener between partners to create ali gnments to better utilize resources.</p> <p>Community Needs Not Chosen by AdventHealth Celebration : The primary and secondary data in the Community Health Needs Assessment identified multi ple community issues. Hospital and community stakeholders used the following criteria to n arrow the larger list to the priority areas noted above:</p> <p>1. How acute is the need? (based o n data and community concern)</p> <p>2. What is the trend? Is the need getting worse?</p> <p>3. Does the H ospital provide services that relate to the priority?</p> <p>4. Is someone else - or multiple gro ups - in the community already working on this issue?</p> <p>5. If the Hospital were to address t his issue, are there opportunities to work with community partners?</p> <p>Based on this priori zation process, the Hospital did not choose the following community issues:</p> <p>1. High rates o f substance abuse: This issue was not chosen because addiction is understood to be a compo nent of mental health. If AHC can positively affect access to mental health services, a co mponent of the top priority chosen, this may also affect rates of substance abuse.</p> <p>2. Homelessn ess: While homelessness is a serious issue in Central Florida, the issue was not chose n because AHC is already working with community partners, including the Regional Commissio n on Homelessness, on this issue. In late 2014, the Hospital donated \$6 million to the Com mission's Housing First initiative.</p> <p>3. Lack of affordable housing: This issue was not chos en because the Hospital does not have the resources to effectively address this need.</p> <p>4. P overty: This issue was not chosen because the Hospital does not have the resources to effe ctively address this need. **see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 2 -- AdventHealth CelebrationDescription of CHNA Significant Needs Contin ued 5. Asthma: While asthma did emerge as a serious health concern in the area assessed, t he Hospital did not choose this as a top priority because if the community has access to p reventative and primary care, a component of the top priority chosen, this may also affect the rates of asthma. 6. Sexually transmitted infections (STIs): This issue was not chosen as a top priority because while the Hospital has the means to treat STIs, it does not hav e the resources to effectively prevent them. Additionally, if the community has access to preventative and primary care, a component of the top priority chosen, this may affect the rates of STIs.7. Diabetes in specific populations: This issue was not chosen specifically because it falls in the category of chronic disease, which relates to the top priority ch osen. As AHC develops its Community Health Plan, it will factor in the higher prevalence o f diabetes in minority populations. 8. Infant mortality in specific populations: This issu e was not chosen specifically because it falls in the category of maternal and child healt h, which relates to the top priority chosen. As AHC develops its Community Health Plan, it will factor in the higher prevalence of infant mortality in minority populations.Group A- Facility 3 -- AdventHealth Altamonte SpringsAdventist Health System/Sunbelt, Inc d/b/a Adv entHealth Altamonte will be referred to in this document as AdventHealth Altamonte (AHAlt or the Hospital). The Hospital is a wholly-owned subsidiary of Adventist Health System Sun belt Healthcare Corporation (AHSSHC). AHSSHC is the 501(c)(3) parent organization of a hos pital and healthcare system known as AdventHealth. In January 2019, every wholly-owned ent ity of AHSSHC adopted the AdventHealth system brand. Our identity has been unified to repr esent the full continuum of care our system offers. Any reference to our 2016 Community He alth Needs Assessment (CHNA) or 2017 Community Health Plan (CHP) will utilize our new name for consistency. AdventHealth Altamonte is part of the Central Florida Division South Reg ion of AdventHealth. The division includes seven hospital facilities. The information provid ed below explains how the hospital facility addressed in 2019 the significant health nee ds 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 con ducted 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 Asse ssment in 2017 prior to May 15, 2017. This is the third-year update for AdventHealth Altam onte's 2017-2019 Community Health Plan/Implementation Strategy. The Hospital developed thi s plan and posted it in May 2017 as part of its 2016 Community Health Needs Assessment pro cess. For the development of b</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>oth the Community Health Needs Assessment and the Community Health Plan/Implementation Strategy, AdventHealth Altamonte 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 did not address. AdventHealth Altamonte chose two areas of focus for their 2017-2019 Community Health Plan: 1. Access to Care - Preventative; and2. Access to Care- Primary and Mental Health. Priority 1: Access to Care - Preventative 2016 Description of the Issue:AHAlt recognizes the important impact that access, knowledge and lifestyle have in the health and well-being of an individual. The Hospital strives to increase access to care and create opportunities for community members to lead healthier lives, in part by addressing issues involving preventative care impacted by food insecurity, obesity, and maternal and child health.2019 Update: The AHAlt Community Health Plan has six desired outcomes statements under the Access to Care - Preventative priority. 1. Improve access to healthy and nutritious foods;2. Improve access to knowledge around healthy nutrition and wellness;3 . Educate and empower the faith community to promote health within congregations in critical areas;4. Support and create opportunities for increased quality of life for residents of Seminole County;5. Increase access to knowledge of chronic disease self-management practices; and6. Support opportunities that promote knowledge of chronic diseases within the primary service area.Outcome 1: Improve access to healthy and nutritious foodsThe first Regional strategy focuses on supporting food distribution programs within the targeted zip codes. The Region established a partnership in 2017 to help fund a local church program in order to increase its impact. The church had established a fresh food co-op which supplies food pantries throughout the Orange, Osceola, and Seminole tri-county area with healthier options. In 2019, the church partnered with one of the food pantries in the Hospital's targeted zip codes and has established a regular drop-off to provide fresh, nutritious food to the pantry and the people it serves. 10,219 meals were provided in Seminole County throughout 2019 through this initiative</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>ive. The second Regional strategy began as a pilot at another AdventHealth hospital in the Central Florida Division South Region, AdventHealth Orlando. The AdventHealth Orlando cam pus partnered with Second Harvest Food Bank, a local non-profit food bank, in 2017 to begi n providing unused food from the AdventHealth Hospital campuses to Second Harvest so this food can be distributed throughout high need areas in the community. For the facility-leve l contribution, AHAIt provided 2,808 meals in 2019, which exceeded the goal for the facili ty.Outcome 2: Improve access to knowledge around healthy nutrition and wellnessThere are t wo Regional strategies for this outcome. The Mission: FIT POSSIBLE program is a comprehens ive wellness program which brings health and wellness education to schools, churches, and community centers. Health and wellness educators provide education during regular visits, as well as supplemental education for teachers and staff to engage kids in activities that teach them how to be physically and emotionally healthy. One school in AHAIt's target zip codes received this program in 2019 meeting the goal. The second Regional strategy was to provide Nutrition Wellness classes to community members which would help with increasing access to knowledge around nutrition. This program was not deployed in 2019 due to a lack of resources.Outcome 3: Educate and empower the faith community to promote health within c ongregations in critical areasThe Regional strategy for this outcome is to create a networ k of faith partners that can promote health through congregational settings. This strategy is funded at a Regional level. The pilot was implemented at another AdventHealth hospital in the Central Florida Division South Region, AdventHealth Orlando. The AdventHealth Orla ndo campus began developing and sharing best practices to be implemented across the South Region. AdventHealth Altamonte finalized a partnership agreement in 2019 with a church in the Hospital's service area. Since the formalized agreement, the Hospital has provided a t otal of 12 "Community Resource Spot" days, an event at which the Region's Mission and Mini stry team coordinate with local partners to provide resources and education to community m embers in need. In addition, funding was approved to support expansion of an existing food pantry for the church which will be enhanced in 2020.**see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 3 -- AdventHealth AltamonteDescription of CHNA Significant Needs Continue d Outcome 4: Support and create opportunities for increased quality of life for residents of Seminole CountyThe Regional strategy involved offering programming from Healthy Central Florida (HCF) to the service areas that AHAlt reaches. The goal of HCF is to make Central Florida communities the healthiest in the nation. This initiative began with three target communities Winter Park, Maitland and Eatonville. The program was not redeployed in 2019 due to staff and internal strategy changes, but AdventHealth Altamonte continually seeks p rograms that would benefit the underserved populations. Outcome 5: Increase access to know ledge of chronic disease self-management practicesThe Regional strategy for this outcome i s to fund and implement the evidence-based Stanford Chronic Disease Self-Management Progra m (CDSMP) in its targeted zip codes throughout the Region. In Seminole County, three CDSMP classes were hosted with 44 participants in 2019. A graduation rate of 84.1 percent was a chieved with 37 of those participating successfully completing the course. Outcome 6: Supp ort opportunities that promote knowledge of chronic diseases within the primary service ar eaThe Regional strategy included monetary support for the American Heart Association for t heir disease education efforts. Funding continues to be provided at a Regional level of \$5 00,000 over the course of three years. Since this strategy is implemented strictly as a fu nding donation on a Regional level, there is not a specific facility metric.As the Hospita l looks at the successes and challenges that have come from its third year of implementati on of the 2017 Community Health Plan, there are opportunities to better define strategies and expand outcomes to better serve its target populations. There are ongoing conversation s and future plans will incorporate these learnings. The Hospital collaborates with multip le community partners on the identified priorities. These partners include, but are not li mited to, county health departments, federally qualified healthcare clinics, faith communi ties, and numerous non-profit entities. The biggest challenge that the Hospital has identi fied with this priority is aligning available programs with strong foundations and adequat e resources for deployment.Priority 2: Access to Care - Primary and Mental Health 2016 Des cription of the Issue: AHAlt recognizes the important impact that access, knowledge and li festyle have in the health and well-being of an individual. The Hospital strives to increa se access to primary and mental health care. The approach for the priority involves addres sing affordability and access to appropriate-level care utilizing care navigation and coor dination.2019 Update: The AHAlt Community Health Plan has four desired outcomes under the Access to Care - Primary and Mental Health priority. 1. Increase access to primary care se rvices in Seminole County;2. R</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>educe emergency department readmissions;3. Maintain access to behavioral health services f or victims of child abuse; and4. Provide behavioral health resources for the uninsured.Out come 1: Increase access to primary services in Seminole CountyThe Community Care Program i s a Regional initiative which focuses on clinically stabilizing patients in the community environment while addressing root causes (often social determinant based) of uninsured hig h utilizers of care with complex diagnoses. The Region funds the Community Care Program wh ich enrolled 73 patients from the target population across the AHAIt area in 2019, exceedi ng the goal of 42 patients.Another aspect of increasing access, which was implemented in 2 018, has been to utilize a Care Navigation team across the Region to connect uninsured pat ients to permanent medical homes through a partnership with local federally qualified heal thcare clinics. The team assists with identifying and scheduling appointments for patients in order to ensure follow-up care is accessible. In 2019, 2,354 appointments were schedul ed for Seminole County residents, which surpassed the goal of 1,200.Outcome 2: Reduce Emer gency Department ReadmissionsThe Region funded the Community Paramedic Program which has b een implemented at the AHAIt facility. The Community Paramedic Program provides a paramedi c to help navigate the care of chronic patients for thirty days after discharge. The metri c measured is the reduction in percentage of visits from chronic patients. A reduction of visits was seen in 20 percent of patients, which was slightly less than the goal of 25 per cent. The main challenge for 2019 was a shortage of staff to meet the needs of the target population. This initiative will continue with Regional support and continued implementati on at the Hospital campus.Outcome 3: Maintain access to behavioral health services for vic tims of child abuse The Regional strategy for this priority focused on providing monetary support to the Kid's House. Kid's House strives to serve victims of child abuse through of fering coordinated services in a safe, child-friendly environment from report and investig ation through treatment and resolution. The Region provided in-kind services in the amount of \$400,000 in 2019, in addition to a \$20,000 funding donation. Outcome 4: Provide behavi oral health resources for the uninsuredThe Region provided an annual \$718,320 donation to Aspire Behavioral Health. Aspire Behavioral Health provides a full range of behavioral hea lthcare services designed to meet the diverse needs of the community including both inpati ent and outpatient services. The funding increases capacity for Aspire Behavioral Health t o operate beds that would have been closed otherwise due to funding cuts. AHAIt collaborat es with multiple community partners on its identified priorities. Partners include, but ar e not limited to, county health departments, federally qualified healthcare clinics, faith communities and numerous non-</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>profit entities. The greatest challenge the Hospital has identified in the work for this p riority has been to recognize and break down silos. Often the Hospital has found that mult iple organizations are working on similar initiatives. The Hospital is striving to act as a convener between partners to create alignments and better utilize resources.Community Ne eds Not Chosen by AdventHealth Altamonte The primary and secondary data in the Community H ealth Needs Assessment identified multiple community issues. Hospital and community stakeh olders used the following criteria to narrow the larger list to the priority areas noted a bove: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 priorit y? 4. Is someone else - or multiple groups - in the community already working on this issu e? 5. If the Hospital were to address this issue, are there opportunities to work with com munity partners? Based on this prioritization process, the Hospital did not choose the fol lowing community issues:1. High rates of substance abuse: This issue was not chosen becaus e addiction is understood to be a component of mental health. If AHAIt can positively affe ct access to mental health services, a component of the top priority chosen, this may also affect rates of substance abuse.2. Homelessness: While homelessness is a serious issue in Central Florida, the issue was not chosen because AHAIt is already working with community partners, including the Regional Commission on Homelessness, on this issue. In late 2014, the Hospital donated \$6 million to the Commission's Housing First initiative. 3. Lack of affordable housing: This issue was not chosen because the Hospital does not have the resou rces to effectively address this need. 4. Poverty: This issue was not chosen because the H ospital does not have the resources to effectively address this need.5. Asthma: While asth ma did emerge as a serious health concern in the area assessed, the Hospital did not choos e this as a top priority because if the community has access to preventative and primary c are, a component of the top priority chosen, this may also affect the rates of asthma. 6. Sexually transmitted infections (STIs): This issue was not chosen as a top priority becaus e while the Hospital has the means to treat STIs, it does not have the resources to effect ively prevent them. Additionally, if the community has access to preventative and primary care, a component of the top priority chosen, this may affect the rates of STIs.**see cont inuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 3 -- AdventHealth AltamonteDescription of CHNA Significant Needs Continue d 7. Diabetes in specific populations: This issue was not chosen specifically because it falls in the category of chronic disease, which relates to the top priority chosen. As AHAI t develops its Community Health Plan, it will factor in the higher prevalence of diabetes in minority populations. 8. Infant mortality in specific populations: This issue was not c hosen specifically because it falls in the category of maternal and child health, which re lates to the top priority chosen. As AHAI t develops its Community Health Plan, it will fac tor in the higher prevalence of infant mortality in minority populations.</p> <p>Group A-Facility 4 -- AdventHealth East OrlandoAdventist Health System/Sunbelt, Inc d/b/a AdventHealth East Orlando will be referred to in this document as AdventHealth East Orlando (AHEO or the Ho spital). The Hospital is a wholly-owned subsidiary of Adventist Health System Sunbelt Heal thcare Corporation (AHSSHC). AHSSHC is the 501(c)(3) parent organization of a hospital and healthcare system known as AdventHealth. In January 2019, every wholly-owned entity of AH SSHC adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our system offers. Any reference to our 2016 Community Health Need s Assessment (CHNA) or 2017 Community Health Plan (CHP) will utilize our new name for cons istency. AdventHealth East Orlando is part of the Central Florida Division South Region of AdventHealth. The division includes seven hospital facilities. The information provided b elow explains how the hospital facility addressed in 2019 the significant health needs ide ntified in its 2016 Community Health Needs Assessment, and any such needs that were not ad dressed 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 add ress 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 East Orland o's 2017-2019 Community Health Plan/Implementation Strategy. The Hospital developed this p lan and posted it in May 2017 as part of its 2016 Community Health Needs Assessment proces s. For the development of both the Community Health Needs Assessment and the Community Hea lth Plan/Implementation Strategy, AdventHealth East Orlando worked to define and address t he 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 dat a from local, regional and national health-related sources; and Hospital prevalence data t o help the Hospital determine the health needs of the community it serves. Once the data w as gathered, the primary issues identified in the community health needs assessment were p rioritized by community and Ho</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>spital 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 did not address. AHEO chose two areas of focus for their 2017-2019 Community Health Plan: 1. Access to Care - Preventative; and 2. Access to Care - Primary and Behavioral/Mental Health. Priority 1: Access to Care - Preventative</p> <p>2016 Description of the Issue: AHEO recognizes the important impact that access, knowledge and lifestyle have in the health and well-being of an individual. The Hospital strives to increase access to care and create opportunities for community members to lead healthier lives, in part by addressing issues involving preventative care impacted by food insecurity, obesity and maternal and child health.</p> <p>2019 Update: The AHEO Community Health Plan has six desired outcome statements under the Access to Care - Preventative priority. 1. Improve access to healthy and nutritious foods; 2. Improve access to knowledge around healthy nutrition and wellness; 3. Educate and empower the faith community to promote health within congregations in critical areas; 4. Support and create opportunities for increased quality of life for residents of Orange County; 5. Increase access to knowledge of chronic disease self-management practices; and 6. Support opportunities that promote knowledge of chronic diseases within the primary service area.</p> <p>Outcome 1: Improve access to healthy and nutritious foods</p> <p>The first Regional strategy focuses on supporting food distribution programs within the targeted zip codes. The Region established a partnership in 2017 to help fund a local church program in order to increase its impact. The church had established a fresh food co-op which supplies food pantries throughout the Orange, Osceola, and Seminole tri-county area with healthier options. 144,957 meals were provided in Orange County throughout 2019 through this initiative. The second Regional strategy consisted of supporting a Second Harvest Food Bank program called Second Helpings. Through the Second Helpings program AHEO provided unused food from the Nutritional Services Department to Second Harvest, which was then distributed throughout high need areas in the community. This program was originally piloted at another hospital in the Central Florida Division South Region, AdventHealth Orlando. In 2019, AdventHealth East Orlando donated 2,578 pounds of food which helped provide 2,148 meals.</p> <p>Outcome 2: Improve access to knowledge around healthy nutrition and wellness</p> <p>There are two Regional strategies for this outcome. The Mission: FIT POSSIBLE program is a comprehensive wellness program which brings health and wellness education to schools, churches, and community centers. Health and wellness educators provide</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>rovide education during regular visits, as well as supplemental education for teachers and staff to engage kids in activities that teach them how to be physically and emotionally h ealthy. Four schools in AHEO's target zip codes received this program in 2019, surpassing the goal of two schools. The second Regional strategy was to provide Nutrition Wellness cl asses to community members which would help with increasing access to knowledge around nut rition. This program was not deployed in 2019 due to a lack of resources.Outcome 3: Educat e and empower the faith community to promote health within congregations in critical areas The Regional strategy for this outcome is to create a network of faith partners that can promote health through congregational settings. This strategy is funded at a Regional leve l. The pilot was implemented at another AdventHealth hospital in the Central Florida Divis ion South Region, AdventHealth Orlando. The AdventHealth Orlando campus began developing a nd sharing best practices to be implemented across the South Region. AHEO began establishi ng relationships with numerous faith partners in the East Orlando community and will conti nue working to identify and establish church partners in the community. In 2019, AdventHea lth East Orlando was not able to finalize a partnership with the church partners in its pr imary service area so there are no church outcomes to report. Outcome 4: Support and creat e opportunities for increased quality of life for residents of Orange County The Regional strategy involved offering programming from Healthy Central Florida (HCF) to the service a reas that AHEO reaches. The goal of HCF is to make Central Florida communities the healthi est in the nation. This initiative began with three target communities - Winter Park, Mait land and Eatonville. The program was not redeployed in 2019 due to staff and internal stra tegy changes, but AdventHealth East Orlando continually seeks programs that would benefit the underserved populations. Outcome 5: Increase access to knowledge of chronic disease se lf-management practices The Regional strategy for this outcome is to fund and offer the ev idence-based Stanford Chronic Disease Self-Management Program (CDSMP) in targeted zip code s throughout the Region. CDSMP provides education and care coordination services to target populations in the community. In Orange County, 12 CDSMP classes were hosted with 167 par ticipants in 2019. A graduation rate of 76.6 percent was achieved with 128 of those partic ipating successfully completing the course.**see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 4 -- AdventHealth East Orlando Description of CHNA Significant Needs Continued Outcome 6: Support opportunities that promote knowledge of chronic diseases within the primary service area The Regional strategy included providing monetary support for the American Heart Association for their disease education efforts. Funding continues to be provided at a Regional level of \$500,000 over the course of three years. Since this strategy is implemented strictly as a funding donation on a Regional level, there is not a specific facility metric. As the Hospital looks at the successes and challenges that have come from its third year of implementation of the 2017 Community Health Plan, there are opportunities to better define strategies and expand outcomes to better serve its target populations. There are ongoing conversations and future plans will incorporate these learnings. The Hospital collaborates with multiple community partners on the identified priorities. These partners include, but are not limited to, county health departments, federally qualified healthcare clinics, faith communities, and numerous non-profit entities. The biggest challenge that the Hospital has identified with this priority is aligning available programs with strong foundations and adequate resources for deployment. Priority 2: Access to Care - Primary and Behavioral/Mental Health 2016 Description of the Issue: AHEO recognizes the important impact that access, knowledge and lifestyle have in the health and well-being of an individual. The Hospital strives to increase access to primary and mental health care. The approach for the priority involves addressing affordability and access to appropriate-level care utilizing care navigation and coordination. 2019 Update: The AHEO Community Health Plan has two desired outcomes under the Access to Care - Primary and Behavioral/Mental Health priority. 1. Increase access to primary care services in Orange County; and 2. Provide behavioral health resources for the uninsured. Outcome 1: Increase access to primary care services in Orange County The Region has developed three strategies to accomplish the desired outcome. The first Regional strategy involved connecting uninsured patients to permanent medical homes. The strategy was developed by a partnership of the Care navigation team and local federally qualified healthcare clinics. The Care navigation team schedules appointments for the patients. In 2019, 6,883 referrals were provided through this initiative at the AHEO campus, surpassing the goal of 5,000. The second Regional strategy involved connecting residents to the Community Care program. All funding for this program is provided at the Regional level. The Community Care program focuses on clinically stabilizing the patient in the community environment and addressing root causes (often social determinant based) of utilization for high utilizers who are uninsured and complex patients. In 2019, 69 patients were enrolled, which surpassed</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>assed the goal of 42. The final strategy is a Hospital strategy to connect eligible reside nts to permanent medical homes via an employee from a local federally qualified healthcare clinic who is embedded in the Hospital. All funding for this program is provided at the R egional level. In 2019, 1,957 appointments were made, which surpassed the goal of 900. Out come 2: Provide behavioral health resources for the uninsuredThe Regional strategy is to p rovide Aspire Health Partners with funding to operate beds that would have been closed oth erwise due to funding cuts. Aspire Health Partners is committed to providing individuals a nd families of Central Florida with compassionate, comprehensive and cost-effective behavi oral health care services that lead to successful living and healthy, responsible lifestyl es. All funding for this program is provided at the Regional level. The Hospital collabora tes with multiple community partners on its identified priorities. Partners include, but a re not limited to, county health departments, federally qualified healthcare clinics, fait h communities and numerous non-profit entities. The greatest challenge the Hospital has id entified in the work for this priority has been to recognize and break down silos. Often, the Hospital has found that multiple organizations are working on similar initiatives. The Hospital is striving to act as a convener between partners to create alignments to better utilize resources.</p> <p>Community Needs Not Chosen by AdventHealth East Orlando: The primary an d secondary data in the Community Health Needs Assessment identified multiple community is sues. 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 commu nity 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 com munity already working on this issue? 5. If the Hospital were to address this issue, are t here opportunities to work with community partners? Based on this prioritization process, the Hospital did not choose the following community issues:1. High rates of substance abus e: This issue was not chosen because addiction is understood to be a component of mental h ealth. If AHEO can positively affect access to mental health services, a component of the top priority chosen, this may also affect rates of substance abuse.2. Homelessness: While homelessness is a serious issue in Central Florida, the issue was not chosen because AHEO is already working with community partners, including the Regional Commission on Homelessn ess, on this issue. In late 2014, the Hospital donated \$6 million to the Commission's Hous ing First initiative. 3. Lack of affordable housing: This issue was not chosen because the Hospital does not have the resources to effectively address this need. 4. Poverty: This i ssue was not chosen because th</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>e Hospital does not have the resources to effectively address this need.5. Asthma: While a sthma did emerge as a serious health concern in the area assessed, the Hospital did not ch oose this as a top priority because if the community has access to preventative and prima y care, a component of the top priority chosen, this may also affect the rates of asthma. 6. Sexually transmitted infections (STIs): This issue was not chosen as a top priority bec ause while the Hospital has the means to treat STIs, it does not have the resources to eff ectively prevent them. Additionally, if the community has access to preventative and prima ry care, a component of the top priority chosen, this may affect the rates of STIs.7. Diab etes in specific populations: This issue was not chosen specifically because it falls in t he category of chronic disease, which relates to the top priority chosen. As AHEO develops its Community Health Plan, it will factor in the higher prevalence of diabetes in minorit y populations. 8. Infant mortality in specific populations: This issue was not chosen spec ifically because it falls in the category of maternal and child health, which relates to t he top priority chosen. As AHEO develops its Community Health Plan, it will factor in the higher prevalence of infant mortality in minority populations.Group A-Facility 5 -- Advent Health Winter ParkAdventist Health System/Sunbelt, Inc d/b/a AdventHealth Winter Park will be referred to in this document as AdventHealth Winter Park (AHWP or the Hospital). The H ospital is a wholly-owned subsidiary of Adventist Health System Sunbelt Healthcare Corpora tion (AHSSHC). AHSSHC is the 501(c)(3) parent organization of a hospital and healthcare sy stem known as AdventHealth. In January 2019, every wholly-owned entity of AHSSHC adopted t he AdventHealth system brand. Our identity has been unified to represent the full continuu m 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. Adven tHealth Winter Park is part of the Central Florida Division South Region of AdventHealth. The division includes seven hospital facilities. The information provided below explains h ow 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 He alth Needs Assessment in 2016 and adopted an implementation strategy to address the signif icant health needs identified in the 2016 Community Health Needs Assessment in 2017 prior to May 15, 2017. **see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 5 -- AdventHealth Winter ParkDescription of CHNA Significant Needs Contin ued This is the third-year update for AdventHealth Winter Park's 2017-2019 Community Health Plan/Implementation Strategy. The Hospital developed this plan and posted it in May 2017 as part of its 2016 Community Health Needs Assessment process. For the development of bot h the Community Health Needs Assessment and the Community Health Plan/Implementation Strat egy, AdventHealth Winter Park worked to define and address the needs of low-income, minori ty and underserved populations in its service area. The 2016 Community Health Needs Assess ment used primary data interviews and surveys; secondary data from local, regional and nat ional 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 issue s identified in the community health needs assessment were prioritized by community and Ho spital 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 st rategies addressing those issues. There is also a description of the identified issues tha t the Hospital did not address. AHWP chose two areas of focus for their 2017-2019 Communit y Health Plan: 1. Access to Care - Preventative; and2. Access to Care - Primary and Behavi oral/Mental Health. Priority 1: Access to Care - Preventative 2016 Description of the Issu e:AHWP recognizes the important impact that access, knowledge and lifestyle have in the he alth and well-being of an individual. The Hospital strives to increase access to care and create opportunities for community members to lead healthier lives, in part by addressing issues involving preventative care impacted by food insecurity, obesity and maternal and c hild health.2019 Update: The AHWP Community Health Plan has six desired outcome statements under the Access to Care - Preventative priority. 1. Improve access to healthy and nutrit ious foods;2. Improve access to knowledge around healthy nutrition and wellness;3. Educate and empower the faith community to promote health within congregations in critical areas; 4. Support and create opportunities for increased quality of life for residents of Orange County;5. Increase access to knowledge of chronic disease self-management practices; and6. Support opportunities that promote knowledge of chronic diseases within the primary servi ce area.Outcome 1: Improve access to healthy and nutritious foodsThe first Regional strate gy focuses on supporting food distribution programs within the targeted zip codes. The Reg ion established a partnership in 2017 to begin funding a local church program in order to increase its impact. The church established a fresh food co-op which supplies food pantrie s throughout the Orange, Osceo</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>la, and Seminole tri-county area with healthier options. 144,957 meals were provided in Orange County throughout 2019 through this initiative. The second Regional strategy is to support a program called Second Helpings. Through the Second Helpings program AHWP provides unused food from the Nutritional Services Department to Second Harvest Food Bank, a local non-profit food bank. The donated food is then distributed throughout high need areas in the community. In 2019, AdventHealth Winter Park donated 1,857 pounds of food which helped provide over 1,548 meals.</p> <p>Outcome 2: Improve access to knowledge around healthy nutrition and wellnessThere are two strategies identified to achieve this outcome. The Mission: FIT POSSIBLE program is a comprehensive wellness program which brings health and wellness education to schools, churches, and community centers. Health and wellness educators provide education during regular visits, as well as supplemental education for teachers and staff to engage kids in activities that teach them how to be physically and emotionally healthy. One school in AHWP's target zip codes received this program in 2019, less than the goal of two schools. The second Regional strategy was to provide Nutrition Wellness classes to community members which would help with increasing access to knowledge around nutrition. This program was not deployed in 2019 due to a lack of resources.</p> <p>Outcome 3: Educate and empower the faith community to promote health within congregations in critical areasThe Regional strategy for this outcome is to create a network of faith partners that can promote health through congregational settings. This strategy is funded at a Regional level. The pilot was implemented in another AdventHealth hospital in the Central Florida Division South Region, AdventHealth Orlando. The AdventHealth Orlando campus began developing and sharing best practices to be implemented across the South Region. AHWP began establishing relationships with numerous faith partners in the Winter Park community and will continue working to identify and establish church partners in the community. In 2019, AdventHealth Winter Park was not able to finalize a partnership with the church partners in its primary service area so there are no church outcomes to report.</p> <p>Outcome 4: Support and create opportunities for increased quality of life for residents of Orange CountyThe Regional strategy involved offering programming from Healthy Central Florida (HCF) to the service areas that AHWP reaches. The goal of HCF is to make Central Florida communities the healthiest in the nation. This initiative began with three target communities Winter Park, Maitland and Eatonville. The program was not redeployed in 2019 due to staff and internal strategy changes, but AdventHealth Winter Park continually seeks programs that would benefit the underserved populations.</p> <p>Outcome 5: Increase access to knowledge of chronic disease self-management practicesThe Regional strategy for</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>this outcome is to fund and implement the evidence-based Stanford Chronic Disease Self-Management Program (CDSMP) in its targeted zip codes throughout the Region. In Orange County, 12 CDSMP classes were hosted with 167 participants in 2019. A graduation rate of 76.6 per cent was achieved with 128 of those participating successfully completing the course.</p> <p>Outcome 6: Support opportunities that promote knowledge of chronic diseases within the primary service area</p> <p>The Regional strategy included providing monetary support for the American Heart Association for their disease education efforts. Funding continues to be provided at a Regional level of \$500,000 over the course of three years. Since this strategy is implemented strictly as a funding donation on a Regional level, there is not a specific facility metric.</p> <p>As the Hospital looks at the successes and challenges that have come from its third year of implementation of the 2017 Community Health Plan, there are opportunities to better define strategies and expand outcomes to better serve its target populations. There are ongoing conversations and future plans will incorporate these learnings. The Hospital collaborates with multiple community partners on the identified priorities. These partners include, but are not limited to, county health departments, federally qualified healthcare clinics, faith communities, and numerous non-profit entities. The biggest challenge that the Hospital has identified with this priority is aligning available programs with strong foundations and adequate resources for deployment.</p> <p>Priority 2: Access to Care - Primary and Behavioral/Mental Health</p> <p>2016 Description of the Issue: AHWP recognizes the important impact that access, knowledge and lifestyle have in the health and well-being of an individual. AHWP strives to increase access to primary and mental health care. The approach for the priority involves addressing affordability and access to appropriate-level care utilizing care navigation and coordination.</p> <p>2019 Update: The AHWP Community Health Plan has two desired outcomes under the Access to Care - Primary and Behavioral/Mental Health priority. 1. Increase access to primary care services in Orange County; and 2. Provide behavioral health resources for the uninsured.</p> <p>**see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 5 -- AdventHealth Winter ParkDescription of CHNA Significant Needs Contin ued</p> <p>Outcome 1: Increase access to primary care services in Orange CountyThere are three st rategies associated with this outcome. The first strategy is to provide senior care naviga tion services for vulnerable seniors who have been identified in the Emergency Department. This program provides care plans after emergency department visits for seniors to minimiz e repeat visits. This program only runs and is funded through the AdventHealth Winter Park Campus. The Hospital surpassed its set metric of 1,500 with 1,529 seniors receiving servi ces in the target area in 2019. The second Regional strategy is to connect uninsured patie nts to permanent medical homes. The strategy was developed through a partnership between t he Care Navigation team and local federally qualified healthcare clinics. The Care Navigat ion team schedules the appointments for the patients. This Regional program originally tra cked data at the Regional level. The Hospital is now able to capture and report impact on a campus level. In 2019, 874 patients received referrals from AHWP. The third Regional str ategy is to connect residents to the Community Care program. All funding for this program is provided at the Regional level. The Community Care program focuses on clinically stabil izing the patient in the community environment and addressing root causes (often social de terminant based) of utilization for high utilizers who are uninsured and complex patients. During program deployment, it was determined that AHWP would offer the program on a refer ral only basis based on the available resources and area of need. Outcome 2: Provide behav ioral health resources for the uninsured The Regional strategy is to provide Aspire Health Partners with funding to operate beds that would have been closed otherwise due to fundin g cuts. Aspire Health Partners is committed to providing individuals and families of Centr al Florida with compassionate, comprehensive and cost-effective behavioral health care ser vices that lead to successful living and healthy, responsible lifestyles. All funding for this program is provided at the Regional level. The Hospital collaborates with multiple co mmunity partners on its identified priorities. Partners include, but are not limited to, c ounty health departments, federally qualified healthcare clinics, faith communities and nu merous non-profit entities. The greatest challenge the Hospital has identified in the work for this priority has been to recognize and break down silos. Often, the Hospital has fou nd that multiple organizations are working on similar initiatives. The Hospital is strivin g to act as a convener between partners to create alignments to better utilize resources.C ommunity Needs Not Chosen by AdventHealth Winter Park: The primary and secondary data in t he Community Health Needs Assessment identified multiple community issues. Hospital and co mmunity stakeholders used the</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>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 community partners? Based on this prioritization process, the Hospital did not choose the following community issues:</p> <p>1. High rates of substance abuse: This issue was not chosen because addiction is understood to be a component of mental health. If AHWP can positively affect access to mental health services, a component of the top priority chosen, this may also affect rates of substance abuse.</p> <p>2. Homelessness: While homelessness is a serious issue in Central Florida, the issue was not chosen because AHWP is already working with community partners, including the Regional Commission on Homelessness, on this issue. In late 2014, the Hospital donated \$6 million to the Commission's Housing First initiative.</p> <p>3. Lack of affordable housing: This issue was not chosen because the Hospital does not have the resources to effectively address this need.</p> <p>4. Poverty: This issue was not chosen because the Hospital does not have the resources to effectively address this need.</p> <p>5. Asthma: While asthma did emerge as a serious health concern in the area assessed, the Hospital did not choose this as a top priority because if the community has access to preventative and primary care, a component of the top priority chosen, this may also affect the rates of asthma.</p> <p>6. Sexually transmitted infections (STIs): This issue was not chosen as a top priority because while the Hospital has the means to treat STIs, it does not have the resources to effectively prevent them. Additionally, if the community has access to preventative and primary care, a component of the top priority chosen, this may affect the rates of STIs.</p> <p>7. Diabetes in specific populations: This issue was not chosen specifically because it falls in the category of chronic disease, which relates to the top priority chosen. As AHWP develops its Community Health Plan, it will factor in the higher prevalence of diabetes in minority populations.</p> <p>8. Infant mortality in specific populations: This issue was not chosen specifically because it falls in the category of maternal and child health, which relates to the top priority chosen. As AHWP develops its Community Health Plan, it will factor in the higher prevalence of infant mortality in minority populations.</p> <p>Group A-Facility 6 -- AdventHealth Kissimmee/Adventist Health System/Sunbelt, Inc d/b/a AdventHealth Kissimmee will be referred to in this document as AdventHealth Kissimmee (AHK or the Hospital). The Hospital is a wholly-owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is the 501(c)(3) parent organization</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>of a hospital and healthcare system known as AdventHealth. In January 2019, every wholly- owned entity of AHSSHC adopted the AdventHealth system brand. Our identity 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 Kissimmee is part of the Central Florida Division South Region of AdventHealth. The division includes seven 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 Kissimmee's 2017-2019 Community Health Plan/Implementation Strategy. The Hospital developed this plan and posted it in May 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 Kissimmee 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 did not address. AHK chose two areas of focus for their 2017-2019 Community Health Plan: 1. Access to Care - Preventative; and2 . Access to Care - Primary and Behavioral/Mental Health. **see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 6 -- AdventHealth KissimmeeDescription of CHNA Significant Needs Continue dPriority 1: Access to Care - Preventative 2016 Description of the Issue:AHK recognizes th e important impact that access, knowledge and lifestyle have in the health and well-being of an individual. The Hospital strives to increase access to care and create opportunities for community members to lead healthier lives, in part by addressing issues involving pre ventative care impacted by food insecurity, obesity and maternal and child health.2019 Upd ate: The AHK Community Health Plan has five desired outcome statements under the Access to Care - Preventative priority. 1. Improve access to healthy and nutritious foods;2. Improv e access to knowledge around healthy nutrition and wellness;3. Educate and empower the fai th community to promote health within congregations in critical areas;4. Increase access t o knowledge of chronic disease self-management practices; and5. Support opportunities that promote knowledge of chronic diseases within the primary service area.Outcome 1: Improve access to healthy and nutritious foodsThe Regional strategy focuses on supporting food dis tribution programs within the targeted zip codes. The Region established a partnership in 2017 to help fund a local church program in order to increase its impact. The church had e stablished a fresh food co-op which supplies food pantries throughout the Orange, Osceola, and Seminole tri-county area with healthier options. In 2019, this partnership resulted i n 20,400 meals being provided in Osceola County through the fresh food co-op. Outcome 2: I mprove access to knowledge around healthy nutrition and wellnessThere are two Regional str ategies for this outcome. The Mission: FIT POSSIBLE program is a comprehensive wellness pr ogram which brings health and wellness education to schools, churches, and community cente rs. Health and wellness educators provide education during regular visits, as well as supp lemental education for teachers and staff to engage kids in activities that teach them how to be physically and emotionally healthy. Four schools in AHK's target zip codes received this program in 2019 surpassing the goal. The second Regional strategy was to provide Nut rition Wellness classes to community members which would help with increasing access to kn owledge around nutrition. This program was not deployed in 2019 due to a lack of resources .Outcome 3: Educate and empower the faith community to promote health within congregations in critical areasThe Regional strategy for this outcome is to create a network of faith p artners that can promote health through congregational settings. This strategy is funded a t a Regional level. The pilot was implemented at another AdventHealth hospital in the Cent ral Florida Division South Region, AdventHealth Orlando. The AdventHealth Orlando campus b egan developing and sharing best practices to be implemented across the South Region. In 2 019, AdventHealth Kissimmee wa</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>s not able to finalize a partnership with the church partners in its primary service area so there are no church outcomes to report. Outcome 4: Increase access to knowledge of chronic disease self-management practices The Regional strategy for this outcome is to fund and implement the evidence-based Stanford Chronic Disease Self-Management Program (CDSMP) in its targeted zip codes throughout the Region. CDSMP provides education and care coordination services to target populations in the community. In Osceola County, CDSMP classes were hosted with 44 participants in 2019. A graduation rate of 93 percent was achieved with 41 of those participating successfully completing the course. Of the 41 people who completed the course, 20 were Spanish speaking with a graduation rate of 95 percent. Outcome 5: Support opportunities that promote knowledge of chronic diseases within the primary service area The Regional strategy included monetary support for the American Heart Association for their disease education efforts. Funding continues to be provided at a Regional level of \$500,000 over the course of three years. Since this strategy is implemented strictly as a funding donation on a Regional level, there is not a specific facility metric. As the Hospital looks at the successes and challenges that have come from its third year of implementation of the 2017 Community Health Plan, there are opportunities to better define strategies and expand outcomes to better serve its target populations. There are ongoing conversations and future plans will incorporate these learnings. The Hospital collaborates with multiple community partners on the identified priorities. These partners include, but are not limited to, county health departments, federally qualified healthcare clinics, faith communities, and numerous non-profit entities. The biggest challenge that the Hospital has identified with this priority is aligning available programs with strong foundations and adequate resources for deployment. Priority 2: Access to Care - Primary and Behavioral/Mental Health 2016 Description of the Issue: AHK recognizes the important impact that access, knowledge and lifestyle have in the health and well-being of an individual. The Hospital strives to increase access to primary and mental health care. The approach for the priority involves addressing affordability and access to appropriate-level care, utilizing care navigation and coordination. 2019 Update: The AHK Community Health Plan has six desired outcome statements under the Access to Care - Primary and Behavioral Health priority. 1. Increase access to primary care for uninsured and underinsured residents by supporting community partners; 2. Increase dental care access for uninsured and underinsured adults; 3. Build primary care and other medical capacity in Osceola County; 4. Increase access to primary care in Osceola County; 5. Improve access to primary care services through transportation strategies; and 6. Provide behavioral health r</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>esources for the uninsured.Outcome 1: Increase access to primary care for uninsured and un derinsured residents by supporting community partnersFunding was provided at a Regional le vel to support the Osceola Council of Aging Free Chronic Care Clinic. The clinic provides health care to the uninsured and underinsured residents of AHK's service area. The total g rant funding of \$500,000 over a three-year period beginning 2017 will continue to increase capacity of the clinic. Additional Regional funding was provided in the amount of \$15,000 to support the organization's Meals on Wheels program in 2019. Outcome 2: Increase dental care access for uninsured and underinsured adultsFunding was provided at a Regional level to support a pilot Mobile Dental Van in conjunction with the Osceola Health Department an d a larger pilot program. The program funding ended in 2018 and did not continue in 2019. Outcome 3: Build primary care and other medical capacity in Osceola CountyAHK committed to provide monetary support as well as actively participate in the Community Vision's Health Leadership Council. The Council is the County's convening agency for health and social is sues and is comprised of safety net providers. The Hospital currently has a representative serving on the Leadership Council. The convening and participation has led to several opp ortunities for alignment due to the opportunity to develop and strengthen partnerships wit h other organizations with a shared mission to serve the residents of Osceola County. Fund ing was provided at a Regional level in 2019 in the amount of \$10,000. AHK will continue t o support the work of the Council both financially and through council participation.Outco me 4: Increase access to primary care in Osceola CountyStrategies were developed on both a Regional and facility level to increase access to care. The first Regional strategy is to connect residents to the Community Care Program. The Community Care Program is a Regional initiative which focuses on clinically stabilizing patients in the community environment while addressing root causes (often social determinant based) of uninsured high utilizers of care with complex diagnoses. The Region funds the Community Care Program which enrolled 56 patients from the target population in the AHK area. **see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 6 -- AdventHealth KissimmeeDescription of CHNA Significant Needs Continue d Another aspect of increasing access which was implemented in 2018 has been to utilize a Care Navigation team across the Region to connect uninsured patients to permanent medical homes through a partnership with local federally qualified healthcare clinics. The team as sists with identifying and scheduling appointments for patients in order to ensure follow- up care is accessible. In 2019, 1,640 appointments were scheduled for AdventHealth Kissimm ee patients, which was less than the goal of 5,000. The goal was not reached due to a chan ge in the criteria for tracking. The third strategy is to provide primary and secondary ca re services to underserved residents who would otherwise not have access to care through t he HAPPI program. This Regionally funded program was implemented specifically for the Osce ola County area. A total of 1,456 unique underserved residents of Osceola County received primary and secondary care services in 2019, which significantly surpassed the goal of 175 .Outcome 5: Improve access to primary care services through transportation strategiesAHK p artnered with AdventHealth Celebration and the Florida Department of Transportation on the ir one-year Complete Streets Study. Complete Streets is a national initiative focused on b uilding transportation infrastructure that is designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. The goal is to increase safety and ease for those crossing the street, wal king to shops, and bicycling to work. In 2017, the Hospital participated in the study led by the Florida Department of Health, which also included another partner, the Federally Qu alified Health Centers (FQHCs) in the Region. The hope is that the Hospital's participatio n will help reduce transportation barriers which have been cited as especially prevalent a mongst those vulnerable populations across the Region. Outcome 6: Provide behavioral healt h resources for the uninsuredThe Region provides an annual \$250,000 donation to Park Place Behavioral Health. Park Place Behavioral Health provides a full range of behavioral healt hcare services designed to meet the diverse needs of the community including both inpatien t and outpatient services. The funding increases capacity for Park Place Behavioral Health to operate beds that would have been closed otherwise due to funding cuts. AHK collaborat es with multiple community partners on the priorities it has identified. These partners in clude, but are not limited to, county health departments, federally qualified healthcare c linics, faith communities and numerous non-profit entities. The greatest challenge the Hos pital has identified in the work for this priority has been to recognize and break down si los. Often, the Hospital has found that multiple organizations are working on similar init iatives. AHK is striving to ac</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>t as a convener between partners to create alignments to better utilize resources. Community Needs Not Chosen by AdventHealth Kissimmee: 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 community partners? Based on this prioritization process, the Hospital did not choose the following community issues: 1. High rates of substance abuse: This issue was not chosen because addiction is understood to be a component of mental health. If AHK can positively affect access to mental health services, a component of the top priority chosen, this may also affect rates of substance abuse. 2. Homelessness: While homelessness is a serious issue in Central Florida, the issue was not chosen because AHK is already working with community partners, including the Regional Commission on Homelessness, on this issue. In late 2014, the Hospital donated \$6 million to the Commission's Housing First initiative. 3. Lack of affordable housing: This issue was not chosen because the Hospital does not have the resources to effectively address this need. 4. Poverty: This issue was not chosen because the Hospital does not have the resources to effectively address this need. 5. Asthma: While asthma did emerge as a serious health concern in the area assessed, the Hospital did not choose this as a top priority because if the community has access to preventative and primary care, a component of the top priority chosen, this may also affect the rates of asthma. 6. Sexually transmitted infections (STIs): This issue was not chosen as a top priority because while the Hospital has the means to treat STIs, it does not have the resources to effectively prevent them. Additionally, if the community has access to preventative and primary care, a component of the top priority chosen, this may affect the rates of STIs. 7. Diabetes in specific populations: This issue was not chosen specifically because it falls in the category of chronic disease, which relates to the top priority chosen. As AHK develops its Community Health Plan, it will factor in the higher prevalence of diabetes in minority populations. 8. Infant mortality in specific populations: This issue was not chosen specifically because it falls in the category of maternal and child health, which relates to the top priority chosen. As AHK develops its Community Health Plan, it will factor in the higher prevalence of infant mortality in minority populations.</p> <p>Group A-Facility 8 -- AdventHealth Apopka Adventist Health Sys</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	tem/Sunbelt, Inc d/b/a AdventHealth Apopka will be referred to in this document as AdventH ealth Apopka (AHApk or the Hospital). The Hospital is a wholly-owned subsidiary of Adventi st Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is the 501(c)(3) parent o rganization of a hospital and healthcare system known as AdventHealth. In January 2019, ev ery wholly-owned entity of AHSSHC adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our system offers. Any reference to o ur 2016 Community Health Needs Assessment (CHNA) or 2017 Community Health Plan (CHP) will utilize our new name for consistency. AdventHealth Apopka is part of the Central Florida D ivision South Region of AdventHealth. The division includes seven hospital facilities. The information provided below explains how the hospital facility addressed in 2019 the signi ficant 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 hosp ital facility conducted a Community Health Needs Assessment in 2016 and adopted an impleme ntation 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 A dventHealth Apopka's 2017-2019 Community Health Plan/Implementation Strategy. The Hospital developed this plan and posted it in May 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 Apopka worked to define an d address the needs of low-income, minority and underserved populations in its service are a. The 2016 Community Health Needs Assessment used primary data interviews and surveys; se condary data from local, regional and national health-related sources; and Hospital preval ence 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 assess ment 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 progre ss on the Community Health Plan is noted below. The narrative describes the issues identif ied in 2016 and gives an update on the strategies addressing those issues. There is also a description of the identified issues that the Hospital did not address. AdventHealth Apop ka chose two areas of focus for their 2017-2019 Community Health Plan: 1. Access to Care - Preventative; and2. Access to Care - Primary and Behavioral/Mental Health. **see continua tion of footnote

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 8 -- AdventHealth ApopkaDescription of CHNA Significant Needs Continued P riority 1: Access to Care - Preventative 2016 Description of the Issue: AHApk recognizes t he important impact that access, knowledge and lifestyle have in the health and well-being of an individual. The Hospital strives to increase access to care and create opportunitie s for community members to lead healthier lives, in part by addressing issues involving pr eventative care impacted by food insecurity, obesity and maternal and child health.2019 Up date: The AHApk Community Health Plan has five desired outcome statements under the Access to Care - Preventative priority. 1. Improve access to healthy and nutritious foods;2. Imp rove access to knowledge around healthy nutrition and wellness;3. Educate and empower the faith community to promote health within congregations in critical areas;4. Increase acces s to knowledge of chronic disease self-management practices; and5. Support opportunities t hat promote knowledge of chronic diseases within the primary service area.Outcome 1: Impro ve access to healthy and nutritious foodsThe first Regional strategy focuses on supporting food distribution programs within the targeted zip codes. The Region established a partne rship in 2017 to help fund a local church program in order to increase its impact. The chu rch had established a fresh food co-op which supplies food pantries throughout the Orange, Osceola, and Seminole tri-county area with healthier options. 144,957 meals were provided in Orange County throughout 2019 through this initiative. The second Regional strategy be gan as a pilot at another AdventHealth hospital in the Central Florida Division South Regi on, AdventHealth Orlando. The AdventHealth Orlando campus partnered with Second Harvest Fo od Bank, a local non-profit food bank, in 2017 to begin providing unused food from the Adv entHealth Hospital campuses to Second Harvest so this food can be distributed throughout h igh need areas in the community. This initiative, entitled the "Second Helping" program, w as expanded to AHApk. In 2019, there were 600 meals provided from the Apopka Campus.Outcom e 2: Improve access to knowledge around healthy nutrition and wellnessThere are two Region al strategies for this outcome. The Mission: FIT POSSIBLE program is a comprehensive welln ess program which brings health and wellness education to schools, churches, and community centers. Health and wellness educators provide education during regular visits, as well a s supplemental education for teachers and staff to engage kids in activities that teach th em how to be physically and emotionally healthy. Five schools in AHApk's target zip codes received this program which surpassed the Hospital goal of two schools. A second Regional strategy was to provide Nutrition Wellness classes to community members which would help w ith increasing access to knowledge around nutrition. This program was not deployed in 2019 due to a lack of resources.Ou</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Outcome 3: Educate and empower the faith community to promote health within congregations in critical areasThe Regional strategy for this outcome is to create a network of faith part ners that can promote health through congregational settings. This strategy is funded at a Regional level. The pilot was implemented at another AdventHealth hospital in the Central Florida Division South Region, AdventHealth Orlando. The AdventHealth Orlando campus bega n developing and sharing best practices to be implemented across the South Region of Adven tHealth. A finalized partnership in AdventHealth Apopka's primary service area was formed with New Hope Missionary Baptist church in Apopka, FL in 2019. A total of six "Community R esource Spot" days were hosted, an event at which the Region's Mission and Ministry team c oordinated with local partners to provide resources and education to community members in need. Over 500 meals were distributed along with health screenings during these events.</p> <p>Outcome 4: Increase access to knowledge of chronic disease self-management practicesThe Regio nal strategy for this outcome is to fund and offer the evidence-based Stanford Chronic Dis ease Self-Management Program (CDSMP) in targeted zip codes throughout the Region. CDSMP pr ovides education and care coordination services to target populations in the community. In Orange County, 12 CDSMP classes were hosted with 167 participants in 2019. A graduation r ate of 76.6 percent was achieved with 128 of those participating successfully completing t he course.</p> <p>Outcome 5: Support opportunities that promote knowledge of chronic diseases wit hin the primary service areaThe Regional strategy included monetary support for the Americ an Heart Association for their disease education efforts. Funding continues to be provided at a Regional level of \$500,000 over the course of three years. Since this strategy is im plemented strictly as a funding donation on a Regional level, there is not a specific faci lity metric.As the Hospital looks at the successes and challenges that have come from its third year of implementation of the 2017 Community Health Plan, there are opportunities to better define strategies and expand outcomes to better serve its target populations. Ther e are ongoing conversations and future plans will incorporate these learnings. The Hospita l collaborates with multiple community partners on the identified priorities. These partne rs include, but are not limited to, county health departments, federally qualified healthc are clinics, faith communities, and numerous non-profit entities. The biggest challenge th at the Hospital has identified with this priority is aligning available programs with stro ng foundations and adequate resources for deployment.</p> <p>Priority 2: Access to Care - Primary and Behavioral/Mental Health 2016 Description of the Issue: AHApk recognizes the important impact that access, knowledge and lifestyle have in the health and well-being of an indiv idual. The Hospital strives to</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>increase access to primary and mental health care. The approach for the priority involves addressing affordability and access to appropriate-level care utilizing care navigation and coordination.2019 Update: The AHApk Community Health Plan has two desired outcomes under the Access to Care - Primary and Behavioral/Mental Health priority. 1. Increase access to primary care services in Orange County; and2. Provide behavioral health resources for the uninsured.Outcome 1: Increase access to primary care services in Orange CountyThe Adventist University Hope Clinic is another resource funded at the Regional level. The clinic provides occupational and physical therapy as well as additional services to uninsured and underinsured individuals who experience financial barriers to care. Although the clinic is located in the AHApk area, it is able to serve patients from the entire Region's service area. In 2019, 107 patients received services during a total of 2,242 visits, which surpassed the annual goal.The Community Care Program is a Regional initiative which focuses on clinically stabilizing patients in the community environment while addressing root causes (often social determinant based) of uninsured high utilizers of care with complex diagnoses. The Region funds the Community Care Program which enrolled 52 patients from the target population at AHApk, surpassing the goal of 42.Another aspect of increasing access, which was implemented in 2018, was to utilize a Care Navigation team across the Region to connect uninsured patients to permanent medical homes through a partnership with local federally qualified healthcare clinics. The team assists with identifying and scheduling appointments for patients in order to ensure follow-up care is accessible. In 2019, 1,772 appointments were scheduled from the AdventHealth Apopka campus, less than the goal of 4,000. The goal was not reached due to a change in the criteria for tracking. This Regional strategy was strengthened even further by embedding a Federally Qualified Health Center (FQHC) employee into multiple AdventHealth hospital campuses to work directly with patients in finding a medical home. AHApk and AdventHealth East Orlando both included the employee on their campuses to help assist with making appointments for the target population of Orange County residents who require a medical home. In 2019, 1,174 patients from the Hospital's campus received appointments, which surpassed the goal of 800. **see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 8 -- AdventHealth ApopkaDescription of CHNA Significant Needs ContinuedOutcome 2: Provide behavioral health resources for the uninsuredThis Regional strategy includes partnering with Aspire Health Partners (Aspire). Aspire is a nonprofit which provides a full continuum of behavioral healthcare services across Central Florida Counties. The Region provides funding to enhance the capacity of Aspire to serve the community. The funding has become a necessity in order for Aspire to continue servicing the community due to behavioral health funding cuts. Although measured on a Regional level, the funding helps to serve patients for all of the Region's hospitals, including AHApk.AHApk collaborates with multiple community partners on its identified priorities. Partners include, but are not limited to, county health departments, federally qualified healthcare clinics, faith communities and numerous non-profit entities. The greatest challenge the Hospital has identified in the work for this priority has been to recognize and break down silos. Often, the Hospital has found that multiple organizations are working on similar initiatives. The Hospital is striving to act as a convener between partners to create alignments and better utilize resources.Issues that will not be addressed by AdventHealth ApopkaThe 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 community partners? Based on this prioritization process, the Hospital did not choose the following community issues:1. High rates of substance abuse: This issue was not chosen because addiction is understood to be a component of mental health. If AHApk can positively affect access to mental health services, a component of the top priority chosen, this may also affect rates of substance abuse.2. Homelessness: While homelessness is a serious issue in Central Florida, the issue was not chosen because AHApk is already working with community partners, including the Regional Commission on Homelessness, on this issue. In late 2014, the Hospital donated \$6 million to the Commission's Housing First initiative. 3. Lack of affordable housing: This issue was not chosen because the Hospital does not have the resources to effectively address this need. 4. Poverty: This issue was not chosen because the Hospital does not have the resources to effectively address this need.5. Asthma: While asthma did emerge as a serious health concern in the area assessed, the Hospital did not choose th</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>is as a top priority because if the community has access to preventative and primary care, a component of the top priority chosen, this may also affect the rates of asthma. 6. Sexually transmitted infections (STIs): This issue was not chosen as a top priority because while the Hospital has the means to treat STIs, it does not have the resources to effectively prevent them. Additionally, if the community has access to preventative and primary care, a component of the top priority chosen, this may affect the rates of STIs. 7. Diabetes in specific populations: This issue was not chosen specifically because it falls in the category of chronic disease, which relates to the top priority chosen. As AHAPk develops its Community Health Plan, it will factor in the higher prevalence of diabetes in minority populations. 8. Infant mortality in specific populations: This issue was not chosen specifically because it falls in the category of maternal and child health, which relates to the top priority chosen. As AHAPk develops its Community Health Plan, it will factor in the higher prevalence of infant mortality in minority populations.</p> <p>Group A-Facility 9 -- Central Texas Medical Center/Adventist Health System/Sunbelt, Inc., d/b/a Central Texas Medical Center will be referred to in this document as Central Texas Medical Center (CTMC) or "the Hospital." Central Texas Medical Center is part of AdventHealth's Southwest Region. The Southwest Region includes four 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 Central Texas Medical Center's 2017-2019 Community Health Plan (Implementation Strategy). Central Texas Medical Center developed this Community Health 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, Central Texas Medical Center 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</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>-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 th at the Hospital is not addressing.Central Texas Medical Center chose six areas of focus fo r its 2017-2019 Community Health Plan: 1. Primary Care: Timely access (including afterhour s care) to Health Care Professionals, especially primary care; accessing care close to hom e when care is needed;2. Healthier Management of Lifestyle: Making good choices in the are as of nutrition, weight management and exercise;3. Management of Heart Disease/ Congestive Heart Failure (CHF) and Related Conditions: Prevalence and/or enhanced outpatient managem ent of heart disease/Congestive Heart Failure (CHF) and related conditions/risk factors su ch as hypertension;4. Management of Diabetes: Prevalence and/or enhanced outpatient manage ment of diabetes; programs to address anticipated growth of diabetes and related condition s;5. Education: Educating the population to better understand the health care resources av ailable to them through various channels including those provided by Central Texas Medical Center, Live Oak Health Partners, a physician practice related entity, and other entities and a commitment to helping people (including the underserved) navigate those resources; and6. Management of Mental and Behavioral Healthcare: Prevalence and/or enhanced managemen t of mental and behavioral health care options.Priority 1: Primary Care2016 Description of the Issue: In the Texas counties of Hays and Caldwell, low-income, uninsured adult reside nts have limited or few options for accessing primary care services. When health care is i naccessible, many individuals are forced to forego care or delay care, which can lead to a voidable complications, or overutilization of care via visits to hospital Emergency Depart ments (ED). This places a significant burden on hospital EDs within the counties. Patients that are medically screened and treated in an ED setting likely struggle with uncoordinat ed care and may not have the resources or funding to follow discharge instructions includi ng access to prescriptions and appropriate follow up care. Our secondary data showed that Hays County had a significantly lower ratio of primary care physicians per 100,000 populat ion at 46.7 compared to the State of Texas with a rate of 58.5 or the United States with 7 4.5. As a result, access to primary care is challenging, especially for low-income residen ts. **see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 9 -- Central Texas Medical Center</p> <p>Description of CHNA Significant Needs Continued</p> <p>2019 Update: CTMC's first priority was to provide timely access to primary care. One strategy to address this was to increase access to primary care physicians especially for uninsured, and underinsured Medicare and Medicaid patients. The Hospital's goal for 2019 was to recruit at least two primary care providers to the Live Oak Health Partner's employed physician group. The Hospital met this goal by recruiting two primary care physicians and two nurse practitioners who began with Live Oak Health Partners in 2019. The Hospital's second strategy was to increase capacity at Live Oak Health Partners' Community Clinic to ensure that Medicaid, low income and uninsured patients could have improved access to primary care services. The goal was to provide community outreach activities that increase the awareness of the Community Clinic's services and have patients establish Live Oak Health Partners' Community Clinic as their medical home. The goal in 2019 was to have 5,400 patient encounters at the Clinic, which was exceeded with a total of 10,538 patient encounters. The Hospital's third strategy was to expand primary care access at the Live Oak Health Partners' Walk-In Clinic and increase the number of patients declaring the physician at Live Oak Health Partners' Walk-In Clinic as their primary care provider. Due to continued transitions at the Clinic, interruptions in the continuity of staff, changes in the intake process, new hours and access availability due to a relocation, the decision was made to adjust the metric. The updated metric focused on patients establishing the clinic as their primary care facility versus a specific provider. The Hospital's goal in 2019 was to have 600 new patients declaring Live Oak Health Partners' Walk-In Clinic as their primary care provider, which was exceeded with a total of 824 new patients established at the Clinic. Although the Hospital met its goal, the number of new patients decreased from 1,213 in the prior year to 824 in 2019 due to several process related adjustments including filling new provider schedules with over-flow patients from the Walk-In Clinic. Process adjustments and improvements will continue to be evaluated. The Hospital's fourth strategy was to improve access for those with limited mobility or lack of transportation. The goal was to work with Texas State University to set up a program using students to drive patients to medical appointments. The 2019 goal was originally to expand this program to at least three service lines, but it was discovered that the grant for the program had been exhausted after 2018. The program originated within Central Texas Medical Center's Physical Therapy and Rehabilitation department and in 2018, Central Texas Medical Center's Physical Therapy and Rehabilitation department transitioned services to a management company called PT Solutions. With this transition, PT Solutions</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>ons was not equipped to manage the program. The Live Oak Health Partners' Community Clinic picked up the program, which was very slow getting off the ground. In 2019, the Clinic st ruggled to locate patients who wanted to utlitize this program. Priority 2: Healthier Manag ement of Lifestyle2016 Description of the Issue: Hays and Caldwell Counties exceed the ave rages for a number of key health indicators, most notably the lack of physical activity. I n the Hospital's Primary Service Area (PSA), 23 percent of adults aged 20 and older self-r eport no leisure time for activity, based on the question "during the past month, other th an your regular job, did you participate in any physical activities or exercises such as r unning, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevan t because current behaviors are determinants of future health and this indicator may illus trate a cause of significant health issues such as obesity and poor cardiovascular health. 2019 Update: The Hospital's second health priority was to promote healthier management of lifestyle in the community. To do this, the first strategy was to promote the ideals of h ealthy living by developing programs built on the AdventHealth CREATION Life principles. T he 2019 goal was to offer eight CREATION Life workshops, and the Hospital exceeded this ex pectation by offering 10 workshops. The second strategy was to increase participation in C entral Texas Medical Center's CREATION Life Fitness Day, which is offered free for the com munity. The 2019 goal was to have 475 attendees, and the Hospital exceeded that goal with an attendance of 497 people. The third strategy was to provide low income residents access to health screenings to provide a baseline for making healthier lifestyle choices. The Ho spital collaborated with local organizations and distributed free vouchers to the annual C entral Texas Medical Center HealthCheck. CTMC's HealthCheck is the oldest and largest heal th screening event in Hays County and offers free and/or dramatically discounted health sc reening services to the community. In addition to these screenings, HealthCheck concludes with a health fair that provides participants an opportunity to have their test results in terpreted by medical providers. The event also provides access to dozens of health-related exhibitors who offer additional screenings and information. These vouchers provided free tests such as a lipid panel, complete blood cell count and complete metabolic panel. The 2 019 goal was to distribute 350 vouchers and have 80 vouchers redeemed. The Hospital exceed ed this goal with a total of 500 vouchers distributed and 111 redeemed. Priority 3: Manage ment of Heart Disease/Congestive Heart Failure (CHF) and Related Conditions2016 Descriptio n of the Issue: Within the Hospital's Primary Service Area (PSA), the rate of death due to coronary heart disease per 100,000 population is 167.25. In Caldwell County, it is 186.7 as compared to the state numbe</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>r of 175.7 and the national rate of 175. This indicator is relevant because heart disease is a leading cause of death in the United States. These statistics are especially revealing as many patients with cardiovascular disease generally have multiple chronic diseases including diabetes. 2019 Update: The Hospital's first strategy to address the priority above was to provide access to uninsured and underinsured patients who qualify for outpatient cardiac rehab. The goal was to increase the capacity of outpatient cardiac rehabilitation and provide services to uninsured and underinsured patients to at least five patients in 2019. The Hospital was able to extend this offer to seven patients, three of which accepted and completed the program. The second strategy was to offer free blood pressure screenings at the Hospital and throughout the community with education on hypertension and heart disease. The goal for 2019 was to provide 450 blood pressure screenings, and the Hospital provided 534 blood pressure screenings. The third strategy was to collaborate with local organizations to distribute vouchers for free carotid artery and peripheral arterial disease screenings as well as provide education. The goal in 2019 was to distribute 30 carotid artery vouchers and 30 peripheral arterial disease vouchers. The Hospital exceeded this goal by distributing 35 carotid artery vouchers and 35 peripheral arterial disease vouchers. Priority 4: Management of Diabetes2016 Description of the Issue: It is projected that by 2040, 23.8 percent of Texans will have diabetes; 23.1 percent or 112,455 of Hays County residents and 25.2 percent or 12,436 of Caldwell County residents will be diagnosed with the disease. Research highlights that medical expenditures for people with diabetes is about 2.3 times higher than medical expenditures for those who are not diabetic. Expected population growth over the next several years is expected to exacerbate the prevalence of diabetes and associated complications, and consequently, the need for health care services and access to health care providers. 2019 Update: The Hospital's first strategy to address the priority listed above was to increase awareness and early detection of diabetes by offering free monthly blood glucose screenings and diabetes risk assessments based on American Diabetes Association guidelines. The 2019 goal was to average 56 blood glucose screenings and risk assessments monthly, and the Hospital exceeded this goal by averaging 61 per month. **see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 9 -- Central Texas Medical CenterDescription of CHNA Significant Needs Co ntinuedThe second strategy was to improve compliance with short and long-term diabetes con trol and management. The goal was to provide all diabetes education class participants wit h up to four individualized follow-up visits with a Diabetes Educator focusing on lifestyl e changes (over a 12-month period). The 2019 goal was to have at least 45 percent of diabe tes education participants receive at least two follow-up visits over a 12-month period. T he Hospital exceeded this goal by having 52 percent of diabetes education participants rec eive at least two follow-up visits over a 12-month period. The third outcome statement is to provide individuals diagnosed with diabetes and their family members ongoing opportunit ies for education, accountability and encouragement to adopt and maintain successful diabe tes management and control. The strategy is to offer a free diabetes support group every t wo weeks. The goal was to average 12 attendees throughout the year, and the Hospital avera ged seven attendees. The main challenge is that there are other support groups that are ta king place at CTMC with some of these same attendees (i.e. weight loss support group). Tra nsportation is another barrier for those interested in attending. In addition, most of the population the Hospital serves at the support groups are those of low socio-economic stat us and compliance is a struggle. Priority 5: Education2016 Description of the Issue: Accor ding to participants in the primary data collection phase, a lack of education and economi c inequalities lead to poor lifestyle decisions such as unhealthy diets and a lack of exer cise. Diabetes is a significant health problem partly due to lack of access to healthy foo ds and lack of knowledge about healthy eating. Many health problems are exacerbated by the challenges of finding providers, navigating the health care system and managing medicatio n. Assessment participants stressed the need for community-based strategies and interventi ons at early ages that promote healthy behaviors.2019 Update: The Hospital's first strateg y to meet this priority was to improve the management of hospitalized uninsured and underi nsured patients in an outpatient or home setting. The goal was to provide 85 percent of al l unfunded patients a referral to a medical home prior to discharge at CTMC. The Hospital was able to provide 59.5 percent of uninsured and underinsured patients a referral to a me dical home prior to discharge from Central Texas Medical Center. This was a small improvem ent over the prior year. However, the Hospital did not meet this goal. There are several b arriers associated with meeting this strategy, including if the patient refuses follow-up assistance, resides outside of Hays County, or states they will call later to make their o wn appointment. The second strategy was to improve the community's understanding of health care resources provided throu</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>gh Central Texas Medical Center Live Oak Health Partners and associated clinics. A Patient Family Advisory Council (PFAC), comprised of community and Hospital team members was established to lead the strategy. The Council worked to improve communications with patients as a result of the needs identified from experiences with Central Texas Medical Center, Live Oak Health Partners and other associated clinics. The 2019 goal was for PFAC members to develop an action plan to improve communication and increase knowledge through three targeted initiatives, which was met. The first initiative was participation in and understanding of the Whole Care Experience to educate members of the community on the value of a whole person approach to care. The second was to gain mystery shopper insight in the emergency department and outpatient surgery waiting areas. This initiative led to feedback that families were not always aware of where in the surgery process their loved ones were. The result of this was a new method of communication to ensure families were updated at all times. The third was gathering input and support regarding the new emergency department patient communication boards. The feedback led to updated, less clinical language being used and a simplified version of the layout of the boards to make it accessible to all patients and their families. The third strategy was to develop support groups for individuals facing cancer, especially for the Spanish-speaking population. The strategy was to facilitate free breast cancer support groups with an emphasis on the navigation of health care resources. The 2018 goal was to provide 12 meetings. Due to transition of the Navigator position in late 2018, the Hospital did not meet this goal in the prior year. In 2019, the Navigator was in place and held six support groups but had very low turnout. This goal of 15 support groups was not met in 2019. Patients expressed that they were not interested in support groups and would rather have one-on-one conversations with the Navigator. It was determined that the needs of the patient population would be better met by individual consultation. The fourth strategy was to improve access to mammograms for low-income individuals. The strategy was to expand the timeframe to redeem free mammogram vouchers and conduct follow-ups to encourage individuals to access the screening. The 2019 goal was to have at least 100 vouchers redeemed and the Hospital was very close to meeting this goal by having 96 vouchers redeemed. Priority 6: Management of Mental and Behavioral Health 2016 Description of the Issue: Hays County specifically has a mental health shortage with 86 providers per 100,000 population as compared to the state average of 96.7 and the national average of 189. The county, hospital EDs, police department and school counselors often have to respond to crises. There are very few mental and behavioral health care resources aimed at serving the mental health needs of the 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
Part V, Section B, Line 11 Continuation of Footnote	nity, especially for children, before emergencies develop. Assessment participants raised concerns about residents with very serious mental health problems who often require extensive treatment and case management. 2019 Update: The first strategy was to increase coordination of community organizations to better meet the psychiatric needs of the community. The strategy was to develop a cross-functional community committee including law enforcement , Central Texas Medical Center, Texas State University, Live Oak Health Partners and local mental health providers. The 2019 goal was to provide four meetings and this goal was met with at least four meetings being held. In addition, CTMC gained a new ED Director in June of 2019 whose first initiative was to develop closer relationships with local EMS, police, etc. In addition, the ED Director developed a high-risk patient meeting, which is held twice per month with initiatives including policy updates, movement to 1:1 supervision for all high-risk psychiatric patients, increased security officers in-house, safer gowns for psychiatric patients and more. The Hospital also set a goal to provide family members ongoing opportunities for education and encouragement by offering a support group quarterly for coping with loved ones who experience mental/behavioral challenges. Unfortunately, CTMC 's Senior Behavioral Health Unit closed April 2019. However, CTMC provided mental and behavioral health support through free counseling services at CTMC's grief center. Representatives from CTMC also spoke at local community support groups on mental/behavioral health issues. The Hospital did not meet the metric of providing its own support group. However, efforts were made to provide support in other capacities as it relates to mental/behavioral health.The third strategy was to educate the community residents about the mental and behavioral health care options available. The strategy was to offer eight free, educational presentations at local churches, businesses, civic groups, etc. Unfortunately, CTMC's Senior Behavioral Health Unit closed April 2019. However, through other clinicians/departments, CTMC provided mental and behavioral health education at a variety of presentations throughout the community including topics such as emotional suffering, mental health and suicide awareness. The goal was to provide eight presentations, and the Hospital met this goal.**see continuation of footnote

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 9 -- Central Texas Medical CenterDescription of CHNA Significant Needs Co ntinuedCommunity Needs Not Chosen by Central Texas Medical Center:The primary and secondar y data in the Community Health Needs Assessment identified multiple community issues. Hosp ital and community stakeholders used the following criteria to narrow the larger list to t he priority areas noted above:1. How acute is the need? (based on data and community conce rn)2. What is the trend? Is the need getting worse?3. Does the Hospital provide services t hat 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 opportuni ties to work with community partners? Based on this prioritization process, the Hospital d id not choose the following community issues:1. Prevalence and/or enhanced outpatient mana gement of chronic respiratory diseases: While this is an important initiative, beyond addi ng two pulmonologists to the medical staff in recent months, the Committee determined that other needs were more acute and in need of additional focus and resources.2. Providing ad ditional dental health resources: While serious in nature, Central Texas Medical Center do es not currently have the resources to materially impact this community need at this time. 3. Education and information related to alcohol, tobacco and substance abuse: The Committe e believed that current programs available in the community were better suited to address the needs related to alcohol, tobacco and substance abuse.Group A-Facility 11 -- AdventHea lth WauchulaAdventist Health System/Sunbelt, Inc. d/b/a AdventHealth Wauchula will be refe rred to in this document as AdventHealth Wauchula or "The Hospital". The Hospital is a who lly-owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). A HSSHC is the 501(c)(3) parent organization of a hospital and healthcare system known as Ad ventHealth. In January 2019, every wholly-owned entity of AHSSHC adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our sy stem offers. Any reference to our 2016 Community Health Needs Assessment (CHNA) or 2017 Co mmunity Health Plan (CHP) will utilize our new name for consistency. AdventHealth Wauchula 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 Nee ds Assessment, and any such needs that were not addressed and the reasons why such needs w ere not addressed. The hospital facility conducted a Community Health Needs Assessment in 2016 and adopted an implementation strategy to address the significant health needs identi fied in the 2016 Community Health Needs Assessment in 2017 prior to May 15, 2017. This is the third-year update for Adve</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>ntHealth Wauchula's 2017-2019 Community Health Plan/Implementation Strategy. The Hospital developed this plan and posted it in May 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 Wauchula 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 did not address. AdventHealth Wauchula chose five areas of focus for its 2017-2019 Community Health Plan. 1. Diabetes; 2. Obesity/Nutrition; 3. Access to Primary Care; 4. Heart Disease & Stroke (High Blood Pressure & Cholesterol); and 5. Teen Pregnancy Prevention.</p> <p>Priority 1: Diabetes</p> <p>2016 Description of the Issue: In the Primary Service Area (PSA), 12.3 percent of adults, aged 20 and older, have been diagnosed with diabetes. This is higher than the state of Florida average of 8.89 percent. The Health Department is no longer providing diabetes self-management classes. Pre-diabetes education is also lacking in Hardee County.</p> <p>2019 Update: The Morning Mile program is a before-school walking/running program sponsored by the American Diabetes Association (ADA), that gives children a chance to start each day in an active way. The Hospital partnered with the ADA to pilot the Morning Mile Program at two Title I schools in its PSA for the 2018-2019 school year. As mentioned in 2018, due to a lack of reporting of outcomes and poor management of the program overall by the ADA, the contract for the program was not renewed for 2019. A second intervention, added in 2018, included offering free, 3-hour pre-diabetes classes at the Hospital and in the community. These classes are open to the public and offered by the Hospital's Diabetes Center. Community partners are now offering diabetes self-management education for those already diagnosed, but no pre-diabetes programs. Lack of transportation to attend classes continues to be a concern, and it has been difficult, historically, to entice residents to attend health lectures or classes. In 2019, the Hospital continued its partnership with local community partners offering seven pre-diabetes self-management education classes.</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>ses, surpassing the goal for the year. Priority 2: Obesity/Nutrition2016 Description of th e Issue: In the Hospital's Primary Service Area (PSA), 33.4 percent of adults aged 20 and older self-reported no leisure time for activity. Additionally, 34.6 percent of adults age d 18 and older self-report they have a body mass index between 25.0 and 30.0 (overweight). 2019 Update: Strategies for this goal included offering the CREATION Health (CH) class se ries to the community, increasing the number of staff members or others trained to teach t he series, and continuing to offer the Food is Health (FiH) program, formerly known as Foo d is Medicine. CREATION Health (based on the eight principles of Choice, Rest, Environment , Activity, Trust, Interpersonal Relationships, Outlook, and Nutrition) is a faith-based, 8-session, wellness program offering lifestyle seminars and training programs for those wh o want to live healthier and happier lives. The Hospital also sponsors free pre- and post- biometric screenings (blood pressure, blood sugar, and body mass index) and nursing servic es for CH participants. In 2019, there were six graduates from the CH program, less than t he goal of 20. All program graduates (100 percent) reported making improved lifestyle choi ces as measured by a self-assessment form, surpassing the goal of 85 percent. The Hospital also met the goal for new trainers by training one additional staff member to teach the C H program. AdventHealth Wauchula partnered with local community organizations to address t he nutritional needs of those in communities designated as food deserts or low income/low access areas with the Food is Health program (FiH). This is accomplished by increasing hea lth and lifestyle educational opportunities, biometric screenings, and access to healthy p roduce and dry goods.The Food is Health program has been well-received by the targeted pop ulation. Blood sugar levels were measured for each participant before and after each educa tional series. In 2019, 63 percent of participants had reduced blood sugar levels followin g the program, surpassing the goal of 10 percent. In addition, a total of 72 fresh produce vouchers were distributed to participants. The Hospital found that the key to success of the FiH program has been partnerships. The Hospital cannot run this program without strong partnerships with health education providers, local fresh produce vendors, and other comm unity-based organizations who are the boots on the ground addressing social determinants o f health.**see continuation of footnote</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group A-Facility 11 -- AdventHealth WauchulaDescription of CHNA Significant Needs Continue dPriority 3: Access to Primary Care2016 Description of the Issue: In the Hospital's Primar y Service Area (PSA), 38.86 percent of adults aged 19 and older are uninsured, more than t he state rate of 28.78 percent, while the uninsured rate for children 18 and younger is 14 .43 percent compared to the state rate of 11.86 percent. 26.9 percent of adults self-repor t that they do not have a source for primary care. The rate of dentists per 100,000 popula tion is only 29.1. Hardee County is a socio-economically disadvantaged, rural, agricultura l county officially designated as a Health Professionals Shortage Area by the US Departmen t of Health and Human Services. Hardee County has shortages of primary medical care, denta l and mental health providers. 2019 Update:Strategies for this priority included increasin g community awareness of the availability of local health care services for the uninsured/ under-insured by continuing the CREATION Health Ministry Outreach program, providing disco unted home-supply prescriptions for low-income patients upon discharge and providing the S amaritan's Touch free clinic with in-kind lab and imaging services for its patients. Samar itan's Touch is a free health care clinic for the uninsured population, serving Highlands and Hardee counties. In 2019, AdventHealth Wauchula, together with AdventHealth Sebring an d AdventHealth Lake Placid, donated \$100,000 of in-kind lab and imaging services to Samari tan's Touch patients and contributed \$4,547 to provide discounted home-supply prescription s for low-income patients upon discharge. However, the decision was made in 2018 to discon tinue additional monetary support to the organization. The CREATION Health Ministry had 10 volunteers in 2019. The Hospital hosts meetings where speakers and health education mater ials are provided for attendees, who in turn share with their respective churches or commu nity organizations. Volunteers are primarily retired or active nurses. Priority 4: Heart D isease & Stroke (High Blood Pressure & Cholesterol)2016 Description of the Issue: In the H ospital's Primary Service Area (PSA), residents have been diagnosed with high blood pressu re at a higher rate of 56.01 percent than the state rate of 29.6 percent. Additionally, 56 .01 percent of adults have high cholesterol and 10.9 percent of adults in the PSA have bee n diagnosed with Coronary Artery Disease.2019 Update: In 2019, the Hospital was unable to meet the participation numbers required to provide the evidence-based Stanford Chronic Dis ease Self- Management Program (CDSMP), which educates participants regarding chronic disea se self-management. The greatest challenge was recruiting participants, even though effort s were made both in the Hospital and through local community partners. The class requires a minimum number of participants and the expectation of a six-week commitment proved to be an engagement challenge the H</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	ospital was unable to meet. A second intervention was to provide the Complete Health Improvement Program (CHIP) class series, a lifestyle enrichment program designed to reduce disease risk through better health habits and appropriate lifestyle modifications. Goals included lowering cholesterol, hypertension and blood sugar levels, reducing excess weight through improved dietary choices, enhancing daily exercise, increasing support systems and decreasing stress in an evidence-based program. No classes were provided in 2019 in the Hospital's PSA. Any interested individuals were offered the opportunity to join the class at the AdventHealth Lake Placid location. This change was made as part of a Division level decision to transition from the CHIP model to a new series that is in development. Priority 5: Teen Pregnancy Prevention2016 Description of the Issue: In the Hospital's Primary Service Area (PSA), the teen birth rate is 88.4 per 1000 population compared with the state rate of 36.1 and the country's rate of 36.6. Previous grant funding for public school pregnancy prevention programs has ceased.2019 Update: The intervention chosen was to send a representative from the Hospital to attend the local Teen Pregnancy Prevention Association meetings. The representative attended four meetings in 2019, surpassing the goal of three. Community Needs Not Chosen by AdventHealth Wauchula: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 community partners? Based on this prioritization process, the Hospital did not choose the following community issues:1. Cancer/Tobacco Use: The Hospital works with the Area Health Education Council and hosts tobacco cessation classes at the Hospital. 2. Access to Mental Health Services: The Hospital's Primary Service Area is designated a Health Professionals Shortage Area. The Hospital refers patients to local resources as available. This is not a line of service the Hospital provides.

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Group B-Facility 7 -- AdventHealth Sebring Group B-Facility 10 - AdventHealth Lake Placid Description of CHNA Significant Needs Continued A second strategy to reduce blood sugar levels is described below. AdventHealth Sebring and AdventHealth Lake Placid partnered with local community organizations to address the nutritional needs of those in communities designated as food deserts or low income/low access areas with the Food is Health program (formerly known as Food is Medicine). This is accomplished by increasing health and lifestyle educational opportunities, biometric screenings, and access to healthy produce and dry goods. In 2019, a total of 40 fresh produce vouchers were redeemed by participants, less than the goal. This was due to lower than anticipated program participation. Due to the low number of participants, there was also insufficient data to determine the percentage of participants showing a decrease in blood sugar. In 2019, the Hospitals continued to work on developing new relationships with community partnerships to increase awareness and participation in the Food is Health (FiH) program. The Hospitals cannot run this program without strong partnerships with health education providers, local fresh produce vendors and other community-based organizations who are the boots on the ground to addressing social determinants of health. Furthermore, the Hospitals worked to restructure the FiH program to improve its internal process for implementing and tracking outcomes for the program. Priority 4: Access to Care (Primary Care) 2016 Description of the Issue: The Hospitals' Primary Service Area (PSA) is designated a Health Professional Shortage Area (HPSA). 2019 Update: Strategies implemented to increase community awareness and availability of local health care services for uninsured and underinsured individuals included continuing the CREATION Health Ministry Outreach program, providing discounted home-supply prescriptions for low-income patients upon discharge and providing the Samaritan's Touch free clinic with in-kind lab and imaging services for its patients. Samaritan's Touch is a free health care clinic for the uninsured population, serving Highlands and Hardee counties in Florida. In 2019, AdventHealth Sebring and AdventHealth Lake Placid, together with AdventHealth Wauchula, donated \$100,000 of in-kind lab and imaging services to Samaritan's Touch patients and contributed \$4,547 to provide discounted home-supply prescriptions for low-income patients upon discharge. However, the decision was made in 2018 to discontinue additional monetary support to the organization. The CREATION Health Ministry had 54 volunteers in 2019. The Hospitals host meetings where speakers and health education materials are provided for attendees, who in turn share with their respective churches or community organizations. Volunteers are primarily retired or active nurses. Priority 5: Access to Care (Mental Health Services) 2016 Description of the Issue: The Hospitals</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	<p>Is' Primary Service Area (PSA) is designated a Health Professional Shortage Area (HPSA), with very few physicians/agencies offering mental health services. 2019 Update: Strategies were implemented to increase community awareness and availability of local mental health care services for uninsured and underinsured individuals in the community included hosting support group meetings at the Hospitals. In 2019, the Hospitals provided one support group for individuals with autoimmune disease. Additionally, the Hospitals partnered with the Alzheimer's Association to provide a class series called the "Caregiver College" to engage and empower individuals who serve as caregivers. The Hospitals continue to build on existing community relationships to increase the reach of support groups to address mental health in its communities. Community Needs Not Chosen by AdventHealth Sebring and AdventHealth Lake Placid: 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:</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> <ol style="list-style-type: none"> 1. Cancer Incidence/Screening/ Tobacco Cessation - the Hospitals already participate with the Area Health Education Center (AHEC) to offer community tobacco cessation classes. 2. Poverty/Unemployment/Low Literacy Rates - The Hospitals do not have the capacity to address these social determinants. 3. Chronic Obstructive Pulmonary Disease/Upper Respiratory Infection/Asthma - The CHNAC felt other issues would be better suited for the Hospitals to address. 4. Lack of Transportation - The community lacks public transportation services, and the Hospitals do not have the capacity to address public transportation.

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-16c	Each hospital facility's FAP, FAP application form and plain language summary of the FAP was made widely available through the following websites: Facility 1 -- AdventHealth Orlando https://www.adventhealth.com/legal/financial-assistance Facility 2 -- AdventHealth Celebration https://www.adventhealth.com/legal/financial-assistance Facility 3 -- AdventHealth Altamonte Springs https://www.adventhealth.com/legal/financial-assistance Facility 4 -- AdventHealth East Orlando https://www.adventhealth.com/legal/financial-assistance Facility 5 -- AdventHealth Winter Park https://www.adventhealth.com/legal/financial-assistance Facility 6 -- AdventHealth Kissimmee https://www.adventhealth.com/legal/financial-assistance Facility 7 -- AdventHealth Sebring https://www.adventhealth.com/legal/financial-assistance Facility 8 -- AdventHealth Apopka https://www.adventhealth.com/legal/financial-assistance Facility 9 -- Central Texas Medical Center https://www.ctmc.org/patients-visitors/after-my-stay/financial-assistance Facility 10 -- AdventHealth Lake Placid https://www.adventhealth.com/legal/financial-assistance Facility 11 -- AdventHealth Wauchula https://www.adventhealth.com/legal/financial-assistance

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 1 - AdventHealth Centra Care Lake Buena Vista 12500 South Apopka Vineland Rd Orlando, FL 32836	Urgent Care Clinic
1 2 - AdventHealth Centra Care South Orange 2609 South Orange Ave Orlando, FL 32806	Urgent Care Clinic & Employer Onsite Clinic
2 3 - AdventHealth Centra Care Waterford Lakes 250 North Alafaya Trail Suite 135 Orlando, FL 32825	Urgent Care Clinic
3 4 - AdventHealth Centra Care Winter Garden 3005 Daniels Road Winter Garden, FL 34787	Urgent Care Clinic/Primary Care
4 5 - AdventHealth Centra Care Port Orange 1208 Dunlawton Ave Port Orange, FL 32127	Urgent Care Clinic
5 6 - AdventHealth Centra Care Mt Dora 9015 US Highway 441 Mount Dora, FL 32757	Urgent Care Clinic
6 7 - AdventHealth Centra Care Altamonte Springs 440 West Highway 436 Altamonte Springs, FL 32714	Urgent Care Clinic
7 8 - AdventHealth Centra Care Winter Park 3099 Aloma Avenue Winter Park, FL 32792	Urgent Care Clinic
8 9 - AdventHealth Centra Care Orange Lake 8201 West Irlo Bronson Highway Kissimmee, FL 34747	Urgent Care Clinic
9 10 - AdventHealth Centra Care Hunter's Creek 3293 Greenwald Way North Kissimmee, FL 34741	Urgent Care Clinic/Primary Care
10 11 - AdventHealth Centra Care Sanford 4451 West 1st Street Sanford, FL 32771	Urgent Care Clinic/Primary Care
11 12 - AdventHealth Centra Care St Cloud 4660 13th Street St Cloud, FL 34769	Urgent Care Clinic/Primary Care
12 13 - AdventHealth Centra Care Clermont 15701 State Road 50 Suite 101 Clermont, FL 34711	Urgent Care Clinic
13 14 - AdventHealth Centra Care Lake Nona 9637 Lake Nona Village Place Orlando, FL 32827	Urgent Care Clinic
14 15 - AdventHealth Centra Care Dr Phillip's 8014 Conroy-Windermere Rd Suite 104 Orlando, FL 32835	Urgent Care Clinic

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)
16 16 - SDOC CLINIC 831 Simpson Rd Kissimmee, FL 34744	Employer Clinic
1 17 - AdventHealth Centra Care University 11550 University Blvd Orlando, FL 32817	Urgent Care Clinic
2 18 - AdventHealth Centra Care Brandon 10222 Bloomingdale Ave Riverview, FL 33578	Urgent Care Clinic
3 19 - AdventHealth Centra Care DeLand 2293 South Woodland Blvd Deland, FL 32720	Urgent Care Clinic
4 20 - AdventHealth Centra Care Lee Road 2540 Lee Road Winter Park, FL 32789	Urgent Care Clinic
5 21 - AdventHealth Centra Care Colonial Town 630 North Bumby Ave Orlando, FL 32803	Urgent Care Clinic/Primary Care
6 22 - AdventHealth Centra Care Orange City 1360 Saxon Blvd Orange City, FL 32763	Urgent Care Clinic
7 23 - AdventHealth Centra Care Wesley Chapel 1127 Bruce B Downs Blvd Wesley Chapel, FL 33544	Urgent Care Clinic
8 24 - AdventHealth Centra Care Oviedo 8010 Red Bug Road Oviedo, FL 32765	Urgent Care Clinic
9 25 - AdventHealth Centra Care Kissimmee 4320 West Vine Street Kissimmee, FL 34746	Urgent Care Clinic
10 26 - AdventHealth Centra Care Temple Terrace 5802 East Fowler Avenue Temple Terrace, FL 33617	Urgent Care Clinic
11 27 - AdventHealth Centra Care Daytona 1014 West International Speedway Blvd Daytona Beach, FL 32114	Urgent Care Clinic
12 28 - AdventHealth Centra Care Leesburg 1103 North 14th Street Leesburg, FL 34748	Urgent Care Clinic
13 29 - AdventHealth Centra Care Sand Lake Road 2301 Sand Lake Road Orlando, FL 32809	Urgent Care Clinic
14 30 - AdventHealth Centra Care Azalea Park 509 South Semoran Blvd Orlando, FL 32807	Urgent Care Clinic

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)
31 31 - AdventHealth Centra Care Palm Coast 1270 Palm Coast Parkway NW Palm Coast, FL 32137	Urgent Care Clinic
1 32 - San Marcos MRI LP 1330 Wonder World Dr San Marcos, TX 78666	Imaging Services
2 33 - AdventHealth Centra Care Longwood 855 South US Highway 17-92 Longwood, FL 32750	Urgent Care Clinic
3 34 - CTMC Hospice 1315 IH 35 North San Marcos, TX 78666	Hospice Services
4 35 - AdventHealth Centra Care Ormond Beach 1245 West Granada Blvd Ormond Beach, FL 32174	Urgent Care Clinic
5 36 - AdventHealth Centra Care South Tampa 301 North Dale Mabry Hwy Tampa, FL 33609	Urgent Care Clinic & Employer Onsite Clinic
6 37 - AdventHealth Centra Care Kids Lake Mary 105 South Country Club Road Lake Mary, FL 32746	Urgent Care Clinic
7 38 - AdventHealth Centra Care Kids Winter Park 2325 West Fairbanks Ave Winter Park, FL 32789	Urgent Care Clinic
8 39 - AdventHealth Centra Care Carrollwood 4001 West Linebaugh Ave Tampa, FL 33624	Urgent Care Clinic
9 40 - AdventHealth Centra Care Lake Mary 2948 West Lake Mary Blvd Lake Mary, FL 32746	Urgent Care Clinic
10 41 - AdventHealth Centra Care Conway 5810 South Semoran Blvd Orlando, FL 32822	Urgent Care Clinic
11 42 - AdventHealth Centra Care Citrus Park 6930 Gunn Highway Tampa, FL 33625	Urgent Care Clinic
12 43 - AdventHealth Centra Care Winter Haven 7375 Cypress Gardens Blvd Winter Haven, FL 33884	Urgent Care Clinic
13 44 - CTMC Rehab Services 1340 Wonder World Dr San Marcos, TX 78666	OP Rehab Services
14 45 - AdventHealth Medical Group Cardiology at S 4639 Sun N Lake Blvd Sebring, FL 33872	Physician Clinic

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)
46 46 - AdventHealth Centra Care Poinciana 3759 Pleasant Hill Rd Kissimmee, FL 34746	Urgent Care Clinic
1 47 - Darden Onsite 1000 Darden Center Drive Orlando, FL 32837	Employer Onsite Clinic
2 48 - SIEMENS Onsite 4400 North Alafaya Trail MC Q1-240 Orlando, FL 32826	Employer Onsite Clinic
3 49 - AdventHealth Medical Group Cardiology & Va 463 Carlton St Wauchula, FL 33873	Physician Clinic
4 50 - Wyndham Onsite 6277 Sea Harbor Dr Orlando, FL 32821	Employer Onsite Clinic
5 51 - AdventHealth Medical Group Orthopedics at 4409 Sun N Lake Blvd Sebring, FL 33872	Physician Clinic
6 52 - AdventHealth Centra Care Apopka 1520 West Orange Blossom Trail Apopka, FL 32712	Urgent Care Clinic
7 53 - OCG Onsite 450 East South Street Orlando, FL 32802	Employer Onsite Clinic
8 54 - AdventHealth Centra Care Corporate Care Da 40124 US Hwy 27 Suite 27 Davenport, FL 33837	Occupational Medicine Services
9 55 - AdventHealth Waterman Employee Clinic 1000 Waterman Way Tavares, FL 32778	Employer Onsite Clinic
10 56 - AdventHealth Medical Group Breast Surgery 4145 Sun N Lake Blvd Suite B Sebring, FL 33872	Physician Clinic
11 57 - AdventHealth Centra Care Corporate Care La 1255 State Road Florida 60 East Suite 300 Lake Wales, FL 33853	Occupational Medicine Services

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

Schedule I
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

Adventist Health SystemSunbelt Inc

Employer identification number

59-1479658

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 85

3 Enter total number of other organizations listed in the line 1 table 5

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 IRC Section 501(c)(3), or to other local charitable community organizations, or to other 501(c)(3) organizations that are a part of the group exemption ruling issued to the General Conference of Seventh-Day Adventists. 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: 59-1479658
Name: Adventist Health SystemSunbelt 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
Adventist Care Centers - Courtland Inc 730 Courtland St Orlando, FL 32804	20-5774723	501(c)(3)	1,150,670				General Support
African American Chamber of Commerce 3201 E Colonial Drive Orlando, FL 32803	59-3314330	501(c)(6)	8,000				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
American Cancer Society Inc 250 Williams Street NW Ste 400 Atlanta, GA 30303	13-1788491	501(c)(3)	129,000				General Support
Aspire Health Partners Inc 5151 Adanson Street Orlando, FL 32804	59-2301233	501(c)(3)	1,436,640				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
Boy Scouts Of America Inc Central Florida Council 1951 S Orange Blossom Trail 102 Apopka, FL 32703	59-0624376	501(c)(3)	20,000				General Support
Boys & Girls Club of Central Florida PO Box 2987 Orlando, FL 32802	59-0951887	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
Building Us Inc dba Friend Talking Faith PO Box 3310 Winter Park, FL 32790	45-5420165	501(c)(3)	25,000				General Support
Celebration Foundation Inc 610 Sycamore St Celebration, FL 34747	59-3370753	501(c)(3)	40,000				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
Central Florida Association for Physicians 6735 Conroy Rd Ste 224 Orlando, FL 32835	26-2077247	501(c)(3)	15,000				General Support
Central Florida Foundation Inc 800 N Magnolia Ave Ste 1200 Orlando, FL 32803	59-3182886	501(c)(3)	59,231				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
Central Florida Young Men'S Christian Association 433 N Mills Avenue Orlando, FL 328035721	59-0624430	501(c)(3)	12,500				General Support
Central Texas Healthcare Collaborative 1301 Wonder World Dr San Marcos, TX 78666	45-3739929	501(c)(3)	857,584				Provision of Indigent Care

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
Central Texas Medical Center Foundation 1301 Wonder World Dr San Marcos, TX 78666	74-2259907	501(c)(3)		105,862	Book	Provision of general administrative support	General Support
Christian Service Center for Central Florida Inc 808 W Central Blvd Orlando, FL 32805	59-1353031	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
Community Health Centers Inc 110 S Woodland St Winter Garden, FL 34747	59-1480970	501(c)(3)	108,738				General Support
Community United Outreach Inc 2520 Hansrob Road Orlando, FL 32804	45-3584062	501(c)(3)	230,526				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
Community Vision 704 Generation Pt Apt 101 Kissimmee, FL 34744	59-2896657	501(c)(3)	10,850				General Support
Cystic Fibrosis Foundation 1080 Woodcock Rd Ste 245 Orlando, FL 32803	13-1930701	501(c)(3)	10,000				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
Debbie Turner Cancer Care Resources Inc 31138 Preswick Ave Sorrento, FL 32776	80-0499456	501(c)(3)	10,000				General Support
East Orlando Health & Rehab Center Inc 250 South Chickasaw Trail Orlando, FL 32825	20-5774748	501(c)(3)	3,262,448				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
Edible Education Experience Inc 26 E King Street Orlando, FL 32804	46-5655482	501(c)(3)	80,000				General Support
FLNC Inc 3355 E Semoran Blvd Apopka, FL 32703	20-5774761	501(c)(3)	5,408,704				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
Florida Abolitionist Inc 195 South Westmonte Dr Altamonte Springs, FL 32714	59-3178045	501(c)(3)	10,000				General Support
Florida Conference Association of Seventh-day Adventists 351 S State Road 434 Altamonte Springs, FL 32714	59-0806975	501(c)(3)	6,000				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
Florida Hospital Seventh-day Adventist Church 2800 N Orange Ave Orlando, FL 32804	59-3039667	501(c)(3)	14,000				General Support
Forest City Spanish Seventh-day Adventist Church 7601 Forest City Rd Orlando, FL 32810	59-3291153	501(c)(3)	22,059				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
Forest Lake Academy 500 Education Loop Apopka, FL 327036176	59-0816443	501(c)(3)	20,000				General Support
Foundation For Building Community Inc 301 E Pine St Ste 900 Orlando, FL 32801	59-3678634	501(c)(3)	150,000				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
Foundation For Orange County Public Schools Inc 445 W Amelia St Ste 901 Orlando, FL 328011153	59-2788435	501(c)(3)	41,500				General Support
Foundation For Seminole State College Of Florida Inc 1055 Aaa Drive Ste 209 Heathrow, FL 32746	23-7033822	501(c)(3)	250,000				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
Grace Medical Home Inc 51 Pennsylvania Street Orlando, FL 328062938	28-1817966	501(c)(3)	477,500				General Support
Greater San Marcos Partnership 1340 Wonder World Dr 108 San Marcos, TX 78666	80-0624502	501(c)(6)	20,000				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
Guidewell Innovation LLC 6555 Sanger Road Orlando, FL 32827	47-3453318	Other	25,000				General Support
Harbor House Of Central Florida Inc PO Box 680748 Orlando, FL 32868	59-1712936	501(c)(3)	10,000				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
Healthcare Access Alliance 7124 Hiawassee Overlook Dr Orlando, FL 32835	82-3211739	501(c)(3)	7,500				General Support
Healthy Start Coalition of Orange County Inc 1040 Woodcock Rd Ste 215 Orlando, FL 32803	59-3125675	501(c)(3)	17,500				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
Healthy Start Coalition of Osceola County Inc PO Box 701995 St Cloud, FL 34770	59-3212535	501(c)(3)	15,000				General Support
Healthy Start Coalition of Seminole County Inc 820 W Lake Mary Blvd Ste 108 Sanford, FL 32773	46-4038747	501(c)(3)	6,000				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
Hope Community Center Inc 1016 N Park Ave Apopka, FL 32712	56-2551312	501(c)(3)	7,500				General Support
Hope Helps Inc 812 Eyrie Dr Oviedo, FL 32765	20-8490916	501(c)(3)	10,000				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
Hope Now International Inc PO Box 181173 Casselberry, FL 327181173	27-4498303	501(c)(3)	10,000				General Support
Iglesia Chistiana Pentecostal De Orlando Inc 5850 Clarona Ocoee Road Orlando, FL 32810	59-3218454	501(c)(3)	20,000				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
JDRF International 370 Center Pointe Cir Ste 1154 Altamonte Springs, FL 32701	23-1907729	501(c)(3)	30,555				General Support
Jewish National Fund (Keren Kayemeth Leisrael) Inc 42 East 69Th St New York, NY 10021	13-1659627	501(c)(3)	10,000				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
Kids Beating Cancer Inc 615 E Princeton St Ste 400 Orlando, FL 32803	59-3136203	501(c)(3)	10,300				General Support
Kids House of Seminole Inc 5467 North Ronald Reagan Blvd Sanford, FL 32773	59-3415005	501(c)(3)	10,000				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
Lake Nona Institute Inc 6900 Tavistock Lakes Blvd Orlando, FL 32827	27-3346737	501(c)(3)	166,666				General Support
Life Concepts Inc dba Quest Inc 500 E Colonial Dr Orlando, FL 32803	59-2013160	501(c)(3)	20,000				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
Lifework Leadership 1220 E Concord St Orlando, FL 328035453	37-1592618	501(c)(3)	12,500				General Support
Lift Orlando 215 East Central Blvd Orlando, FL 32801	46-3607865	501(c)(3)	63,500				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
Make A Wish Foundation of Central And Northern Florida Inc 1020 N Orlando Ave Ste 100 Maitland, FL 32751	59-3235806	501(c)(3)	15,000				General Support
March of Dimes Inc 1550 Crystal Dr Ste 1300 Arlington, VA 22202	13-1846366	501(c)(3)	20,000				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
Matthews Hope Ministries Inc 523 S Woodland St Winter Garden, FL 34761	27-2245867	501(c)(3)	30,000				General Support
Meals on Wheels Etc Inc 2801 S Financial Court Sanford, FL 32773	59-2977907	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
Mental Health Association Of Central Florida Inc 1525 E Robinson St Orlando, FL 32801	59-0816432	501(c)(3)	146,528				General Support
Mothers Milk Bank of Florida 8669 Commodity Circle Ste 490 Orlando, FL 32819	27-3939245	501(c)(3)	40,000				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
My Neighbor'S Children PO Box 617218 Orlando, FL 32861	26-0770494	501(c)(3)	22,500				General Support
New Beginnings of Central Florida Inc PO Box 121129 Clermont, FL 34712	26-0353679	501(c)(3)	10,000				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
Onepulse Foundation Inc 1227 E Concord St Orlando, FL 32803	81-3142847	501(c)(3)	300,000				General Support
Osceola County Council on Aging Inc 700 Generation Pt Kissimmee, FL 34744	59-1595398	501(c)(3)	141,000				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
Osceola Mental Health Inc dba Park Place 206 Park Place Blvd Kissimmee, FL 34741	59-1677912	501(c)(3)	224,333				General Support
Pediatric Congenital Heart Association Inc 14 Ellis Potter Court No 100 Madison, WI 53711	46-3576700	501(c)(3)	20,000				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
Ronald Mcdonald House Charities of Central Florida Inc 1030 N Orange Ave Winter Park, FL 327894709	59-3211250	501(c)(3)	104,000	12,124	Estimated	Other	General Support
Rustys Bicycle Recycle Inc 1275 Bennett Dr Longwood, FL 32750	82-4975971	501(c)(3)	10,000				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
San Marcos Sights & Sounds of Christmas Inc 630 E Hopkins San Marcos, TX 78666	74-2759206	501(c)(3)	15,000				General Support
School Board of Orange County 901 N Lakemont Ave Winter Park, FL 32792	59-6000771	Gov't	7,575				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
Sebring Main Street Inc PO Box 1243 Sebring, FL 33870	59-2626645	501(c)(3)	5,850				General Support
Second Harvest Food Bank of Central Florida Inc 411 Mercy Dr Orlando, FL 32805	59-2142315	501(c)(3)	110,547				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
Seminole County Sheriffs Office Community Foundation Inc 100 Eslinger Way Sanford, FL 32773	47-2640601	501(c)(3)	7,500				General Support
Seniors First Inc 5395 LB Mcleod Road Orlando, FL 32811	59-2759603	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
Simple Truth Foundation Inc 1224 Lake Pointe Circle Leesburg, FL 34748	27-3684092	501(c)(3)	138,630				General Support
South Florida State College 600 W College Drive Avon Park, FL 33825	59-1218159	Gov't	79,250				Nursing Education

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
Sunbelt Health & Rehab Center - Apopka Inc 305 East Oak St Apopka, FL 32703	20-5774856	501(c)(3)	674,321				General Support
Sunsystem Development Corporation 900 Hope Way Altamonte Springs, FL 32714	59-2219301	501(c)(3)		5,261,611	Book	Provision of general administrative support	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
Texas State University 601 University Dr San Marcos, TX 72893	74-6002248	Gov't	9,100				General Support
The Able Charitable Foundation Inc 8177 Blue Quill Trail Tallahassee, FL 32312	82-1822879	501(c)(3)	10,000				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
The Christian Sharing Center Inc 600 N Hwy 17-92 No 158 Longwood, FL 32750	59-2744535	501(c)(3)	15,000				General Support
The Leukemia & Lymphoma Society Inc 3 International Dr Rye Brook, NY 10573	13-5644916	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
The Morgan Center 26 Seafield Ln Bay Shore, NY 11706	43-1995070	501(c)(3)	10,000				General Support
The School Board Of Highlands County 426 School Street Sebring, FL 33870	59-6000654	Gov't	10,000				Senior Education

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
Tri-County Nursing Rehabilitation Center Inc 1290 Celebration Blvd Kissimmee, FL 34747	47-2219363	501(c)(3)	21,350				General Support
United Against Poverty Inc 2050 40Th Ave Ste 9 Vero Beach, FL 32960	11-3697936	501(c)(3)	15,048				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
United Global Outreach 2301 N Orange Ave Orlando, FL 32804	03-0511875	501(c)(3)	81,494				General Support
United Way - The Heart of Florida 1940 Traylor Blvd Orlando, FL 32804	59-0808854	501(c)(3)	15,150				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
Universal Orlando Foundation 1000 Universal Studios Plaza Orlando, FL 32819	59-3510383	501(c)(3)	15,000				General Support
University of Central Florida Foundation Inc 12424 Research Parkway Ste 140 Orlando, FL 32826	59-6211832	501(c)(3)	25,000				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
US Dream Academy 5950 Symphony Woods Rd Columbia, MD 21044	59-3514841	501(c)(3)	10,000				General Support
Valencia College Foundation Inc PO Box 3028 Orlando, FL 32802	23-7442785	501(c)(3)	250,000				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
West Orange Chamber of Commerce 12184 W Colonial Drive Winter Garden, FL 34787	59-0576757	501(c)(6)	20,000				General Support
Winter Park Chamber of Commerce 151 W Lyman Ave Winter Park, FL 32789	59-0514615	501(c)(6)	11,500				General Support

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No. 1545-0047
			2019
			Open to Public Inspection
Name of the organization Adventist Health SystemSunbelt Inc		Employer identification number 59-1479658	

Part I Questions Regarding Compensation		Yes	No
<div>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.</div> <div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div></div>			
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.			
<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		5a	No
a The organization?		5b	No
b Any related organization?			
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		6a	No
a The organization?		6b	No
b Any related organization?			
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	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 IIISupplemental 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 Divisional CEO for AdventHealth Central Florida Division, Central Florida Divisional CFO, Central Florida CEO of Integrated Health Services, and CEO of AdventHealth Central Florida South are officers or key employees of the filing organization. The Divisional CEO, Divisional CFO, CEO of Integrated Health Services and CEO of AdventHealth Cental Florida South 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 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 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. 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. While the club dues membership is an AHSSHC compensation policy and practice, the cost of providing this benefit is allocated to and reimbursed by the filing organization. Accordingly, the filing organization has checked the box in Schedule J, Part I, line 1a for health or social club dues since it has paid for the cost of providing this benefit.</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, Monica P. Reed, MD and J. Brian Paradis received severance payments in the amount of \$500,054 and \$332,173, 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. 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 executives 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./ Distr.* Contrib. Distr.* Payment ----- Shaw, Terry D. \$384,304 \$315,408 \$1,407,121 \$ 0 Houmann, Lars D. \$255,491 \$255,039 \$ 487,733 \$ 0 Tol, Daryl \$243,179 \$177,443 \$ 0 \$ 0 Rathbun, Paul C. \$193,409 \$178,953 \$ 0 \$ 0 Stevens, Eric A. \$116,763 \$ 76,400 \$ 411,272 \$ 0 Soler, Eddie \$143,711 \$137,666 \$ 123,038 \$ 0 Banks, David P. \$120,374 \$110,230 \$ 175,905 \$ 0 Goodman, Todd A. \$113,417 \$ 72,930 \$ 320,312 \$ 0 Moorhead, MD, John David \$138,807 \$119,807 \$ 245,414 \$ 0 Hilliard, Douglas W. \$ 69,194 \$ 63,315 \$ 0 \$ 0 Thompson, Michael J. \$ 71,799 \$ 27,839 \$ 0 \$ 0 Hagensicker, Janice K. \$ 64,355 \$ 45,355 \$ 95,731 \$ 0 Owen, Terry R. \$ 70,582 \$ 55,018 \$ 0 \$ 0 Reed, MD, Monica P. \$ 982 \$151,553 \$ 0 \$ 0 Cook, Timothy W. \$ 47,243 \$ 16,788 \$ 80,104 \$ 0 Spenst, Brett \$ 65,984 \$ 0 \$ 0 \$ 0 Harcombe, Douglas W. \$ 51,589 \$ 50,337 \$ 0 \$ 0 Zbaraschuk, Amy L. \$ 49,434 \$ 47,436 \$ 0 \$ 0 Dodds, Sheryl D. \$ 68,083 \$ 49,083 \$ 0 \$ 0 Wandersleben, Jennifer J. \$ 32,884 \$ 61,526 \$ 0 \$ 0 Bradley, Kenneth W. \$ 0 \$ 56,173 \$ 0 \$ 0 * Including Investment Earnings</p>

Additional Data

Software ID:
Software Version:
EIN: 59-1479658
Name: Adventist Health SystemSunbelt 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				
1Shaw Terry D Dir/President/AdventHealth CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,745,693	712,420	1,818,408	380,390	55,308	4,712,219	312,231
1Houmann Lars D Dir/AH Crp Relations Off (end 12/19)	(i)	0	0	0	0	0	0	0
	(ii)	1,209,479	552,173	847,410	251,578	45,331	2,905,971	246,703
2Tol Daryl Pres/CEO Central FL Division	(i)	0	0	0	0	0	0	0
	(ii)	1,189,540	429,693	238,558	239,265	53,567	2,150,623	172,752
3Rathbun Paul C Director/AdventHealth CFO	(i)	0	0	0	0	0	0	0
	(ii)	993,376	380,674	220,634	208,495	40,778	1,843,957	171,802
4Stevens Eric A CEO CF S Acute/AH Orl/Women (End 12/)	(i)	0	0	0	0	0	0	0
	(ii)	689,976	223,243	555,597	112,850	35,757	1,617,423	76,026
5Silvestry MD Scott Physician/Director AH Thoracic Trans	(i)	1,396,868	93,750	8,910	15,087	6,740	1,521,355	0
	(ii)	0	0	0	0	0	0	0
6Soler Eddie Former Key Emp/AH Sr Finance Officer	(i)	0	0	0	0	0	0	0
	(ii)	753,812	256,389	292,783	158,798	30,003	1,491,785	133,999
7Banks David P Former Key Emp/AH Chief Strategy Off	(i)	0	0	0	0	0	0	0
	(ii)	704,273	235,922	332,124	135,461	40,799	1,448,579	107,582
8Goodman Todd A CFO Central FL Division	(i)	0	0	0	0	0	0	0
	(ii)	676,730	183,480	430,596	109,503	44,926	1,445,235	70,311
9Moorhead MD John David Former Key Emp/AH Chief Clincial Off	(i)	0	0	0	0	0	0	0
	(ii)	734,400	209,610	465,457	15,087	14,514	1,439,068	0
10Davis Jr MD Robert Duane Physician/Director AH Cardiovascular	(i)	1,192,327	0	9,812	15,087	7,948	1,225,174	0
	(ii)	0	0	0	0	0	0	0
11Botta MD Donald Physician/Director AH Heart Transpla	(i)	683,054	355,960	5,249	15,087	6,395	1,065,745	0
	(ii)	0	0	0	0	0	0	0
12Shimshak MD Thomas M Interventional Cardiology Physician	(i)	847,836	0	113,989	15,087	8,357	985,269	0
	(ii)	0	0	0	0	0	0	0
13Jones MD Phillip Interventional Cardiology Physician	(i)	694,425	204,374	45,089	15,087	16,854	975,829	0
	(ii)	0	0	0	0	0	0	0
14Hilliard Douglas W Sr VP/Sr Finance Officer AH Orlando	(i)	0	0	0	0	0	0	0
	(ii)	500,770	144,000	88,525	84,281	38,540	856,116	62,242
15Thompson Michael J CEO Central FL South Integrated Hlth	(i)	0	0	0	0	0	0	0
	(ii)	511,178	141,654	47,296	86,885	42,406	829,419	27,170
16Hagensicker Janice K Former Key Emp/Sr Fin Off AH Orl SW	(i)	0	0	0	0	0	0	0
	(ii)	438,208	131,315	202,284	15,087	23,095	809,989	0
17Owen Terry R Former Key Emp/SVP Partnering Strate	(i)	0	0	0	0	0	0	0
	(ii)	463,085	138,851	109,794	66,669	30,854	809,253	53,601
18Reed MD Monica P Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	20,002	0	704,578	982	33,437	758,999	148,059
19Cook Timothy W CEO AH Alt & West Orange Mkt	(i)	0	0	0	0	0	0	0
	(ii)	413,078	114,829	145,655	43,329	34,375	751,266	16,695

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 Spenst Brett CEO AH Orlando (Beg 3/19)	(i)	0	0	200	0	0	200	0
	(ii)	444,232	0	194,321	81,070	19,801	739,424	0
1 Harcombe Douglas W CEO AH Celebration & South Mkt	(i)	0	0	0	0	0	0	0
	(ii)	430,440	104,106	72,837	66,676	40,669	714,728	49,165
2 Zbaraschuk Amy L Sr VP/Sr Finance Off CF S Integrated	(i)	0	0	25	0	0	25	0
	(ii)	421,829	123,000	56,621	64,521	38,520	704,491	46,491
3 Dodds Sheryl D Chief People Off Central FL South	(i)	0	0	0	0	0	0	0
	(ii)	408,166	120,139	101,927	15,087	11,773	657,092	0
4 Wandersleben Jennifer J CEO CF S Acute/AH Orl/Women (Beg 12/	(i)	0	0	0	0	0	0	0
	(ii)	355,713	87,087	66,465	47,971	39,212	596,448	60,227
5 Paradis J Brian Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	0	0	331,644	0	13,889	345,533	0
6 Bradley Kenneth W Former Key Emp/AH Dir Emerging Leade	(i)	0	0	0	0	0	0	0
	(ii)	153,462	0	60,542	6,442	21,303	241,749	54,483
7 Jernigan PhD Donald L Dir/AH CEO Emeritus/Leadership Inst	(i)	0	0	0	0	0	0	0
	(ii)	180,001	0	407	0	22,322	202,730	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Health SystemSunbelt Inc

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
59-1479658

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Highlands County Health Facilities Authority	52-1313569	431022KK7	08-08-2007	366,445,000	2007A B C D, Expand/refurbish facilities, purchase equipment		X		X		X
B Orange County Health Facilities Authority	52-1378595	NoneAvail	12-22-2010	25,000,000	2010B, Expand/refurbish facilities, purchase equipment		X		X		X
C Kansas Development Finance Authority	48-1066589	NoneAvail	12-22-2010	25,000,000	2010C, Expand/refurbish facilities, purchase equipment		X		X		X
D Colorado Health Facilities Authority	84-0752932	NoneAvail	12-22-2010	25,000,000	2010D, Expand/refurbish facilities, purchase equipment		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	262,025,000		8,000,000		8,000,000		8,000,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	372,572,414		25,008,422		25,007,891		25,008,355	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds	5,560,382							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	367,012,032		25,008,422		25,007,891		25,008,355	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2007		2010		2010		2010	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.420 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	1.420 %							
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Highlands County Health Facilities Authority 2007A B C D: The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings.

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Orange County Health Facilities Authority 2010B: The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings.

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Kansas Development Finance Authority 2010C: The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings.

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Colorado Health Facilities Authority 2010D: The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings.

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Highlands County Health Facilities Authority 2013A-C: The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings.

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Highlands County Health Facilities Authority 2014A&D: The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings.

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Highlands County Health Facilities Authority 2014B: The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings.

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Highlands County Health Facilities Authority 2014C: The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings.

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Highlands County Health Facilities Authority 2014E: The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings.

Return Reference	Explanation
Part III, Line 8c	Highlands County Health Facilities Authority 2012A, AR Program: A sale of bond-financed assets in 2006 was identified in early 2013. The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 25, 2013. A Closing Agreement was finalized with the IRS on February 11, 2015. A subsequent sale of assets occurred in 2014. Remedial action was taken as proscribed in Treasury Regulation Section 1.141-12 to preserve the tax-exempt status of the interest on the bonds.

Return Reference	Explanation
Part III, Line 8c	Highlands County Health Facilities Authority 2012B, AR Program: A sale of bond-financed assets in 2006 was identified in early 2013. The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 25, 2013. A Closing Agreement was finalized with the IRS on February 11, 2015. A subsequent sale of assets occurred in 2014. Remedial action was taken as proscribed in Treasury Regulation Section 1.141-12 to preserve the tax-exempt status of the interest on the bonds.

Return Reference	Explanation
Part III, Line 8c	Kansas Development Finance Authority 2012A: A sale of bond-financed assets in 2003 was identified in July 2013. The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 15, 2014. A Closing Agreement was finalized with the IRS on December 18, 2015.

Return Reference	Explanation
Part III, Line 8c	Highlands County Health Facilities Authority 2012B-F: A sale of bond-financed assets in 2003 was identified in July 2013. The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 15, 2014. A Closing Agreement was finalized with the IRS on December 18, 2015.

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

**Schedule K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Health SystemSunbelt Inc

Supplemental Information on Tax-Exempt Bonds

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

► **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

59-1479658

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Highlands County Health Facilities Authority	52-1313569	NoneAvail	11-16-2011	80,000,000	2011A, Expand/refurbish facilities		X		X		X
B Highlands County Health Facilities Authority	52-1313569	NoneAvail	03-21-2012	294,985,000	2012A, AR Program - Refund 2009 A-F AR Program		X		X		X
C Highlands County Health Facilities Authority	52-1313569	NoneAvail	07-25-2012	115,015,000	2012B, AR Program - Expand/refurbish facilities, purchase equipment		X		X		X
D Kansas Development Finance Authority	48-1066589	48542ADG3	08-29-2012	310,952,245	2012A - Refund Or-1995; H-02,03C,05H,06B,07B,07D,08A; C-2004B; K-2004C		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	1,500,000		90,000,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	80,000,000		294,985,000		115,015,000		310,952,245	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	80,000,000				115,015,000			
11	Other spent proceeds			294,985,000				310,952,245	
12	Other unspent proceeds								
13	Year of substantial completion	2011		2004		2012		2008	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government							0.500 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5							0.500 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X		X		X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .			0.140 %		0.140 %		0.370 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?				X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Health SystemSunbelt Inc

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
59-1479658

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Highlands County Health Facilities Authority	52-1313569	431022TL6	08-29-2012	348,320,000	2012B-F - Refund Or-1995; H-02,03C,05H,06B,07B,07D,08A; C-2004B; K-2004C		X		X		X
B Highlands County Health Facilities Authority	52-1313569	NoneAvail	08-29-2012	125,000,000	2012G&H - Refund Highlands 2005I Conversion Bonds		X		X		X
C Highlands County Health Facilities Authority	52-1313569	431022TR3	11-08-2012	232,125,000	2012I - Refunded Volusia 1994-A; Highlands 2004A, 2005E, 2005F, 2005G		X		X		X
D Highlands County Health Facilities Authority	52-1313569	NoneAvail	09-18-2013	485,000,000	2013A B C, Expand/refurbish facilities, purchase equipment		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	150,635,000				10,455,000		281,610,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	348,320,000		125,000,000		232,125,000		485,340,528	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds							485,340,528	
11	Other spent proceeds	348,320,000		125,000,000		232,125,000			
12	Other unspent proceeds								
13	Year of substantial completion	2008		2005		2005		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.500 %		0.900 %		0.200 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0.500 %		0.900 %		0.200 %			
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	0.370 %							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Highlands County Health Facilities Authority	52-1313569	NoneAvail	07-02-2014	110,000,000	2014A&D, Refund 2013C, expand/refurbish facilities, purchase equipment		X		X		X
B Orange County Health Facilities Authority	52-1378595	NoneAvail	07-02-2014	50,000,000	2014B, Expand/refurbish facilities, purchase equipment		X		X		X
C Kansas Development Finance Authority	48-1066589	NoneAvail	07-02-2014	30,000,000	2014C, Expand/refurbish facilities, purchase equipment		X		X		X
D Colorado Health Facilities Authority	84-0752932	19648AT39	07-23-2014	82,501,800	2014E, Expand/refurbish facilities, purchase equipment		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	28,248,337		18,333,337		11,000,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	110,068,380		50,068,380		30,041,050		82,616,012	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	50,068,380		50,068,380		30,041,050		82,616,012	
11	Other spent proceeds	60,000,000							
12	Other unspent proceeds								
13	Year of substantial completion	2015		2015		2015		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X		X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	0.090 %		0.080 %		0.080 %		0.110 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Health SystemSunbelt Inc

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

59-1479658

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Colorado Health Facilities Authority	84-0752932	19648FAB0	07-21-2016	235,724,616	2016 A&B, Adv ref portion 2009D, Exp/refurbish facilities, purchase equip		X		X		X
B Colorado Health Facilities Authority	84-0752932	1964745K2	08-17-2016	216,517,920	2016C, Refund 2006C, Expand/refurbish facilities, purchase equipment		X		X		X
C Orange County Health Facilities Authority	52-1378595	NoneAvail	07-26-2017	44,750,000	2017A, Refund 2010A&E, Expand/refurbish facilities, purchase equipment		X		X		X
D Highlands County Health Facilities Authority	52-1313569	NoneAvail	07-26-2017	50,750,000	2017B, Refund 2010A&E, Expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

					A		B		C		D	
1	Amount of bonds retired								3,750,000		3,750,000	
2	Amount of bonds legally defeased											
3	Total proceeds of issue				235,724,616		216,517,920		44,750,000		50,750,000	
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds											
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				169,561,866		63,248,816		1,125,787		1,276,730	
11	Other spent proceeds				66,162,750		153,269,104		43,624,213		49,473,270	
12	Other unspent proceeds											
13	Year of substantial completion				2016		2016		2017		2017	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?					X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?				X		X		X		X	
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶			0.250 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0.070 %					
6	Total of lines 4 and 5			0.320 %					
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321201340

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Health SystemSunbelt Inc

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
59-1479658

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Kansas Development Finance Authority	48-1066589	NoneAvail	07-26-2017	45,250,000	2017C, Refund 2010A&E, Expand/refurbish facilities, purchase equipment		X		X		X
B	Colorado Health Facilities Authority	84-0752932	19648FCN2	07-26-2017	97,750,000	2017D, Refund 2010A&E, Expand/refurbish facilities, purchase equipment		X		X		X
C	Colorado Health Facilities Authority	84-0752932	19648FGN8	07-12-2018	375,008,542	2018A&B, Expand/refurbish facilities, purchase equipment		X		X		X
D	Colorado Health Facilities Authority	84-0752932	19648FJG0	08-20-2019	550,011,892	2019A&B, Refund 05I, 09C, 09D, 09E&08B, 13B; expand/refurb fac, purch equip		X		X		X

Part II Proceeds												
					A		B		C		D	
1	Amount of bonds retired				3,750,000		11,250,000					
2	Amount of bonds legally defeased											
3	Total proceeds of issue				45,250,000		97,750,000		375,008,542		550,011,892	
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds											
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				1,138,365		2,459,118		375,008,542		146,365,717	
11	Other spent proceeds				44,111,635		95,290,882				403,646,175	
12	Other unspent proceeds											
13	Year of substantial completion				2017		2017		2018		2019	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?				X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?					X		X	X			X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

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

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

Cat. No. 50193E

Schedule K (Form 990) 2019

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶							0.840 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5							0.840 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 59-1479658
Name: Adventist Health SystemSunbelt Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) Kirsten Cutler	Family of board member	58,733	Employee Compensation		No
(1) Shelby Houmann	Family of board member	40,451	Employee Compensation		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(3) Clifton Scott	Family of board member	173,707	Employee Compensation		No
(1) Jeanette Vasquez	Family of former key employee	39,562	Employee Compensation		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(5) Sean Lemon	Family of former key employee	191,186	Employee Compensation		No
(1) Mary Rathbun	Family of board member and officer	84,297	Employee Compensation		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(7) Karen Tilstra	Family of former key employee	122,026	Consulting		No
(1) Meredith Banks	Family of former key employee	107,401	Employee Compensation		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(9) Darlene Stevens	Family of key employee	56,058	Employee Compensation		No
(1) Martin Thompson	Family of key employee	151,454	Employee Compensation		No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury

Name of the organization

Adventist Health SystemSunbelt Inc

Employer identification number

59-1479658

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part V, Line 1a	<p>The parent corporation and sole top-tier member of Adventist Health System/Sunbelt, Inc. (the filing organization) is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). AHSSHC has established a shared service center to centralize the Accounts Payable (A/P) function for all AHSSHC subsidiary organizations. During 2019, some of the filing organization's hospitals transitioned their A/P function to AHSSHC. Accordingly, the number entered on line 1a represents the number reported on Box 3 of Form 1096 as filed by the filing organization for 2019. Subsequent to the transition of the A/P function for all hospitals to the AHSSHC shared service center, the filing organization will not enter any amount on Part V, line 1a. As a result of this transition, those hospitals no longer issue 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Lars Houmann and Terry Owen - Family Relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	<p>Adventist Health System/Sunbelt, Inc. (the filing organization) has one member. The sole member of the filing organization is Adventist Health System Sunbelt Healthcare Corporation . 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. The Board of Directors of the filing organization are appointed by the sole member, AHSSHC, who has the right to elect, appoint or remove any member of the Board of Directors of the filing organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	<p>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: a) to approve and disapprove the executive and/or administrative leadership of the filing organization, and their salaries; b) to approve and disapprove the operating Bylaws of the filing organization; c) to set limits and terms for the borrowing of funds; d) to approve or disapprove major building programs and/or purchase or sale of personal property or real property equal to or in excess of One Million dollars; e) to approve or disapprove the annual operating and capital budgets of the filing organization; f) to direct the placement of funds and capital of the filing organization; and g) to establish general guiding policies.</p>

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 Senior VP/Chief Accounting Officer prior to its filing with the IRS. The review conducted by the Senior VP/Chief Accounting Officer did not include the review of any supporting workpapers that were used in preparation of the current year Form 990, but did include a review of the entire Form 990 and all supporting schedules.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VIII, Lines 7a, b and c:	The amount shown in Part VIII, Lines 7a(i) and 7c(i) of the Form 990 represent 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 244,389,626. Management and general expenses 0. Fundraising expenses 0. Total expenses 244,389,626. Professional Fees : Program service expenses 150,374,347. Management and general expenses 0. Fundraising expenses 0. Total expenses 150,374,347. Purchased Medical Services: Program service expenses 17,531,009. Management and general expenses 0. Fundraising expenses 0. Total expenses 17,531,009. Environmental Services: Program service expenses 1,411,924. Management and general expenses 0. Fundraising expenses 0. Total expenses 1,411,924. Transcription Services: Program service expenses 254,185. Management and general expenses 0. Fundraising expenses 0. Total expenses 254,185. Recruiting: Program service expenses 1,912,670. Management and general expenses 0. Fundraising expenses 0. Total expenses 1,912,670. Food Service Contracts: Program service expenses 1,768,299. Management and general expenses 0. Fundraising expenses 0. Total expenses 1,768,299. Miscellaneous Purchased Services: Program service expenses 8,000,492. Management and general expenses 0. Fundraising expenses 0. Total expenses 8,000,492. AdventHealth Management Fees: Program service expenses 0. Management and general expenses 47,611,043. Fundraising expenses 0. Total expenses 47,611,043. Billing & Collection Services: Program service expenses 0. Management and general expenses 26,490,604. Fundraising expenses 0. Total expenses 26,490,604. AdventHealth Shared Services Fee: Program service expenses 0. Management and general expenses 2,926,826. Fundraising expenses 0. Total expenses 2,926,826.</p>

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Transfer to tax-exempt affiliates -261,878,273. Transfer from tax-exempt parent 142,661,46 5. Debt costs allocated to tax-exempt affiliates 4,367,201. Transfer for expenses -199,239 . Gifts 7,230,821. ASC 842 Lease Accounting Adjustments -1,219,548. Other 311,436.

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
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) IQ Orlando LLC 235 E Princeton Street Suite 220 Orlando, FL 328045555 47-1121247	Design and innovation	FL	0	216,381	Adventist Hlth SystemSunbelt Inc

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

1a Yes

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

1b Yes

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

1c Yes

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k Yes

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

1l Yes

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

1m Yes

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

1n Yes

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

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

1r Yes

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

1s Yes

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-1479658

Name: Adventist Health SystemSunbelt 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)	(i)	
							Percentage ownership	Section 512 (b)(13) controlled entity?	Yes
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	143,184	638,801	64.080 %	Yes	
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	31,082	51,724	100.000 %	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	Adventist Hlth SystemSunbelt Inc	C			100.000 %	Yes	
Central Texas Providers Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org.	TX	Adventist Hlth SystemSunbelt Inc	C	102,648	296,837	100.000 %	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	Adventist Hlth SystemSunbelt Inc	C			100.000 %	Yes	
Florida Hospital Healthcare System Inc 101 Southhall Lane Ste 150 Maitland, FL 32751 59-3215680	PHSO	FL	Adventist Hlth SystemSunbelt Inc	C	14,502,341	36,670,959	100.000 %	Yes	
Florida Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	707,623	5,006,720	85.000 %	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	Adventist Hlth SystemSunbelt Inc	C	58,151	122,271	54.400 %	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	Adventist Hlth SystemSunbelt Inc	C	3	13,188	100.000 %	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	Adventist Hlth SystemSunbelt Inc	C	120,423	138,839	51.600 %	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
AdventHealth Polk North Inc	P	940,100	Cost
AdventHealth Polk North Inc	Q	102,742	Cost
AdventHealth Polk North Inc	R	175,498,409	Actual Amount Given
AdventHealth Polk South Inc	P	194,209	Cost
AdventHealth Polk South Inc	R	48,002,887	Actual Amount Given
AdventHealth Polk South Inc	Q	904,358	Cost
AdventHealth University Inc	A	3,233,895	FMV
AdventHealth University Inc	Q	21,036,284	Cost
AdventHealth University Inc	B	5,709,494	Actual Amount Given
AdventHealth West Florida Ambulatory Services Inc	R	374,218	Actual Amount Given
AdventHealth West Florida Imaging Inc	R	111,636	Actual Amount Given
Adventist Care Centers - Courtland Inc	B	1,150,670	Actual Amount Given
Adventist Health System Sunbelt Healthcare Corporation	A	940,199	FMV
Adventist Health System Sunbelt Healthcare Corporation	B	48,161,679	Actual Amount Given
Adventist Health System Sunbelt Healthcare Corporation	C	2,422,187	Actual Amount Received
Adventist Health System Sunbelt Healthcare Corporation	M	36,706,615	% of Facility's Operating Exp
Adventist Health System Sunbelt Healthcare Corporation - Shared Services	M	10,873,385	% of Facility's Operating Exp
Adventist Health System Sunbelt Healthcare Corporation dba AIT	M	143,373,429	% of Facility's Operating Exp
Adventist Health System Sunbelt Healthcare Corporation	P	323,951,242	Cost
Adventist Health System Sunbelt Healthcare Corporation - Insurance Alloc	P	20,905,068	Cost
Adventist Health System Sunbelt Healthcare Corporation dba AIT	P	854,275	Cost
Adventist Health System Sunbelt Healthcare Corporation	S	215,235,749	Actual Amount Received
AHS Central Texas Inc	A	115,431	FMV
Central Texas Healthcare Collaborative	B	857,584	Actual Amount Given
East Orlando Health & Rehab Center Inc	B	3,262,448	Actual Amount Given

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
FLNC Inc (Florida Living Nursing Center)	B	5,408,704	Actual Amount Given
Florida Hospital Dade City Inc	L	79,233	Cost Plus Appropriate %
Florida Hospital Dade City Inc	P	301,239	Cost
Florida Hospital Healthcare System Inc	Q	325,683	Cost
Florida Hospital Healthcare System Inc	R	36,846,520	Actual Amount Given
Florida Hospital Medical Group Inc	A	12,523,732	FMV
Florida Hospital Medical Group Inc	B	3,671,436	Actual Amount Given
Florida Hospital Medical Group Inc	K	648,283	FMV
Florida Hospital Medical Group Inc	L	3,671,342	Cost Plus Appropriate %
Florida Hospital Medical Group Inc	M	131,010,769	Cost Plus Appropriate %
Florida Hospital Medical Group Inc	P	26,209,715	Cost
Florida Hospital Medical Group Inc	Q	23,744,938	Cost
Florida Hospital Medical Group Inc	R	837,890	Actual Amount Given
Florida Hospital Ocala Inc	L	698,309	Cost Plus Appropriate %
Florida Hospital Physician Group Inc	R	105,276	Actual Amount Given
Florida Hospital Waterman Inc	L	663,158	Cost Plus Appropriate %
Florida Hospital Waterman Inc	Q	164,674	Cost
Florida Hospital Zephyrhills Inc	L	268,172	Cost Plus Appropriate %
Florida Hospital Zephyrhills Inc	S	346,274	Actual Amount Received
Florida Radiology Imaging at Lake Mary LLC	A	1,091,840	FMV
Florida Radiology Imaging at Lake Mary LLC	B	1,068,643	Actual Amount Given
Florida Radiology Imaging at Lake Mary LLC	P	609,255	Cost
Florida Radiology Imaging at Lake Mary LLC	Q	12,741,401	Cost
Hospice of the Comforter Inc	L	108,768	Cost Plus Appropriate %
Hospice of the Comforter Inc	P	59,281	Cost

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
Hospice of the Comforter Inc	Q	1,028,262	Cost
Memorial Health Systems Inc	B	548,981	Actual Amount Given
Memorial Health Systems Inc	L	673,654	Cost Plus Appropriate %
Memorial Health Systems Inc	M	63,015	Cost Plus Appropriate %
Memorial Health Systems Inc	P	557,216	Cost
Memorial Health Systems Inc	Q	340,045	Cost
Memorial Health Systems Inc	S	4,803,116	Actual Amount Received
Memorial Health Systems Inc	P	106,618	Cost
Memorial Hospital - Flagler Inc	L	422,432	Cost Plus Appropriate %
Memorial Hospital - Flagler Inc	Q	595,386	Cost
Memorial Hospital - West Volusia Inc	L	339,262	Cost Plus Appropriate %
Memorial Hospital - West Volusia Inc	Q	502,881	Cost
Pasco-Pinellas Hillsborough Community Health System Inc	L	264,850	Cost Plus Appropriate %
Pasco-Pinellas Hillsborough Community Health System Inc	P	227,654	Cost
Princeton Professional Services Inc	M	1,484,753	Cost Plus Appropriate %
Shawnee Mission Medical Center Inc	L	1,099,123	Cost Plus Appropriate %
Shawnee Mission Medical Center Inc	Q	3,949,950	Cost
Southeast Volusia Healthcare Corporation	L	373,931	Cost Plus Appropriate %
Southeast Volusia Healthcare Corporation	P	61,916	Cost
Southeast Volusia Healthcare Corporation	Q	275,109	Cost
Southwest Volusia Healthcare Corporation	L	590,759	Cost Plus Appropriate %
Southwest Volusia Healthcare Corporation	Q	222,125	Cost
Southwest Volusia Healthcare Corporation	S	1,150,042	Actual Amount Received
Specialty Physicians of Central Texas Inc	B	5,066,313	Actual Amount Given
Sunbelt Health & Rehab Center Apopka Inc	B	674,321	Actual Amount Given

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
SunSystem Development Corporation	B	5,271,111	Actual Amount Given
SunSystem Development Corporation	C	30,763,007	Actual Amount Received
SunSystem Development Corporation	L	316,159	Cost Plus Appropriate %
SunSystem Development Corporation	N	272,015	Cost Allocation
Tarpon Springs Hospital Foundation Inc	L	188,094	Cost Plus Appropriate %
University Community Hospital Inc	L	1,117,802	Cost Plus Appropriate %
University Community Hospital Inc	P	3,837,970	Cost
University Community Hospital Inc	Q	295,258	Cost
Florida Hospital Healthcare System Inc	A	32,200	FMV
Pasco-Pinellas Hillsborough Community Health System Inc	Q	136,704	Cost
Princeton Professional Services Inc	A	49,261	FMV
Tarpon Springs Hospital Foundation Inc	A	3,485	FMV
San Marcos MRI LP	A	42,807	FMV