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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Go to [www.irs.gov/Form990](http://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  
Florida Hospital Ocala Inc  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1500 SW 1st Ave  
  
City or town, state or province, country, and ZIP or foreign postal code  
Ocala, FL 34471

D Employer identification number  
82-4372339

E Telephone number  
(352) 351-7200

F Name and address of principal officer:  
Joe Johnson  
1500 SW 1st Ave  
Ocala, FL 34471

G Gross receipts \$ 300,721,947

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: ▶ <https://www.adventhealth.com/ocala>

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

L Year of formation: 2017

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:  
The provision of medical care to the community through the operation of a 425 bed hospital.

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) . . . . . 3 16

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 10

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 2,456

6 Total number of volunteers (estimate if necessary) . . . . . 6 698

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 1,104,206

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b 664,066

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 8 0

9 Program service revenue (Part VIII, line 2g) . . . . . 9 100,595,489

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 10 988,682

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 101,584,171

300,712,838

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 13 0

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

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 15 48,795,534

132,544,773

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

0

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 17 73,185,686

190,287,998

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 18 121,981,220

322,969,311

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 19 -20,397,049

-22,256,473

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 20 225,782,788

263,384,649

21 Total liabilities (Part X, line 26) . . . . . 21 170,612,168

130,536,332

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 22 55,170,620

132,848,317

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 Assistant Secretary  
Type or print name and title

2020-10-22  
Date

Paid Preparer Use Only

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

Preparer's signature  
Date

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

PTIN

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

Adventist Health System Sunbelt Healthcare Corporation and all its subsidiary organizations were established by the Seventh-Day Adventist Church to bring a ministry of healing and health to the communities served. Our mission is to extend the healing ministry of Christ. The 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 \$ 305,037,647 including grants of \$ 136,540 ) (Revenue \$ 298,072,913 )  
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 ▶ 305,037,647

**Part IV Checklist of Required Schedules**

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

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

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

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

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

**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
<b>1a</b>	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.	16	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	10	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	Yes
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

**Section C. Disclosure**

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

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
▶Fran Crunk 1500 SW 1st Ave Ocala, FL 34471 (321) 401-8498

## 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										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,351,206	7,888,747	833,487

**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 **▶ 67**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
Florida Hospital Physician Group Inc 12470 Telecom Drive Tampa, FL 33613	Physician Services	8,864,588
AMN Healthcare Inc 2735 Collections Center Drive Chicago, IL 60693	Medical Staffing Agency	7,488,230
Hospital Management Services of Florida 101 Paramount Drive Suite 320 Sarasota, FL 34232	Patient Financial Services	4,793,534
HHS Environmental Services LLC PO Box 734367 Dallas, TX 753734367	Environmental Services	4,079,233
Phillips HealthCare PO Box 100355 Atlanta, GA 303840355	Equipment Maintenance Services	3,378,229

**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 **▶ 76**

Form 990 (2019)

Part VIII

Statement of Revenue

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

9

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f . . . . . ▶						
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	622110	295,693,072	294,683,742	1,009,330	
	b	Cafeteria Revenue	622110	1,738,595	1,738,595		
	c	Medical Office Building Rentals	622110	1,324,685	1,324,685		
	d	Fitness Center Revenue	622110	147,117	147,117		
	e	Laundry Revenue	622110	94,876		94,876	
	f	All other program service revenue.		178,774	178,774		
	g Total. Add lines 2a-2f. . . . . ▶		299,177,119				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			879,619			879,619
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties . . . . . ▶						
		(i) Real	(ii) Personal				
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d Net rental income or (loss) . . . . . ▶						
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	440,564	224,645		
	b	Less: cost or other basis and sales expenses	7b	0	9,109		
	c	Gain or (loss)	7c	440,564	215,536		
	d Net gain or (loss) . . . . . ▶			656,100			656,100
	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							
b							
c							
d All other revenue . . . . .							
e Total. Add lines 11a-11d . . . . . ▶							
12 Total revenue. See instructions . . . . . ▶			300,712,838	298,072,913	1,104,206	1,535,719	

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	136,540	136,540		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,216,747		4,216,747	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	94,514,381	94,514,381		
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	3,152,233	3,067,542	84,691	
<b>9</b> Other employee benefits . . . . .	23,603,698	23,017,894	585,804	
<b>10</b> Payroll taxes . . . . .	7,057,714	6,868,094	189,620	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	121,772		121,772	
<b>c</b> Accounting . . . . .	64,287		64,287	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	141,870		141,870	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	67,594,108	60,650,391	6,943,717	
<b>12</b> Advertising and promotion . . . . .	1,031,679		1,031,679	
<b>13</b> Office expenses . . . . .	6,492,372	4,063,301	2,429,071	
<b>14</b> Information technology . . . . .	10,495,052	9,329,767	1,165,285	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	6,471,235	6,471,235		
<b>17</b> Travel . . . . .	180,356		180,356	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	357,102		357,102	
<b>20</b> Interest . . . . .	2,376,889	2,376,889		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	17,300,506	17,300,506		
<b>23</b> Insurance . . . . .	2,815,966	2,700,000	115,966	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> UBI Taxes	12,000		12,000	
<b>b</b> Medical Supplies	65,658,399	65,658,399		
<b>c</b> Repairs & Maintenance	5,628,373	5,628,373		
<b>d</b> State Tax Indigent Asse	3,108,510	3,108,510		
<b>e</b> All other expenses	437,522	145,825	291,697	
<b>25</b> Total functional expenses. Add lines 1 through 24e	322,969,311	305,037,647	17,931,664	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		4,600	<b>1</b>	3,900	
	<b>2</b>	Savings and temporary cash investments . . . . .		45,306,543	<b>2</b>	46,832,386	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		29,372,041	<b>4</b>	40,358,764	
	<b>5</b>	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 . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		11,712,378	<b>8</b>	9,617,338	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		2,405,096	<b>9</b>	3,195,955	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	177,630,434			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	22,316,365	133,158,310	<b>10c</b>	155,314,069
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		2,332,759	<b>12</b>	2,120,678	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .		53,439	<b>14</b>	217,310	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		1,437,622	<b>15</b>	5,724,249	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		225,782,788	<b>16</b>	263,384,649		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		21,676,612	<b>17</b>	19,471,351	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to 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 . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		148,935,556	<b>25</b>	111,064,981	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		170,612,168	<b>26</b>	130,536,332	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		55,170,620	<b>27</b>	132,848,317	
	<b>28</b>	Net assets with donor restrictions . . . . .			<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		55,170,620	<b>32</b>	132,848,317		
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		225,782,788	<b>33</b>	263,384,649		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	300,712,838
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	322,969,311
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-22,256,473
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	55,170,620
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,732,424
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	97,201,746
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	132,848,317

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 82-4372339

**Name:** Florida Hospital Ocala Inc

Form 990 (2019)

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

Operation of a 425-bed acute care hospital located in Marion County, FL. During the current year there were 16,983 patient admissions, 78,982 patient days, and 128,387 outpatient visits.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Schultz Michael ..... Director/Chairman/Regional CEO	9.20 ..... 40.80	X		X				0	1,857,887	50,309
Johnson Joel D ..... Dir/President/CEO	50.00 ..... 0.00	X		X				0	895,869	80,966
Hamilton MD Ted ..... Director	0.30 ..... 50.00	X						0	880,959	43,563
Crunk Frances ..... CFO	50.00 ..... 0.00			X				0	753,243	70,250
Didenko Vadym ..... Director/Treasurer	9.20 ..... 40.80	X						0	709,399	107,808
Copeland Darlinda ..... COO (End 5/19)	50.00 ..... 0.00				X			0	594,372	37,173
McGuinness Robin ..... Regional CNO/Former Key Employee	9.20 ..... 40.80						X	0	506,282	89,653
Biri Abel ..... Director	0.30 ..... 50.00	X						0	517,768	70,177
Torres Michael ..... CMO	50.00 ..... 0.00				X			0	508,254	69,799
Maggard Amanda ..... Director	0.30 ..... 50.00	X						0	438,020	84,732

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			
Burkhart James R ..... COO (Beg 6/19)	50.00 ..... 0.00				X			449,059	0	0
Unto Imelda ..... CNO	50.00 ..... 0.00				X			0	221,431	33,222
Moore Ronald ..... Structural Heart Manager	40.00 ..... 0.00					X		199,265	0	30,325
Harrison Kevin ..... Pharmacist	40.31 ..... 0.00					X		179,042	0	25,438
Cagle Richard ..... Pharmacist	40.00 ..... 0.00					X		165,197	0	32,819
Field Lawrence ..... Medical Dir/Physician Advisor	40.00 ..... 0.00					X		194,012	0	0
Price Patricia ..... AVP Clin & Pat Care Svcs	40.00 ..... 0.00					X		164,631	0	7,253
Werner Thomas L ..... Director	0.30 ..... 4.00	X						0	5,263	0
Bovell MD Don ..... Director (Beg 2/19)	0.30 ..... 0.00	X						0	0	0
Donelly Joseph ..... Director (Beg 2/19)	0.30 ..... 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ewers Ronald ..... Director	0.30 ..... 0.00	X						0	0	0
Gummadi MD Siva ..... Director	1.60 ..... 0.00	X						0	0	0
Oraedu MD Christian ..... Director (Beg 9/19)	1.60 ..... 0.00	X						0	0	0
Pool Corey ..... Director	0.30 ..... 0.00	X						0	0	0
Sterling MD Joan ..... Director (Beg 2/19)	0.30 ..... 0.00	X						0	0	0
Tobler-Rich Loretha ..... Director (Beg 2/19)	0.30 ..... 0.00	X						0	0	0
Vaghela MD Maheshkumar ..... Director (End 10/19)	0.30 ..... 0.00	X						0	0	0
Vermillion Lynette ..... Director	0.30 ..... 0.00	X						0	0	0

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

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**Name of the organization**  
Florida Hospital Ocala Inc

**Employer identification number**  
82-4372339

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

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

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

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 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: 82-4372339  
Name: Florida Hospital Ocala Inc

Part VI

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

Facts And Circumstances Test

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

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

OMB No. 1545-0047

**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 Florida Hospital Ocala Inc	<b>Employer identification number</b> 82-4372339
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities .....	▶ \$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....	▶ \$
<b>3</b>	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....	▶ \$
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		13,993
<b>j</b>	Total. Add lines 1c through 1i .....			13,993
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**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:	American Hospital Association Dues and Florida Hospital Association Dues

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Florida Hospital Ocala Inc

Employer identification number  
82-4372339

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

1a

Beginning of year balance . . . . .

b

Contributions . . . . .

c

Net investment earnings, gains, and losses

d

Grants or scholarships . . . . .

e

Other expenditures for facilities and programs . . . . .

f

Administrative expenses . . . . .

g

End of year balance . . . . .

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

Yes

No

3a(i)

3a(ii)

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		3,669,066		3,669,066
b Buildings . . . . .		108,852,203	5,666,246	103,185,957
c Leasehold improvements				
d Equipment . . . . .		53,001,687	16,626,373	36,375,314
e Other . . . . .		12,107,478	23,746	12,083,732
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				155,314,069

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(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.) ▶	111,064,981

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

☒

Schedule D (Form 990) 2019

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

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

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

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

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

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

**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:** 82-4372339  
**Name:** Florida Hospital Ocala Inc

**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 H  
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization  
Florida Hospital Ocala Inc

Employer identification number  
82-4372339

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

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 . . . . .	Yes	
1b	If "Yes," was it a written policy? . . . . .	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 <i>free</i> 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 <i>discounted</i> 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. 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"? . . . . . 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . . b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . . 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? . . . . . 6a Did the organization prepare a community benefit report during the tax year? . . . . . b If "Yes," did the organization make it available to the public? . . . . . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	Yes	No
1a		Yes	
1b		Yes	
3a		Yes	
3b			No
4		Yes	
5a		Yes	
5b			No
5c			
6a		Yes	
6b			No

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) . . . . .			10,476,854		10,476,854	3.240 %
b Medicaid (from Worksheet 3, column a) . . . . .			46,697,281	23,083,701	23,613,580	7.310 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			57,174,135	23,083,701	34,090,434	10.550 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5) . . . . .			519,076		519,076	0.160 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			234,298		234,298	0.070 %
j Total. Other Benefits . . . . .			753,374		753,374	0.230 %
k Total. Add lines 7d and 7j . . . . .			57,927,509	23,083,701	34,843,808	10.780 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other			1,795		1,795	0 %
<b>10 Total</b>			1,795		1,795	0 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>	34,149,873	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	<b>3</b>	723,843	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	97,448,290	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	98,784,034	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-1,335,744	
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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

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

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

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

**2**

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

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

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:			
<b>13</b>	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:	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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):	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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

Group A

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

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

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
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
<b>1</b> 1 - Medical Imaging Center 1490 SW Magnolia Extension Ocala, FL 34471	Outpatient Imaging
<b>2</b> 2 - Timber Ridge Imaging Center 9521 SW State Rd 200 Ocala, FL 34481	Outpatient Imaging
<b>3</b> 3 - Surgery Center of Ocala 3241 SW 34th St Ocala, FL 34474	Outpatient Surgery
<b>4</b> 4 - Munroe Regional Homecare 2201 SE 30th Ave Suite 301 Ocala, FL 34471	Home Health Services
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part II, Community Building Activities:	The filing organization is involved with and supportive of various other organizations in its community that work collaboratively to help those in need and to improve the health and safety of the residents of the community. The filing organization supports and participates with a number of other community organizations to address the healthcare needs of the community.
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. 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>
Part III, Line 4:	<p>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 and 9. Please note that dollar amounts on the attached consolidated audited financial statements are in thousands.</p>

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. Supplemental Schedule to Schedule H, Part III, Section B Ln 8 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: \$ (1,335,744)- Difference in costing methodology: (6,126,832)- Unreimbursed costs incurred for services provided to Medicare patients that are not included in the organization's Medicare cost report: (23,963,575) -----Total Unreimbursed costs of serving all Medicare patients per the filing organization's community benefit reporting: \$(31,426,151) 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>
Part III, Line 9b:	<p>The hospital filing organization's collection practices are in conformity with the requirements set forth in the 2014 Final Regulations regarding the requirements of Internal Revenue Code Section 501(r)(4) - (r)(6). No extraordinary collection actions (ECA's) are initiated by the hospital filing organization in the 120-day period following the date after the first post-discharge billing statement is sent to the individual (or, if later, the specified deadline given in a written notice of actions that may be taken, as described below). Individuals are provided with at least one written notice (notice of actions that may be taken) and a copy of the filing organization's Plain Language Summary of the Financial Assistance Policy that informs the individual that the hospital filing organization may take actions to report adverse information to credit reporting agencies/bureaus if the individual does not submit a Financial Assistance Application Form (FAA Form) or pay the amount due by a specified deadline. The specified deadline is not earlier than 120 days after the first post-discharge billing statement is sent to the individual and is at least 30 days after the notice is provided. A reasonable attempt is also made to orally notify an individual about the filing organization's Financial Assistance Policy and how the individual may obtain assistance with the Financial Assistance application process. If an individual submits an incomplete FAA Form during the 240-day period following the date on which the first post-discharge billing statement was sent to the individual, the hospital filing organization suspends any reporting to consumer credit reporting agencies/bureaus (or ceases any other ECA's) and provides a written notice to the individual describing what additional information or documentation is needed to complete the FAA Form. This written notice contains contact information including the telephone number and physical location of the hospital facility's office or department that can provide information about the Financial Assistance Policy, as well as contact information of the hospital facility's office or department that can provide assistance with the financial assistance application process or, alternatively, a nonprofit organization or governmental agency that can provide assistance with the financial assistance application process if the hospital facility is unable to do so. If an individual submits a complete FAA Form within a reasonable time-period as set forth in the notice described above, the hospital filing organization will suspend any adverse reporting to consumer credit reporting agencies/bureaus until a financial assistance policy eligibility determination can be made.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2:	<p>The Hospital conducts a community health needs assessment (CHNA) every three years. Its 2019 CHNA was adopted by its governing board by December 31, 2019, the end of the Hospital's taxable year in which it conducted the CHNA. The Hospital's 2019 CHNA complied with the guidance set forth by the IRS in Final Regulation Section 1.501(r)-3. In addition to the CHNA discussed above, a variety of practices and processes are in place to ensure that the filing organization is responsive to the health needs of its community. Such practices and processes involve the following: 1. A hospital operating/community board composed of individuals broadly representative of the community, community leaders, and those with specialized medical training and expertise; 2. Post-discharge patient follow-up related to the on-going care and treatment of patients who suffer from chronic diseases; 3. Sponsorship and participation in community health and wellness activities that reach a broad spectrum of the filing organization's community; and 4. Collaboration with other local community groups to address the health care needs of the filing organization's community.</p>
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 facility 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 facility's financial counselors are prominently and conspicuously posted on the filing organization's hospital facility's website. The website indicates that a copy of the FAP, FAA Form, and PLS is available and how to obtain such copies in the primary languages of any populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 5% of the members of the community served by the hospital facility (referred to below as LEP defined populations). Signage is displayed in public locations of the filing organization's hospital facility, including at all points of admission and registration and the Emergency Department. The signage contains the hospital facility's website address where the FAP, FAA Form, and PLS can be accessed and the telephone number and physical location that individuals can call or visit to obtain copies of the FAP, FAA Form and PLS or to obtain more information about the hospital facility's FAP, FAA Form and PLS. Paper copies of the hospital facility's FAP, FAA Form and PLS are available upon request and without charge, both in public locations in the hospital facility and by mail. Paper copies are made available in English and in the primary languages of any LEP defined populations. The filing organization's hospital facility's financial counselors seek to provide personal financial counseling to all individuals admitted to the hospital facility who are classified as self-pay during the course of their hospital stay or at time of discharge to explain the FAP and FAA Form and to provide information concerning other sources of assistance that may be available, such as Medicaid. A paper copy of the hospital facility's PLS will be offered to every patient as a part of the intake or discharge process. A conspicuous written notice is included on all billing statements sent to patients that notifies and informs recipients about the availability of financial assistance under the filing organization's financial assistance policy, including the following: 1) the telephone number of the hospital facility's office or department that can provide information about the FAP and the FAA Form; and 2) the website address where copies of the FAP, FAA Form and PLS may be obtained. Reasonable attempts are made to inform individuals about the hospital facility's FAP in all oral communications regarding the amount due for the individual's care. Copies of the PLS are distributed to members of the community in a manner reasonably calculated to reach those members of the community who are most likely to require financial assistance.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	<p>Florida Hospital Ocala, Inc. d/b/a AdventHealth Ocala (AHO or the Hospital) is a 425-bed, full-service acute-care facility that provides healthcare services to residents in Marion County, Florida and the surrounding areas. The main Hospital campus is 640,000 square feet and sits on 15-acres. Within the Hospital network there are two 24/7 ER facilities, one onsite and another offsite, to better meet the needs of Marion County. The onsite ER has both an adult and children's emergency department that has over 50 combined beds with the ability to treat many conditions and injuries. The offsite ER, AdventHealth Timber Ridge ER, is a 24-hour full-service emergency department with 16 private rooms and was the first offsite ER in the state of Florida. The Hospital offers many inpatient services including, labor and delivery through The Baby Place, an Orthopedic unit, a comprehensive cardiovascular surgery unit, and a wound care center. The demographic makeup of the Hospital's community is as follows: - Population 310,852 - Population Over 65 27.54% - Poverty (Below 100% FPL) 17.50% - Unemployment Rate 7.30% - Violent Crime Rate (Per 100,000 Pop.) 441.5 - Pop. Age 25+ with No High School Diploma 13.00% - Uninsured Adults 19.44% - Uninsured Children 6.40% - Food Insecurity Rate 16.80% - Pop. with Low Food Access 31.94% During 2019, the Hospital's patient percentage population was made up of the below payors with the remaining percentage of the patients being covered under commercial insurance. In 2019, about 64.8% of the Hospital's in-patients were admitted through the Hospital's Emergency Department. - Medicare Patients 58.3% - Medicaid Patients 13.8% - Self-Pay Patients 6.6%</p>
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 Hospital is a function of "extending the healing ministry of Christ and embodies the Hospital's commitment to its values and principles. The Hospital 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 Hospital 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 Hospital provided \$375,296 of benefit with respect to the faith-based and spiritual needs of the community in conjunction with its operation of a community hospital. The Hospital also provides benefits to its community's infrastructure by investing in capital improvements to ensure that facilities and technology provide the best possible care to the community. During the current year, the Hospital expended \$39,460,563 in new capital improvements. As a faith-based mission-driven community hospital, the Hospital is continually involved in monitoring its community, 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 Hospital are continually being invested in resources that improve the availability and quality of delivery of health care services and programs to its community.</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 <a href="http://www.adventhealth.com">www.adventhealth.com</a> to learn more about the mission and operations of AdventHealth.</p>
Part VI, Line 7	The filing organization does not file an annual community benefit report with any state agencies.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 82-4372339  
**Name:** Florida Hospital Ocala Inc

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	AdventHealth Ocala 1500 SW 1st Ave Ocala, FL 34471 <a href="https://www.adventhealth.com/hospital/4414">https://www.adventhealth.com/hospital/4414</a>	X	X					X			A
2	AdventHealth TimberRidge ER 9521 Southwest Highway 200 Ocala, FL 34481 <a href="https://www.adventhealth.com/hospital/4414">https://www.adventhealth.com/hospital/4414</a>	X						X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A
Facility Reporting Group A consists of:	- Facility 1: AdventHealth Ocala, - Facility 2: AdventHealth TimberRidge ER

**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
Group A Part V, Section B, line 2:	<p>The filing organization was created in December of 2017 with the intent that it would acquire the assets associated with a hospital operated in Ocala, Florida. The filing organization was inactive until August 1, 2018 when it acquired substantially all the assets of the Seller which were directly or indirectly related to, necessary for, or used in connection with the operation of an acute care hospital located in Ocala, Florida. The purchase price for the assets was \$130,000,000 with an adjustment for net working capital and capitalized leases as of the effective date of purchase. The total purchase price was \$147,000,739.</p>
Group A Part V, Section B, line 5:	<p>In order to ensure broad community input, AdventHealth Ocala (AHO or the Hospital) created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through its 2019 Community Health Needs Assessment process. The CHNAC included representation from the Hospital, public health experts, and the broad community. This included intentional representation from low-income, minority and other underserved populations. The CHNAC met three times in 2018-2019 to review primary and secondary data, help define the priority issues to be addressed by the Hospital and help develop the Community Health Plan to address the priority issues. In addition to representation from the Hospital, the listing below reflects all of the organizations/community areas represented on the Hospital's CHNAC: - Marion County Literacy Council- Marion County United Way- Interfaith Emergency Services- Heart of Florida Health Center- City of Ocala- Florida Department of Health in Marion County; and- Marion County Hospital District AdventHealth Ocala collected both primary and secondary data for the purpose of the Community Health Needs Assessment process. In addition to the input received from the individuals/organizations serving on the CHNAC, primary data was collected to better understand feedback from community members related to barriers to accessing care, challenges to accessing care for children's health, health behaviors and other social determinants of health. The primary data included a joint community survey implemented in partnership with the Florida Department of Health in Marion County as well as stakeholder interviews. The community surveys were completed online and in person by participants in community settings such as local clinics, community events, department of motor vehicle locations and other community locations throughout the county. A total of 935 Marion County residents completed the Community Health Needs Assessment survey, over 18% of which were minorities. Secondary data sources included internal Hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to AdventHealth Ocala over the past year. In addition, publicly available data from state and nationally recognized data sources were utilized.</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
Group A Part V, Section B, line 7d:	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment. Under this policy, the Community Health Needs Assessment Reports must be posted on the Hospital's website at least until the date the Hospital facility has made widely available on its website its two subsequent Community Health Needs Assessment Reports. The Hospital will also make a paper copy of its Community Health Needs Assessment Report available for public inspection upon request and without charge, at least until the date the Hospital facility has made available for public inspection its two subsequent Community Health Needs Assessment Reports.
Schedule H, Part V, Section B, Line 7a:	The CHNA report can be found at URL: <a href="https://www.adventhealth.com/community-health-needs-assessments">https://www.adventhealth.com/community-health-needs-assessments</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
Schedule H, Part V, Section B, Line 8 - 10a:	The filing organization adopted its first Community Health Needs Assessment Report by 12/31/2019 and was in the process of developing its Community Health Needs Implementation Strategy at that time. The filing organization's 2020-2022 Community Health Needs Implementation Strategy will be documented in a written report called the "Community Health Plan". The Community Health Plan (CHP) will describe how the filing organization plans to meet its identified prioritized health needs or identify the health need as one the filing organization does not intend to specifically address and provide an explanation as to why the filing organization does not intend to address that health need. The filing organization's 2020-2022 CHP was adopted by May 15, 2020 and is posted on the Hospital facility's website. As the Hospital facility's 2020-2022 Community Health Needs Implementation Strategy was not adopted by the end of the Hospital organization's taxable year of December 31, 2019, Schedule H, Part V, Section B, line 8 indicates that an implementation strategy was not yet adopted to meet the significant health needs identified in its 2019 Community Health Needs Assessment.
Schedule H, Part V, Section B, Line 16a, b, c:	The Financial Assistance Policy can be found at URL: <a href="https://www.adventhealth.com/legal/financial-assistance">https://www.adventhealth.com/legal/financial-assistance</a> The Financial Assistance Policy application can be found at: <a href="https://www.adventhealth.com/legal/financial-assistance">https://www.adventhealth.com/legal/financial-assistance</a> The plain language summary is available at: <a href="https://www.adventhealth.com/legal/financial-assistance">https://www.adventhealth.com/legal/financial-assistance</a>

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](http://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  
Florida Hospital Ocala Inc

Employer identification number

82-4372339

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 . . . . . ▶ 3

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

**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: 82-4372339  
Name: Florida Hospital Ocala Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association Inc PO Box 4002900 Des Moines, IA 50340	13-5613797	501(c)(3)	25,000				General Support
Public Education Foundation of Marion County Inc 1239 NW 4th St Ocala, FL 33475	59-2949915	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
Grandview Invitational Inc 10020 SW 125th Court Rd Dunnellon, FL 33432	82-4444805	N/A	35,000				General Support
College of Central Florida Foundation Inc 3001 SW College Rd Ocala, FL 33474	59-6139037	501(c)(3)	65,000				General Support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		
▶ Attach to Form 990.		
▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		
Department of the Treasury Internal Revenue Service	Name of the organization Florida Hospital Ocala Inc	Employer identification number 82-4372339

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

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

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

[illegible]

Part 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 Regional CEO, CFO and CNO of AdventHealth's West Florida Region are listed in Part VII for the filing organization. These individuals are considered common law employees of and are on the payroll of AHSSHC. While the special travel allowance benefit is an AHSSHC compensation policy and practice, the cost of providing this benefit is allocated to and reimbursed in part by the filing organization. Accordingly, the filing organization has checked the box in Schedule J, Part I, line 1a for first-class or charter travel since it has partially paid for the cost of providing this benefit. Those executives who receive the special travel allowance are responsible for tracking the expenses reimbursable under the special travel allowance and must submit such expenses on their accountable plan expense report. Any taxable reimbursements made to executives under the special travel allowance arrangement are treated as taxable compensation to the executive. Travel for companions: AHSSHC has a Corporate Executive Policy that provides a benefit to allow for a traveling AHSSHC executive to have his or her spouse accompany the executive on certain business trips each year. Typically, reimbursement is only provided to certain executive leaders and is usually limited to one business trip per year beyond the annual AdventHealth President's Council business meeting and other meetings where the spouse is specifically invited. The AHSSHC Corporate Executive Spousal Travel Policy was originally approved and reviewed by the AHSSHC Board Compensation Committee, an independent body of the AHSSHC Board of Directors. All spousal travel costs reimbursed to the executive are considered taxable compensation to the executive. Tax Indemnification and gross-up payments: AdventHealth has a system-wide policy addressing gross-up payments provided in connection with employer-provided benefits/other taxable items. Under the policy, certain taxable business-related reimbursements (i.e. taxable business-related moving expenses, taxable items provided in connection with employment) provided to any employee may be grossed-up at a 25% rate upon approval by the filing organization's CEO and CFO. Additionally, employees at the Director level and above are eligible for gross-up payments on gifts received for board of director services. Discretionary spending account: Nominal discretionary spending amounts are periodically provided to eligible executives who attend annual business meetings such as the AdventHealth CFO Conference or the CMO/CNO business meeting (\$300 or less per executive). Payments provided to each executive are considered taxable compensation to the executive. Housing allowance or residence for personal use: AHSSHC has a Corporate Executive Policy that addresses assistance to executives who have been relocated by the company during the year. Relocation assistance provided to executives may include relocation allowances to assist with duplicate housing expenses. Relocation assistance is administered per AHSSHC policy by an external relocation company. Any taxable reimbursements made to executives in connection with relocation assistance are treated as wages to the executive and are subject to all payroll withholding and reporting requirements. Health or social club dues or initiation fees: AHSSHC has a Corporate Executive Policy that addresses business development expenditures. Under this policy, certain AdventHealth eligible executives may be reimbursed for member dues and usage charges for a country club or other social club upon authorization. Club memberships must be recommended by the CEO of the AdventHealth hospital organization and approved by the Chairman of the Board of Directors of the organization. In addition, the proposed membership must be approved annually by the AHSSHC Board Compensation Committee, an independent committee of the Board of Directors of AHSSHC. Eligible executives are limited to certain senior level executives (hospital organization CEOs, the CEO of the nursing home region of AdventHealth, senior vice presidents at three large hospital organizations, regional CEOs and CFOs and the president and senior vice presidents of AHSSHC). 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. The Regional CEO of AdventHealth's West Florida Region is a current year Director and Officer of the filing organization and is listed on Part VII. This individual was reimbursed for club fees during 2019. While the club dues membership is an AHSSHC compensation policy and practice, the cost of providing this benefit is allocated to and partially 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 partially 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, Darlinda Copeland received severance payments in the amount of \$185,000. 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./ Distributions* Contrib. Distributions* Payment ----- Schultz, Michael \$169,331 \$150,331 \$275,464 \$ 0 Johnson, Joel D. \$ 48,976 \$ 23,688 \$302,346 \$ 0 Hamilton, Ted \$ 77,826 \$ 77,826 \$ 97,765 \$ 0 Crunk, Frances \$ 32,263 \$ 26,786 \$114,713 \$ 0 Didenko, Vadym \$ 70,126 \$ 56,302 \$ 0 \$ 0 Copeland, Darlinda \$ 20,893 \$ 73,227 \$ 0 \$ 0 McGuinness, Robin \$ 51,397 \$ 29,014 \$ 0 \$ 0 Biri, Abel \$ 40,153 \$ 19,926 \$ 0 \$ 0 Torres, Michael \$ 48,534 \$ 29,378 \$ 0 \$ 0 Maggard, Amanda \$ 31,786 \$ 6,431 \$ 0 \$ 0 * Including Investment Earnings</p>

Additional Data

Software ID:  
Software Version:  
EIN: 82-4372339  
Name: Florida Hospital Ocala Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Schultz Michael Director/Chairman/Regional CEO	(i)	0	0	0	0	0	0	0
	(ii)	898,069	339,520	620,298	15,087	35,222	1,908,196	0
1Johnson Joel D Dir/President/CEO	(i)	0	0	0	0	0	0	0
	(ii)	420,002	109,324	366,543	45,063	35,903	976,835	23,449
2Hamilton MD Ted Director	(i)	0	0	0	0	0	0	0
	(ii)	492,025	141,981	246,953	15,087	28,476	924,522	0
3Crunk Frances CFO	(i)	0	0	0	0	0	0	0
	(ii)	310,001	70,447	372,795	47,350	22,900	823,493	26,002
4Didenko Vadym Director/Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	504,495	114,100	90,804	66,213	41,595	817,207	51,481
5Copeland Darlinda COO (End 5/19)	(i)	0	0	0	0	0	0	0
	(ii)	185,000	84,814	324,558	16,980	20,193	631,545	69,344
6McGuinness Robin Regional CNO/Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	386,439	75,290	44,553	66,484	23,169	595,935	28,554
7Biri Abel Director	(i)	0	0	0	0	0	0	0
	(ii)	384,752	83,053	49,963	36,240	33,937	587,945	19,468
8Torres Michael CMO	(i)	0	0	0	0	0	0	0
	(ii)	374,999	69,691	63,564	44,621	25,178	578,053	28,782
9Maggard Amanda Director	(i)	0	0	0	0	0	0	0
	(ii)	351,328	75,460	11,232	46,873	37,859	522,752	6,446
10Burkhart James R COO (Beg 6/19)	(i)	0	0	449,059	0	0	449,059	0
	(ii)	0	0	0	0	0	0	0
11Unto Imelda CNO	(i)	0	0	0	0	0	0	0
	(ii)	195,000	22,742	3,689	11,289	21,933	254,653	0
12Moore Ronald Structural Heart Manager	(i)	142,525	5,973	50,767	10,201	20,124	229,590	0
	(ii)	0	0	0	0	0	0	0
13Harrison Kevin Pharmacist	(i)	135,528	0	43,514	9,022	16,416	204,480	0
	(ii)	0	0	0	0	0	0	0
14Cagle Richard Pharmacist	(i)	134,812	0	30,385	8,374	24,445	198,016	0
	(ii)	0	0	0	0	0	0	0
15Field Lawrence Medical Dir/Physician Advisor	(i)	191,178	0	2,834	0	0	194,012	0
	(ii)	0	0	0	0	0	0	0
16Price Patricia AVP Clin & Pat Care Svcs	(i)	154,020	5,000	5,611	7,075	178	171,884	0
	(ii)	0	0	0	0	0	0	0

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Florida Hospital Ocala Inc

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

82-4372339

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Part V, Line 1a	The parent corporation and sole top-tier member of the filing organization is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). AHSSHC has established a shared service center to centralize the Accounts Payable (A/P) function for all AHSSHC subsidiary organizations. The filing organization has entered "0" in Part V, Line 1a because the filing organization's returns are filed by and under the name and EIN of AHSSHC as the payor subject to the information reporting requirements of Section 6041. The facts and circumstances support a position that AHSSHC, as a payor on behalf of its subsidiary organizations in a shared service environment, will have sufficient management and oversight in connection with the subsidiary organizations' payments to meet the standard set forth in Treas. Reg. Section 1.6041-1(e). AHSSHC will not merely be making payments at the direction of its subsidiary organizations. Accordingly, AHSSHC is considered the payor subject to the information reporting requirements of Section 6041.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Florida Hospital Ocala, Inc. (FHO) has one member. The sole member of FHO 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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The sole member of FHO is AHSSHC. The Board of Directors of FHO 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**

<b>Return Reference</b>	<b>Explanation</b>
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 adopt, amend, restate, and repeal the Articles of Incorporation or Bylaws of the filing organization, and the Medical Staff Bylaws; 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; g) to establish general guiding policies, to implement quality assessment, improvement and utilization review programs; and h) to approve the appointment of an auditing firm and election of the fiscal year for the filing organization.</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 Board Chairman, Board Finance Committee Chair, CEO and by the CFO prior to its filing with the IRS. The review conducted by the Board Chairman, Board Finance Committee Chair, CEO and the CFO did not include the review of any supporting workpapers that were used in preparation of the current year Form 990, but did include a review of the entire Form 990 and all supporting schedules.

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, line 11g	<p>Payments to Healthcare Professionals: Program service expenses 34,646,606. Management and general expenses 0. Fundraising expenses 0. Total expenses 34,646,606. Professional Fees: Program service expenses 3,347,508. Management and general expenses 0. Fundraising expense s 0. Total expenses 3,347,508. Purchased Medical Services: Program service expenses 2,181,899. Management and general expenses 0. Fundraising expenses 0. Total expenses 2,181,899. Environmental Services: Program service expenses 1,238,104. Management and general expense s 0. Fundraising expenses 0. Total expenses 1,238,104. Transcription Services: Program ser vice expenses 27,155. Management and general expenses 0. Fundraising expenses 0. Total exp enses 27,155. Recruiting: Program service expenses 203,750. Management and general expense s 0. Fundraising expenses 0. Total expenses 203,750. Food Service Contracts: Program servi ce expenses 1,134. Management and general expenses 0. Fundraising expenses 0. Total expens es 1,134. Miscellaneous Purchased Services: Program service expenses 19,004,235. Managemen t and general expenses 0. Fundraising expenses 0. Total expenses 19,004,235. AdventHealth Management Fees: Program service expenses 0. Management and general expenses 3,476,372. Fu ndraising expenses 0. Total expenses 3,476,372. Billing &amp; Collection Services: Program ser vice expenses 0. Management and general expenses 844,610. Fundraising expenses 0. Total ex penses 844,610. AdventHealth Shared Service Fee: Program service expenses 0. Management an d general expenses 2,622,735. Fundraising expenses 0. Total expenses 2,622,735.</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:	Allocation to Tax-Exempt Parent with Respect to Debt -178,537. Transfer to Top-Tier Tax-Ex empt Parent -573,548. Net Transfer from Related Tax-Exempt Affiliates 97,961,683. ASC 842 Lease Accounting Adjustments -7,850. Rounding -2.

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As Filed Data -

DLN: 93493307022350

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Florida Hospital Ocala Inc

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

82-4372339

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

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

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

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

No

1r

Yes

1s

Yes

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

See Additional Data Table

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

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: 82-4372339  
Name: Florida Hospital Ocala 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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
718 Goodwin Lane Leitchfield, KY 42754 51-0605678	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
605 Montgomery Road Altamonte Springs, FL 32714 27-1857940	Lease to Related Organization	FL	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
60 Memorial Medical Parkway Palm Coast, FL 32164 59-2486582	Volunteer support services	FL	501(c)(3)	Line 12c, III-FI	N/A		No
485 North Keller Road 250 Maitland, FL 32751 47-2219363	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
9700 West 62nd Street Merriam, KS 66203 20-5774890	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
3100 E Fletcher Ave Tampa, FL 33613 59-2554889	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 12a, I	N/A		No
3100 E Fletcher Ave Tampa, FL 33613 59-1113901	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
13601 Bruce B Downs Blvd Ste 110 Tampa, FL 33613 59-3686109	Home Health Services	GA	501(c)(3)	Line 10	West Florida Health Inc	Yes	
500 Beck Lane Mayfield, KY 42066 51-0605676	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
38250 A Avenue Zephyrhills, FL 33542 20-5774930	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
7350 Dairy Road Zephyrhills, FL 33540 20-5774967	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	



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

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

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

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
Adventist Health System Sunbelt Healthcare Corporation	M	2,653,687	% of Facility's Oper. Exp.
Adventist Health System Sunbelt Healthcare Corporation dba AIT	M	10,628,213	% of Facility's Oper. Exp.
Adventist Health System Sunbelt Healthcare Corporation - Shared Services	M	2,622,735	% of Facility's Oper. Exp.
Adventist Health System Sunbelt Healthcare Corporation	P	10,986,660	Cost
Adventist Health System Sunbelt Healthcare Corporation	R	573,548	Actual Amount Given
Adventist Health SystemSunbelt Inc dba AdventHealth Orlando	M	995,280	Cost
Florida Hospital Medical Group Inc	M	1,284,576	Cost
Florida Hospital Physician Group Inc	M	8,864,588	Cost
Florida Hospital Physician Group Inc	P	11,218,428	Cost
Pasco-Pinellas Hillsborough Community Health System Inc	S	30,000,000	Actual Amount Received
University Community Hospital Inc	P	9,992,498	Cost
University Community Hospital Inc	S	51,068,634	Actual Amount Received