

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

<b>A</b> For the <b>2022</b> calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization  <b>ADVENTIST HEALTH SYSTEM GEORGIA, INC.</b>		<b>D</b> Employer identification number  <b>58-1425000</b>
	Doing business as		<b>E</b> Telephone number  <b>(706) 602-7800</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1035 RED BUD ROAD NE</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>CALHOUN, GA 30701</b>		
	<b>F</b> Name and address of principal officer: <b>CHRIS SELF</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>234,087,280.</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: <b>WWW.ADVENTHEALTH.COM</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>H(c)</b> Group exemption number <b>1071</b>	
<b>L</b> Year of formation: <b>1981</b>		<b>M</b> State of legal domicile: <b>GA</b>	

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE PROVISION OF MEDICAL CARE TO THE COMMUNITY THROUGH THE OPERATION OF TWO HOSPITALS.</b>		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>3870</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>29</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>90,862.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,755,822.</b>	<b>Current Year</b> <b>1,019,610.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>242,731,698.</b>	<b>229,903,445.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,559,312.</b>	<b>1,287,828.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>253,046,832.</b>	<b>232,210,883.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>333,007.</b>	<b>121,452.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>118,880,708.</b>	<b>123,197,436.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>109,528,852.</b>	<b>110,793,325.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>228,742,567.</b>	<b>234,112,213.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>24,304,265.</b>	<b>-1,901,330.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>259,712,267.</b>	<b>End of Year</b> <b>237,705,001.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>67,998,644.</b>	<b>64,558,671.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>191,713,623.</b>	<b>173,146,330.</b>

<b>Part II Signature Block</b>					
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.					
<b>Sign Here</b>	Signature of officer				Date
	<b>LYNN C. ADDISCOTT, ASSISTANT SECRETARY</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed
	Firm's name		Firm's EIN		PTIN
	Firm's address		Phone no.		

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20

**2022**

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**ADVENTIST HEALTH SYSTEM GEORGIA, INC.**

EIN or SSN

**58-1425000**

Name and title of officer or person subject to tax

**LYNN C. ADDISCOTT  
ASSISTANT SECRETARY****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	232,210,883.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **ADVENTIST HEALTH SYSTEM** to enter my PIN **65395**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **11/10/23****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**59583665395**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

**11/10/23****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****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.

**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 \$ 212,108,266. including grants of \$ 121,452. ) (Revenue \$ 229,812,583. )  
OPERATION OF ADVENTHEALTH GORDON, A 69-BED ACUTE CARE HOSPITAL WITH  
3,972 PATIENT ADMISSIONS, 20,899 PATIENT DAYS, AND 96,927 OUTPATIENT  
VISITS; OF ADVENTHEALTH MURRAY, A 42-BED ACUTE CARE HOSPITAL WITH 781  
PATIENT ADMISSIONS, 3,258 PATIENT DAYS, AND 43,742 OUTPATIENT VISITS;  
AND OF A MEDICAL GROUP WITH 328,085 PHYSICIAN/PATIENT ENCOUNTERS/VISITS  
DURING THE CURRENT YEAR.

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

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

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 212,108,266.

**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)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<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? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>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? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<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? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<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? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<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? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b> X	
<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> X	
<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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

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

Note: All Form 990 filers are required to complete Schedule O

**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

X

	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 on 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>	X

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	3870
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

	1a	1b	12	5	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year			12			
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 on Schedule O.						
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent				5		
<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	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
<b>6</b> Did the organization have members or stockholders?					6	X
<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	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
<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	X
<b>b</b> Each committee with authority to act on behalf of the governing body?					8b	X
<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 on Schedule O					9	X

**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	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	X
<b>b</b> Describe on 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	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on 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	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)

**19** Describe on 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  
**STEVE GOTSHALL - (706) 602-7800**  
**1035 RED BUD ROAD NE, CALHOUN, GA 30701**



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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) LEE, HAK PHYSICIAN	44.76 0.00					X		1,185,422.	0.	45,853.
(2) BOX, MD, J. BRENT DIRECTOR	0.15 50.00	X						0.	984,026.	147,381.
(3) LAND, ADAM PHYSICIAN	42.12 0.00					X		1,040,788.	0.	49,506.
(4) MURRILL, MICHAEL REGIONAL CEO/DIR/CHAIRMAN	7.50 42.50	X						0.	898,843.	187,713.
(5) KING, STEPHEN PHYSICIAN	40.14 0.00					X		888,331.	0.	44,348.
(6) MODY, MAYUR PHYSICIAN	41.33 0.00					X		744,782.	0.	41,544.
(7) AHN, DANIEL PHYSICIAN	40.17 0.00					X		710,970.	0.	49,398.
(8) SELF, CHRISTOPHER CEO/DIRECTOR	50.00 0.00	X		X				0.	629,703.	102,504.
(9) GUYTON, ALAN VP/REGIONAL CFO	13.35 36.65	X						0.	560,777.	131,096.
(10) KEIZER, MD, LAVERNE DIRECTOR	57.63 0.00	X						634,296.	0.	35,133.
(11) NUDD, BRANDON FORMER COO	0.00 50.00						X	0.	511,074.	126,438.
(12) JOYAVE, MD, JOSEPH CO-CMO	50.00 0.00				X			0.	529,466.	77,395.
(13) YAMAMOTO, MD, CHRISTOPHER DIRECTOR/CHIEF OF STAFF	40.80 0.00	X						447,286.	0.	40,529.
(14) JORDON, AMELIA FORMER CNO	13.35 36.65						X	0.	394,768.	91,493.
(15) REEVES, CORY FORMER CFO	0.00 0.00						X	0.	410,666.	39,111.
(16) GOTSHALL, STEPHEN CFO (BEGAN 04/2022)	50.00 0.00			X				0.	342,892.	51,795.
(17) STEELY, KAREN FORMER COO	0.00 50.00						X	0.	321,302.	55,825.



**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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) BELL, KAREN CNO	50.00 0.00				X			0.	321,664.	50,788.
(19) PARROTT, MD, MAX CO-CMO	50.00 0.00				X			293,680.	0.	44,006.
(20) WEBER, PETER FORMER CEO	0.00 50.00						X	0.	300,059.	6,068.
(21) LIVESAY, DONALD DIRECTOR	0.15 0.00	X						1,000.	12,625.	0.
(22) RUSTAD, GARY DIRECTOR	0.15 0.00	X						500.	6,413.	0.
(23) FEHLENBERG, STEVEN DIRECTOR	0.15 0.00	X						1,000.	0.	0.
(24) LANCE, DAVID DIRECTOR	0.15 0.00	X						1,000.	0.	0.
(25) PITTMAN, BRITTANY DIRECTOR	0.15 0.00	X						750.	0.	0.
(26) BROWN, JEFF DIRECTOR	0.15 0.00	X						500.	0.	0.
<b>1b Subtotal</b>								5,950,305.	6,224,278.	141,792.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,950,305.	6,224,278.	141,792.

**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

408

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

**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
PT SOLUTIONS HOLDINGS, LLC P.O. BOX 724557, ATLANTA, GA 31139	PHYSICAL THERAPY SERVICES	5,104,755.
HARBIN CLINIC, LLC 2210 TECHNOLOGY PARKWAY, ROME, GA 30165	CARDIOLOGY SERVIVCES	4,586,344.
AMN HEALTHCARE, INC. 12400 HIGH BLUFF DRIVE, SAN DIEGO, CA 92130	STAFFING SERVICES	3,786,319.
AYA HEALTHCARE, INC. 5930 CORNERSTONE COURT, SAN DIEGO, CA 92121	STAFFING SERVICES	2,148,717.
MAXIM HEALTHCARE SERVICES, INC., 6142 SHALLOWFORD ROAD, CHATTANOOGA, TN 37421	STAFFING SERVICES	1,693,852.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		41

Form 990 (2022)

**Part VIII Statement of Revenue**

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

☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	7,000.					
	<b>b</b> Membership dues .....	<b>1b</b>	38,100.					
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>	110,750.					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	593,964.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	269,796.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 500.					
	<b>h Total.</b> Add lines 1a-1f .....							1,019,610.
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT REVENUE	<b>Business Code</b> 622110		228117027.	228026165.	90,862.		
	<b>b</b> PHARMACY REVENUE	622110		775,338.	775,338.			
	<b>c</b> PHYSICIAN SERVICES	622110		408,865.	408,865.			
	<b>d</b> CAFETERIA REVENUE	622110		390,707.	390,707.			
	<b>e</b> GIFT SHOP REVENUE	622110		155,371.	155,371.			
	<b>f</b> All other program service revenue .....	622110		56,137.	56,137.			
	<b>g Total.</b> Add lines 2a-2f .....				229903445.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			3,079,494.			3079494.
<b>4</b> Income from investment of tax-exempt bond proceeds .....								
<b>5</b> Royalties .....								
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>						
<b>c</b> Rental income or (loss)		<b>6c</b>						
<b>d</b> Net rental income or (loss) .....								
<b>7 a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	(i) Securities	(ii) Other				
				84,731.				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	1,767,799.	108,598.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	-1,767,799.	-23,867.				
<b>d</b> Net gain or (loss) .....			-1,791,666.			-1791666.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>							
<b>b</b> Less: direct expenses .....	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b> _____						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....				232210883.	229812583.	90,862.	1287828.	

**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

☒ X

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	121,452.	121,452.		
<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	3,948,851.	1,427,393.	2,521,458.	
<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	90,699,790.	89,243,021.	1,456,769.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,273,277.	3,147,482.	125,795.	
<b>9</b> Other employee benefits	18,446,936.	17,148,213.	1,298,723.	
<b>10</b> Payroll taxes	6,828,582.	6,566,153.	262,429.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	182,283.		182,283.	
<b>c</b> Accounting	50,949.		50,949.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	302,605.		302,605.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	36,786,193.	25,324,791.	11,461,402.	
<b>12</b> Advertising and promotion	1,184,512.		1,184,512.	
<b>13</b> Office expenses	3,806,889.	2,282,867.	1,524,022.	
<b>14</b> Information technology	10,878,289.	10,278,217.	600,072.	
<b>15</b> Royalties				
<b>16</b> Occupancy	6,114,900.	6,114,900.		
<b>17</b> Travel	375,088.	74,553.	300,535.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	253,381.		253,381.	
<b>20</b> Interest	950,059.	950,059.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	8,647,595.	8,647,595.		
<b>23</b> Insurance	2,431,609.	2,094,389.	337,220.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>MEDICAL SUPPLIES</b>	30,238,795.	30,238,795.		
<b>b</b> <b>REPAIRS &amp; MAINTENANCE</b>	6,111,485.	6,111,485.		
<b>c</b> <b>STATE TAX INDIGENT ASSE</b>	2,184,628.	2,184,628.		
<b>d</b> <b>UBI TAXES</b>	-1,494.		-1,494.	
<b>e</b> All other expenses	295,559.	152,273.	143,286.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	234,112,213.	212,108,266.	22,003,947.	0.
<b>26</b> <b>Joint costs.</b> 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 X ☒

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,452.	<b>1</b>	8,125.
	<b>2</b> Savings and temporary cash investments .....	115,427,419.	<b>2</b>	99,075,612.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	29,473,645.	<b>4</b>	28,461,248.
	<b>5</b> Loans and other receivables from 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>	0.
	<b>8</b> Inventories for sale or use .....	5,095,273.	<b>8</b>	4,753,285.
	<b>9</b> Prepaid expenses and deferred charges .....	6,484,743.	<b>9</b>	7,077,728.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 192,154,861.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 103,141,322.	<b>10c</b>	89,013,539.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	9,671,020.	<b>15</b>	9,315,464.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	259,712,267.	<b>16</b>	237,705,001.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	20,559,611.	<b>17</b>	20,969,562.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	105,312.	<b>19</b>	86,603.
	<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 .....	47,333,721.	<b>25</b>	43,502,506.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	67,998,644.	<b>26</b>	64,558,671.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	190,698,797.	<b>27</b>	172,439,247.
	<b>28</b> Net assets with donor restrictions .....	1,014,826.	<b>28</b>	707,083.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>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> .....	191,713,623.	<b>32</b>	173,146,330.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	259,712,267.	<b>33</b>	237,705,001.

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**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>	232,210,883.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	234,112,213.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,901,330.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	191,713,623.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-16,326,007.
<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 on Schedule O)	<b>9</b>	-339,956.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	173,146,330.

**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 on 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		<input checked="" type="checkbox"/>
<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	<input checked="" type="checkbox"/>	
<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 on Schedule O.	<input checked="" type="checkbox"/>	
<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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<input checked="" type="checkbox"/>	
<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 on Schedule O and describe any steps taken to undergo such audits _____	<input checked="" type="checkbox"/>	

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**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) .....					12	
<b>13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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"/>		

Schedule A (Form 990) 2022



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<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 Part VI when and how the organization made the determination.</i>		
<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 Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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 Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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 Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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>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>		

**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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<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>1</b>		
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<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 (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**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.)

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

Employer identification number

58-1425000

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).



Name of organization	Employer identification number
<b>ADVENTIST HEALTH SYSTEM GEORGIA, INC.</b>	<b>58-1425000</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>92,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>509,021.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>10,781.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>43,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>322,896.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>ADVENTIST HEALTH SYSTEM GEORGIA, INC.</b>	<b>58-1425000</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>121,127.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>ADVENTIST HEALTH SYSTEM GEORGIA, INC.</b>	<b>58-1425000</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>ADVENTIST HEALTH SYSTEM GEORGIA, INC.</b>	<b>58-1425000</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 60,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

58-1425000

## Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____

Name of organization	Employer identification number
<b>ADVENTIST HEALTH SYSTEM GEORGIA, INC.</b>	<b>58-1425000</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

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

**2022**

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 organization

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

Employer identification number

58-1425000

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$

3 Volunteer hours for political campaign activities .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22



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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots 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.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<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"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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					

Schedule C (Form 990) 2022

**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?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		12,844.
<b>j</b> Total. Add lines 1c through 1i			12,844.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<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?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<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	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<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 expenditures next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV** Supplemental Information

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

MEMBER DUES PAID TO THE AMERICAN HOSPITAL ASSOCIATION AND THE GEORGIA HOSPITAL ASSOCIATION THAT REPRESENT LOBBYING ACTIVITIES CONDUCTED BY THESE TWO ASSOCIATIONS.

**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

**2022**

Open to Public  
Inspection

Name of the organization

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

Employer identification number

58-1425000

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 July 25, 2006, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2022

**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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 on Part XIII ☐

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

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

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

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term 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 line 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		6,405,677.		6,405,677.
b Buildings		104,882,025.	45,220,995.	59,661,030.
c Leasehold improvements				
d Equipment		76,492,819.	56,281,227.	20,211,592.
e Other		4,374,340.	1,639,100.	2,735,240.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				89,013,539.

Schedule D (Form 990) 2022

**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) .....		
<b>Total.</b> (Col. (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) .....		
<b>Total.</b> (Col. (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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO THIRD PARTIES	3,070,495.
(3) CREDIT BALANCES IN A/R	1,159,854.
(4) OTHER DEFERRED REVENUE	1,588,172.
(5) ACCRUED INTEREST PAYABLE	5,220.
(6) INTERCO ALLOC OF TE BOND PROCEEDS	34,474,227.
(7) OPERATING LEASE LIABILITY	3,089,867.
(8) OTHER LIABILITIES	114,671.
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	43,502,506.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2022

**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 1:		
<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 1:		
<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.

**PART X, LINE 2:**

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.

**Part XIII** Supplemental Information (continued)

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, 2022 AND 2021.

NAHS ALSO HAS TEMPORARY DEDUCTIBLE DIFFERENCES OF APPROXIMATELY \$18,200  
AND \$33,000 AT DECEMBER 31, 2022 AND 2021, RESPECTIVELY, PRIMARILY AS A  
RESULT OF NET OPERATING LOSS CARRYFORWARDS. AT DECEMBER 31, 2022, NAHS  
HAD NET OPERATING LOSS CARRYFORWARDS OF APPROXIMATELY \$10,000, EXPIRING IN  
2023 THROUGH 2026. DEFERRED TAXES HAVE BEEN PROVIDED FOR THESE AMOUNTS,  
RESULTING IN A NET DEFERRED TAX ASSET OF APPROXIMATELY \$4,500 AND \$8,100  
AT DECEMBER 31, 2022 AND 2021, 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, 2022 AND 2021 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 ACCOUNTING STANDARDS CODIFICATION (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

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

OF DECEMBER 31, 2022 AND 2021.



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

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

**2022**

Open to Public  
Inspection

Name of the organization

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

Employer identification number

58-1425000

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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 _____ %	<input checked="" type="checkbox"/>	
<b>b</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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> 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.		
<b>4</b> 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?		<input checked="" type="checkbox"/>

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			11685243.		11685243.	4.99%
<b>b</b> Medicaid (from Worksheet 3, column a)			34838081.	26543998.	8294083.	3.54%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			46523324.	26543998.	19979326.	8.53%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			4104845.		4104845.	1.75%
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits			4104845.		4104845.	1.75%
<b>k Total.</b> Add lines 7d and 7j			50628169.	26543998.	24084171.	10.28%



**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):

1 ADVENTHEALTH GORDON  
 1035 RED BUD ROAD NE  
 CALHOUN, GA 30701  
 WWW.ADVENTHEALTH.COM  
 064-334

Licensed hospital  
 Gen. medical & surgical  
 Children's hospital  
 Teaching hospital  
 Critical access hospital  
 Research facility  
 ER-24 hours  
 ER-other

Other (describe)

Facility reporting group

X X

X

2 ADVENTHEALTH MURRAY  
 707 OLD DALTON ELLIJAY ROAD  
 CHATSWORTH, GA 30705  
 WWW.ADVENTHEALTH.COM  
 105-706

X X

X

**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)

Name of hospital facility or letter of facility reporting group: ADVENTHEALTH GORDONLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, PAGE 8</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>SEE PART V, PAGE 8</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to 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)**Name of hospital facility or letter of facility reporting group: ADVENTHEALTH GORDON

	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? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> X	
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):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: ADVENTHEALTH GORDON

	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>	<b>X</b>	
<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:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<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>		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
<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):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<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>	<b>X</b>	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: ADVENTHEALTH GORDON**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

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

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**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)

Name of hospital facility or letter of facility reporting group: ADVENTHEALTH MURRAY

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, PAGE 8</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>SEE PART V, PAGE 8</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to 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)**Name of hospital facility or letter of facility reporting group: ADVENTHEALTH MURRAY

	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? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> X	
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):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: ADVENTHEALTH MURRAY

	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>	<b>X</b>	
<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>		<b>X</b>
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>	<b>X</b>	
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)			

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: ADVENTHEALTH MURRAY**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

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

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**Part V Facility Information** (continued)

**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.

ADVENTHEALTH GORDON:

PART V, SECTION B, LINE 5: ADVENTIST HEALTH SYSTEM GEORGIA, INC., DBA

ADVENTHEALTH GORDON (AHG OR THE HOSPITAL), SERVES GORDON COUNTY RESIDENTS

IN NORTHWEST GEORGIA. AHG IS A 69-BED COMMUNITY HOSPITAL LOCATED IN

CALHOUN, GEORGIA AND IS THE ONLY HOSPITAL LOCATED WITHIN GORDON COUNTY.

THE HOSPITAL'S PRIMARY SERVICE AREA INCLUDES ALL ZIP CODES WITHIN GORDON

COUNTY.

THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE HOSPITAL WAS

BUILT ON INPUT FROM PEOPLE REPRESENTING THE BROAD COMMUNITY, AS WELL AS

LOW-INCOME, MINORITY AND OTHER MEDICALLY UNDERSERVED POPULATIONS. PRIMARY

DATA WAS COLLECTED THROUGH COMMUNITY SURVEYS AND STAKEHOLDER INTERVIEWS.

SECONDARY DATA INCLUDED INTERNAL HOSPITAL UTILIZATION DATA (INPATIENT,

OUTPATIENT AND EMERGENCY DEPARTMENT). THIS UTILIZATION DATA SHOWED THE TOP

DIAGNOSES FOR VISITS TO THE HOSPITAL FROM 2019 - 2021. IN ADDITION,

PUBLICLY AVAILABLE DATA WAS UTILIZED FROM STATE AND NATIONAL DATA SOURCES.

PRIMARY AND SECONDARY DATA WAS COMPILED AND ANALYZED TO IDENTIFY THE TOP

12 AGGREGATE ISSUES.

IN ORDER TO ENSURE BROAD COMMUNITY INPUT, ADVENTHEALTH GORDON CREATED A

COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE (CHNAC) TO HELP GUIDE THE

HOSPITAL THROUGH THE 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.

**Part V Facility Information** (continued)

**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.

THE CHNAC INCLUDED REPRESENTATIVES FROM FIRST BAPTIST CHURCH OF CALHOUN, FAMILY RESOURCE CENTER, FELLOWSHIP OF CHRISTIAN ATHLETES, GORDON COUNTY HEALTH DEPARTMENT, AND GORDON COUNTY CHAMBER OF COMMERCE.

ADVENTHEALTH MURRAY:

PART V, SECTION B, LINE 5: ADVENTIST HEALTH SYSTEM GEORGIA, INC, DBA ADVENTHEALTH MURRAY (AHM OR THE HOSPITAL), SERVES MURRAY COUNTY RESIDENTS IN NORTHWEST GEORGIA. AHM IS A 42-BED COMMUNITY HOSPITAL LOCATED IN CHATSWORTH, GEORGIA AND IS THE ONLY HOSPITAL LOCATED WITHIN MURRAY COUNTY. THE HOSPITAL'S PRIMARY SERVICE AREA INCLUDED ALL ZIP CODES WITHIN MURRAY COUNTY.

THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE HOSPITAL WAS BUILT ON INPUT FROM PEOPLE REPRESENTING THE BROAD COMMUNITY, AS WELL AS LOW-INCOME, MINORITY AND OTHER MEDICALLY UNDERSERVED POPULATIONS. PRIMARY DATA WAS COLLECTED THROUGH COMMUNITY SURVEYS AND STAKEHOLDER INTERVIEWS.

SECONDARY DATA INCLUDED INTERNAL HOSPITAL UTILIZATION DATA (INPATIENT, OUTPATIENT AND EMERGENCY DEPARTMENT). THIS UTILIZATION DATA SHOWED THE TOP DIAGNOSES FOR VISITS TO THE HOSPITAL FROM 2019 - 2021. IN ADDITION, PUBLICLY AVAILABLE DATA WAS UTILIZED FROM STATE AND NATIONAL DATA SOURCES. PRIMARY AND SECONDARY DATA WAS COMPILED AND ANALYZED TO IDENTIFY THE TOP 12 AGGREGATE ISSUES.

IN ORDER TO ENSURE BROAD COMMUNITY INPUT, ADVENTHEALTH MURRAY CREATED A COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE (CHNAC) TO HELP GUIDE THE

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

**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.

HOSPITAL THROUGH THE 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 INCLUDED REPRESENTATIVES FROM MURRAY COUNTY HEALTH DEPARTMENT, MURRAY COUNTY CHAMBER OF COMMERCE, MURRAY COUNTY SCHOOLS, AND NORTH MURRAY BOOSTER CLUB.

ADVENTHEALTH GORDON:

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.

ADVENTHEALTH MURRAY:

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

**Part V Facility Information** (continued)

**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.

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.

ADVENTHEALTH GORDON:

PART V, SECTION B, LINE 11: ADVENTIST HEALTH SYSTEM GEORGIA, INC. D/B/A  
ADVENTHEALTH GORDON WILL BE REFERRED TO IN THIS DOCUMENT AS ADVENTHEALTH  
GORDON OR "THE HOSPITAL".

THE HOSPITAL IS A WHOLLY OWNED SUBSIDIARY OF ADVENTIST HEALTH SYSTEM  
SUNBELT HEALTHCARE CORPORATION (AHSSHC). AHSSHC IS THE 501(C)(3) PARENT  
ORGANIZATION OF A HOSPITAL AND HEALTHCARE SYSTEM KNOWN AS ADVENTHEALTH. IN  
JANUARY 2019, EVERY WHOLLY OWNED ENTITY OF AHSSHC ADOPTED THE ADVENTHEALTH  
SYSTEM BRAND. OUR IDENTITY HAS BEEN UNIFIED TO REPRESENT THE FULL  
CONTINUUM OF CARE OUR SYSTEM OFFERS. ANY REFERENCES TO OUR PRIOR COMMUNITY  
HEALTH NEEDS ASSESSMENTS (CHNAS) OR PRIOR COMMUNITY HEALTH PLANS (CHPS)  
WILL UTILIZE OUR NEW NAME FOR CONSISTENCY.

ADVENTHEALTH GORDON IS PART OF THE MULTI-STATE DIVISION OF ADVENTHEALTH.  
THE DIVISION INCLUDES 22 HOSPITAL FACILITIES.

THIS IS THE THIRD-YEAR UPDATE FOR ADVENTHEALTH GORDON'S 2020-2022  
COMMUNITY HEALTH PLAN/IMPLEMENTATION STRATEGY. THE HOSPITAL DEVELOPED THIS

**Part V Facility Information** (continued)

**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.

PLAN AND POSTED IT IN MAY 2020 AS PART OF ITS 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

FOR THE DEVELOPMENT OF BOTH THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE COMMUNITY HEALTH PLAN/IMPLEMENTATION STRATEGY, ADVENTHEALTH GORDON WORKED TO DEFINE AND ADDRESS THE NEEDS OF LOW-INCOME, MINORITY AND UNDERSERVED POPULATIONS IN ITS SERVICE AREA.

THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT USED PRIMARY DATA INTERVIEWS AND SURVEYS; SECONDARY DATA FROM LOCAL, REGIONAL AND NATIONAL HEALTH-RELATED SOURCES; AND HOSPITAL PREVALENCE DATA TO HELP THE HOSPITAL DETERMINE THE HEALTH NEEDS OF THE COMMUNITY IT SERVES.

ONCE THE DATA WAS GATHERED, THE PRIMARY ISSUES IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT WERE PRIORITIZED BY COMMUNITY AND HOSPITAL STAKEHOLDERS, WHO THEN SELECTED KEY ISSUES FOR THE HOSPITAL TO ADDRESS IN ITS 2020-2022 COMMUNITY HEALTH PLAN.

THE THIRD-YEAR PROGRESS ON THE COMMUNITY HEALTH PLAN IS NOTED BELOW. THE NARRATIVE DESCRIBES THE PRIORITIZED ISSUES IDENTIFIED IN 2019 AND GIVES AN UPDATE ON THE STRATEGIES ADDRESSING THOSE ISSUES. THERE IS ALSO A DESCRIPTION OF THE IDENTIFIED ISSUES THAT THE HOSPITAL DID NOT ADDRESS.

ADVENTHEALTH GORDON CHOSE FOUR PRIORITIES FOR ITS 2020-2022 COMMUNITY HEALTH PLAN:

1. CANCER



**Part V Facility Information** (continued)

**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.

**2. CHRONIC DISEASE****3. MENTAL HEALTH****4. VAPING****PRIORITY 1: CANCER****2019 DESCRIPTION OF THE ISSUE:**

CANCER CONTINUES TO BE THE LEADING CAUSE OF DEATH ACROSS THE UNITED STATES AS WELL AS THE TOP CONCERN ACCORDING TO COMMUNITY SURVEYS AND STAKEHOLDER INTERVIEWS. ACCORDING TO THE CENTER FOR DISEASE CONTROL AND PREVENTION'S NATIONAL VIAL STATISTICS SYSTEM, THE AGE-ADJUSTED DEATH RATE (PER 100,000 POP.) IS 180.33 IN THE HOSPITAL'S PRIMARY SERVICE AREA COMPARED TO THE STATE AVERAGE OF 164.74.

ONE IMPORTANT DETERMINING FACTOR FOR INCIDENCE OF CANCER IS THE PERCENT OF ADULTS WHO RECEIVE RECOMMENDED CANCER SCREENINGS. THIS PREVENTIVE BEHAVIOR PROVIDES AN OPPORTUNITY FOR EARLY DETECTION AND TREATMENT OF DISEASE. THIS INDICATOR CAN ALSO HIGHLIGHT A LACK OF ACCESS TO PREVENTIVE CARE, A LACK OF HEALTH KNOWLEDGE, INSUFFICIENT PROVIDER OUTREACH AND/OR SOCIAL BARRIERS PREVENTING UTILIZATION OF SERVICES. CONSISTENTLY, ADVENTHEALTH GORDON PRIMARY SERVICE AREA (PSA) DATA REFLECTS A LOWER PERCENTAGE THAN STATE AVERAGE OF ADULTS RECEIVING RECOMMENDED PREVENTATIVE SCREENINGS. IN THE HOSPITAL'S PSA, 52.2% OF ADULTS 50 AND OLDER SELF-REPORT THAT THEY HAVE EVER HAD A SIGMOIDOSCOPY OR COLONOSCOPY VERSUS THE STATE AVERAGE OF 62.4%. ADDITIONALLY, ONLY 77.8% OF WOMEN AGED 18 OR OLDER SELF-REPORT THEY HAVE HAD A PAP TEST IN THE PAST THREE YEARS, VERSUS THE STATE AVERAGE OF 82.7%.

**Part V Facility Information** (continued)

**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.

THE AGE ADJUSTED INCIDENCE RATES FOR VARIOUS TYPES OF CANCER ARE SIMILAR TO OR HIGHER THAN THE STATE AVERAGE IN THE HOSPITAL PRIMARY SERVICE AREA AS SHOWN BELOW:

- RATES FOR LUNG CANCER IN THE PSA ARE 85.7 VERSUS THE STATE RATE OF 64.1 PER 100,000.
- BREAST CANCER RATES IN THE PSA ARE 100 VERSUS THE STATE RATE OF 125.8 PER 100,000.
- RATES FOR CERVIX CANCER IN THE PSA ARE 8.8 VERSUS THE STATE RATE OF 7.7 PER 100,000.
- COLON AND RECTUM CANCER RATES IN THE PSA ARE 40.4 VERSUS THE STATE RATE OF 41.8 PER 100,000.

THE MORTALITY RATE FOR CANCER IN THE HOSPITAL'S PSA (183.58) IS ALSO HIGHER THAN THAT IN THE STATE (162.06) PER 100,000.

THE HOSPITAL PLANS TO CONTINUE EFFORTS TO OFFER SCREENINGS AND EDUCATION TO EDUCATE THE COMMUNITY AS WELL AS PROVIDE OPPORTUNITIES FOR INCREASED ACCESS TO EARLY DETECTION.

2022 UPDATE:

THE ADVENTHEALTH GORDON COMMUNITY HEALTH PLAN HAS TWO DESIRED GOAL STATEMENTS UNDER THE CANCER PRIORITY.

1. PROVIDE FREE SCREENING AND PREVENTIVE INFORMATION IN OUR COMMUNITY
2. INCREASE ACCESS TO EARLY DIAGNOSIS AND TREATMENT

GOAL 1: PROVIDE FREE SCREENING AND PREVENTIVE INFORMATION IN OUR COMMUNITY

OBJECTIVE 1:

**Part V Facility Information** (continued)

**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.

THE OBJECTIVE IS TO PROVIDE A FREE ANNUAL MELANOMA CANCER SCREENING EVENT FOR THE COMMUNITY AT LARGE AND FREE CANCER SCREENINGS FOR PUBLIC SAFETY GROUPS ANNUALLY TO RAISE AWARENESS ABOUT CANCER TO COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PRIMARY SERVICE AREA (PSA) TO 300 PARTICIPANTS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE OBJECTIVE IS A SHARED INITIATIVE WITH ADVENTHEALTH MURRAY. THE HOSPITALS PARTNERED ON THIS INITIATIVE BECAUSE OF A SHARED CHNA PRIORITY. THE INITIATIVE IS MANAGED THROUGH BOTH HOSPITALS; HOWEVER, ALL FUNDING AND OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

THE HOSPITAL DID NOT MEET ITS OBJECTIVE. DUE TO COVID-19, THE HOSPITAL CANCELLED ALL PUBLIC EVENTS TO ENSURE THE SAFETY OF TEAM MEMBERS AND THE COMMUNITY. ALTHOUGH IN-PERSON EVENTS GRADUALLY RESUMED IN 2022, MELANOMA MONDAY SKIN CANCER SCREENING EVENT WAS CANCELED DUE TO A RESURGENCE IN COMMUNITY TRANSMISSIONS. THE HOSPITAL WAS STILL COMMITTED TO PROVIDE PREVENTATIVE SCREENINGS AND WAS ABLE TO HOST A LOW-DOSE LUNG SCREENING EVENT IN NOVEMBER 2022. ONLY FIVE COMMUNITY MEMBERS ATTENDED. THE HOSPITAL WILL CONTINUE TO OFFER CANCER SCREENINGS FOR THE COMMUNITY.

**GOAL 2: INCREASE ACCESS TO EARLY DIAGNOSIS AND TREATMENT****OBJECTIVE 1:**

THE OBJECTIVE IS TO DISTRIBUTE EDUCATIONAL INFORMATION AT COMMUNITY EVENTS, SUCH AS THE HEALTH AND WELLNESS CLASSES AT THE VOLUNTARY ACTION CENTER, DINNER WITH A DOC AND LOCAL INDUSTRY HEALTH FAIRS, TO INCREASE CANCER AWARENESS FOR COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PSA TO 350 PARTICIPANTS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE HOSPITALS PARTNERED ON THIS INITIATIVE BECAUSE OF A SHARED CHNA PRIORITY.

**Part V Facility Information** (continued)

**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.

THE INITIATIVE IS MANAGED THROUGH BOTH HOSPITALS; HOWEVER, ALL FUNDING AND OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL. THE EDUCATIONAL MATERIALS PROVIDED INCLUDE INFORMATION ON THE IMPORTANCE OF EARLY DETECTION, DIAGNOSIS AND TREATMENT, AS WELL AS IDENTIFY LOCAL CARE OPTIONS FOR INDIVIDUALS IN NEED.

THE HOSPITAL MET ITS OBJECTIVE TO DISTRIBUTE EDUCATIONAL INFORMATION TO INCREASE CANCER AWARENESS FOR COMMUNITY MEMBERS. BY THE END OF YEAR THREE, 410 COMMUNITY MEMBERS WERE REACHED.

PRIORITY 2: CHRONIC DISEASE

2019 DESCRIPTION OF THE ISSUE:

CHRONIC DISEASE IS THE LEADING CAUSE OF DEATH AND DISABILITY IN THE UNITED STATES. CHOLESTEROL, DIABETES, HEART DISEASE AND HIGH BLOOD PRESSURE WERE ALL IDENTIFIED AS TOP PRIORITIES IN BOTH PRIMARY AND SECONDARY DATA UTILIZED DURING ADVENTHEALTH GORDON'S COMMUNITY. HEALTH OUTCOMES IN THE HOSPITAL'S PSA ARE SIMILAR TO OR WORSE THAN THE STATE AVERAGE ACROSS SEVERAL INDICATORS.

- THE PERCENTAGE OF ADULTS WITH HIGH BLOOD PRESSURE IN THE HOSPITAL'S PSA IS 31.42% VERSUS THE STATE AVERAGE OF 31.6%.

- IN THE HOSPITAL'S PSA THERE IS A HIGHER PERCENTAGE OF ADULTS DIAGNOSED WITH DIABETES (15.5%) THAN THE STATE AVERAGE (11.15%).

- THE PERCENTAGE OF ADULTS WITH HIGH CHOLESTEROL IS IN THE HOSPITAL'S PSA IS 39.9% WHICH IS HIGHER THAN THE STATE AVERAGE OF 37.4%.

- IN THE HOSPITAL'S PSA THERE IS A HIGHER PERCENTAGE OF ADULTS DIAGNOSED

**Part V Facility Information** (continued)

**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.

WITH HEART DISEASE (7.3%) THAN THE STATE AVERAGE (4.4%).

ACCESS TO CARE CONTINUES TO BE AN ADDITIONAL CONTRIBUTOR TO HIGHER THAN AVERAGE RATES OF CHRONIC DISEASE WITHIN THE HOSPITAL'S PRIMARY SERVICE AREAS (PSAS). THE INDICATORS ARE RELEVANT BECAUSE ACCESS TO REGULAR PRIMARY CARE IS IMPORTANT TO PREVENTING MAJOR HEALTH ISSUES AND EMERGENCY DEPARTMENT VISITS.

- 32.7% OF ADULTS LACK A CONSISTENT SOURCE OF PRIMARY CARE ACCORDING TO THE CENTER FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM 2011-12 DATA. THIS INDICATOR IS HIGHER THAN THE STATE AVERAGE OF 26.09%.

- THE RATE OF PREVENTABLE HOSPITAL EVENTS PER 1,000 MEDICARE ENROLLEES IS ALSO HIGHER THAN STATE AVERAGE AT 59.2 FOR THE PRIMARY SERVICE AREA COMPARED TO THE STATE AVERAGE OF 50.2. THIS INDICATOR IS RELEVANT BECAUSE ACCESS TO REGULAR PRIMARY CARE IS IMPORTANT TO PREVENTING MAJOR HEALTH ISSUES AND EMERGENCY DEPARTMENT VISITS.

(CONTINUED)

ADVENTHEALTH MURRAY:

PART V, SECTION B, LINE 11: ADVENTIST HEALTH SYSTEM GEORGIA, INC. D/B/A ADVENTHEALTH MURRAY WILL BE REFERRED TO IN THIS DOCUMENT AS ADVENTHEALTH MURRAY OR "THE HOSPITAL".

THE HOSPITAL IS A WHOLLY OWNED SUBSIDIARY OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC). AHSSHC IS THE 501(C)(3) PARENT

**Part V Facility Information** (continued)

**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.

ORGANIZATION OF A HOSPITAL AND HEALTHCARE SYSTEM KNOWN AS ADVENTHEALTH. IN JANUARY 2019, EVERY WHOLLY OWNED ENTITY OF AHSSHC ADOPTED THE ADVENTHEALTH SYSTEM BRAND. OUR IDENTITY HAS BEEN UNIFIED TO REPRESENT THE FULL CONTINUUM OF CARE OUR SYSTEM OFFERS. ANY REFERENCES TO OUR PRIOR COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS) OR PRIOR COMMUNITY HEALTH PLANS (CHPS) WILL UTILIZE OUR NEW NAME FOR CONSISTENCY.

ADVENTHEALTH MURRAY IS PART OF THE MULTI-STATE DIVISION OF ADVENTHEALTH. THE DIVISION INCLUDES 22 HOSPITAL FACILITIES.

THIS IS THE THIRD-YEAR UPDATE FOR ADVENTHEALTH MURRAY'S 2020-2022 COMMUNITY HEALTH PLAN/IMPLEMENTATION STRATEGY. THE HOSPITAL DEVELOPED THIS PLAN AND POSTED IT IN MAY 2020 AS PART OF ITS 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

FOR THE DEVELOPMENT OF BOTH THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE COMMUNITY HEALTH PLAN/IMPLEMENTATION STRATEGY, ADVENTHEALTH MURRAY WORKED TO DEFINE AND ADDRESS THE NEEDS OF LOW-INCOME, MINORITY AND UNDERSERVED POPULATIONS IN ITS SERVICE AREA.

THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT USED PRIMARY DATA INTERVIEWS AND SURVEYS; SECONDARY DATA FROM LOCAL, REGIONAL AND NATIONAL HEALTH-RELATED SOURCES; AND HOSPITAL PREVALENCE DATA TO HELP THE HOSPITAL DETERMINE THE HEALTH NEEDS OF THE COMMUNITY IT SERVES.

ONCE THE DATA WAS GATHERED, THE PRIMARY ISSUES IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT WERE PRIORITIZED BY COMMUNITY AND HOSPITAL

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

**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.

STAKEHOLDERS, WHO THEN SELECTED KEY ISSUES FOR THE HOSPITAL TO ADDRESS IN ITS 2020-2022 COMMUNITY HEALTH PLAN.

THE THIRD-YEAR PROGRESS ON THE COMMUNITY HEALTH PLAN IS NOTED BELOW. THE NARRATIVE DESCRIBES THE PRIORITIZED ISSUES IDENTIFIED IN 2019 AND GIVES AN UPDATE ON THE STRATEGIES ADDRESSING THOSE ISSUES. THERE IS ALSO A DESCRIPTION OF THE IDENTIFIED ISSUES THAT THE HOSPITAL DID NOT ADDRESS.

ADVENTHEALTH MURRAY CHOSE FOUR PRIORITIES FOR ITS 2020-2022 COMMUNITY HEALTH PLAN:

1. CANCER
2. DIABETES
3. VAPING
4. NUTRITION

PRIORITY 1: CANCER

2019 DESCRIPTION OF THE ISSUE:

CANCER CONTINUES TO BE THE LEADING CAUSE OF DEATH ACROSS THE UNITED STATES AS WELL AS THE TOP COMMUNITY CONCERN ACCORDING TO COMMUNITY SURVEYS AND STAKEHOLDER INTERVIEWS. ACCORDING TO THE CENTER FOR DISEASE CONTROL AND PREVENTION'S NATIONAL VITAL STATISTICS SYSTEM, THE AGE ADJUSTED DEATH RATE (PER 100,000 POP.) IS 181.34 IN THE HOSPITAL'S PRIMARY SERVICE AREA COMPARED TO THE STATE AVERAGE OF 162.06.

ONE IMPORTANT DETERMINING FACTOR FOR INCIDENCE OF CANCER IS THE PERCENT OF

**Part V Facility Information** (continued)

**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.

ADULTS WHO RECEIVE RECOMMENDED CANCER SCREENINGS. THIS PREVENTIVE BEHAVIOR PROVIDES AN OPPORTUNITY FOR EARLY DETECTION AND TREATMENT OF DISEASE. THIS INDICATOR CAN ALSO HIGHLIGHT A LACK OF ACCESS TO PREVENTIVE CARE, A LACK OF HEALTH KNOWLEDGE, INSUFFICIENT PROVIDER OUTREACH AND/OR SOCIAL BARRIERS PREVENTING UTILIZATION OF SERVICES. CONSISTENTLY, ADVENTHEALTH MURRAY PRIMARY SERVICE AREA (PSA) DATA REFLECTS A LOWER PERCENTAGE THAN STATE AVERAGE OF ADULTS RECEIVING RECOMMENDED PREVENTATIVE SCREENINGS AS SHOWN BELOW.

- IN THE HOSPITAL'S PSA 40.5% OF INDIVIDUALS RECEIVE THE RECOMMENDED SIGMOIDOSCOPY OR COLONOSCOPY SCREENING LESS THAN THE STATE AVERAGE OF 62.4%.

- THE STATE AVERAGE FOR MAMMOGRAM SCREENINGS IS 62.3% WHICH IS HIGHER THAN THAT IN THE HOSPITAL'S PSA (49.9%).

- IN THE HOSPITAL'S PSA 81.9% OF WOMEN RECEIVE A PAP TEST, SIMILAR TO THE AVERAGE IN THE STATE OF 82.7%.

THE AGE ADJUSTED INCIDENCE RATES FOR VARIOUS TYPES OF CANCER ARE CONSISTENTLY HIGHER THAN THE STATE AVERAGE IN THE HOSPITAL PRIMARY SERVICE AREA AS SHOWN BELOW WITH THE EXCEPTION OF BREAST CANCER, WHICH IS STILL THE SECOND MOST FREQUENT TYPE OF CANCER DIAGNOSED IN THE COMMUNITY.

RATES FOR LUNG CANCER IN THE PSA ARE 86.5 VERSUS THE STATE RATE OF 64.1 PER 100,000.

BREAST CANCER RATES IN THE PSA ARE 85.9 VERSUS THE STATE RATE OF 125.8 PER 100,000.

THERE IS NO DATA ON THE RATES OF CERVICAL CANCER IN THE HOSPITAL'S PSA



**Part V Facility Information** (continued)

**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.

WHILE THE STATE RATE OF 7.7 PER 100,000.

COLON AND RECTUM CANCER RATES IN THE PSA ARE 35.9 VERSUS THE STATE RATE OF 41.8 PER 100,000.

RATES FOR PROSTATE CANCER IN THE PSA ARE 88.7 VERSUS THE STATE RATE OF 122.3 PER 100,000.

THE HOSPITAL PLANS TO CONTINUE EFFORTS TO OFFER SCREENINGS AND EDUCATION TO INFORM THE COMMUNITY AS WELL AS PROVIDE OPPORTUNITIES FOR INCREASED ACCESS TO EARLY DETECTION.

2022 UPDATE:

THE ADVENTHEALTH MURRAY COMMUNITY HEALTH PLAN HAS TWO DESIRED GOAL STATEMENTS UNDER THE CANCER PRIORITY.

1. PROVIDE FREE SCREENING AND EDUCATION TO THE COMMUNITY
2. INCREASE ACCESS TO EARLY DIAGNOSIS AND TREATMENT

GOAL 1: PROVIDE FREE SCREENING AND EDUCATION TO THE COMMUNITY

THE OBJECTIVE IS TO CONTINUE WITH A FREE ANNUAL MELANOMA CANCER SCREENING EVENT FOR THE COMMUNITY AT LARGE, TO RAISE AWARENESS ABOUT CANCER AND HAVE STAFF ON-HAND TO ANSWER QUESTIONS REGARDING CANCER FOR COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PSA TO SCREEN 150 PARTICIPANTS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE OBJECTIVE IS A SHARED INITIATIVE WITH ADVENTHEALTH GORDON. THE HOSPITALS PARTNERED ON THIS INITIATIVE BECAUSE OF A SHARED CHNA PRIORITY. THE INITIATIVE IS MANAGED THROUGH BOTH HOSPITALS; HOWEVER, ALL FUNDING AND OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

**Part V Facility Information** (continued)

**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.

THE HOSPITAL DID NOT MEET ITS OBJECTIVE. DUE TO COVID-19, THE HOSPITAL CANCELLED ALL PUBLIC EVENTS TO ENSURE THE SAFETY OF TEAM MEMBERS AND THE COMMUNITY. ALTHOUGH IN-PERSON EVENTS GRADUALLY RESUMED IN 2022, MELANOMA MONDAY SKIN CANCER SCREENING EVENT WAS CANCELED DUE TO A RESURGENCE IN COMMUNITY TRANSMISSIONS. THE HOSPITAL WILL CONTINUE TO OFFER CANCER SCREENINGS FOR THE COMMUNITY.

**GOAL 2: INCREASE ACCESS TO EARLY DIAGNOSIS AND TREATMENT**

THE OBJECTIVE IS TO DISTRIBUTE EDUCATION INFORMATION AT COMMUNITY EVENTS, SUCH AS THE DINNER WITH A DOC, LOCAL INDUSTRY HEALTH FAIRS AND THE BLACK BEAR FESTIVAL, TO INCREASE CANCER AWARENESS. THIS OBJECTIVE AIMS TO REACH 250 COMMUNITY MEMBERS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE TO PROMOTE THE BENEFITS OF GETTING AN EARLY DIAGNOSIS. THE OBJECTIVE IS A SHARED INITIATIVE WITH ADVENTHEALTH GORDON. THE HOSPITALS PARTNERED ON THIS INITIATIVE BECAUSE OF A SHARED CHNA PRIORITY. THE INITIATIVE IS MANAGED THROUGH BOTH HOSPITALS; HOWEVER, ALL FUNDING AND OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL. THE EDUCATIONAL MATERIALS PROVIDED INCLUDE INFORMATION ON THE IMPORTANCE OF EARLY DETECTION, DIAGNOSIS AND TREATMENT, AS WELL AS IDENTIFYING LOCAL CARE OPTIONS FOR INDIVIDUALS IN NEED.

THE HOSPITAL MET ITS OBJECTIVE TO DISTRIBUTE EDUCATION INFORMATION AT COMMUNITY EVENTS TO INCREASE CANCER AWARENESS BY PROVIDING INFORMATION TO 251 COMMUNITY MEMBERS.

**Part V Facility Information** (continued)

**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.

**PRIORITY 2: DIABETES****2019 DESCRIPTION OF THE ISSUE:**

DIABETES IS ANOTHER LEADING CAUSE OF DEATH AND DISABILITY IN THE UNITED STATES. THIS CHRONIC DISEASE WAS IDENTIFIED AS AN AREA OF CONCERN FOR BOTH COMMUNITY MEMBERS AND STAKEHOLDERS. TOP 10 INPATIENT ADMISSION DATA INDICATED ENDOCRINOLOGY AS ONE OF THE MOST FREQUENT DIAGNOSES, WHICH REFLECTS A NEED FOR BETTER PREVENTION AND MAINTENANCE TO AVOID UNNECESSARY HOSPITAL STAYS FOR A PREVENTABLE AND MANAGEABLE DISEASE.

HEALTH OUTCOMES REFLECT THE NEED FOR STRATEGIC EFFORTS TO ADDRESS DIABETES IN THE ADVENTHEALTH MURRAY COMMUNITY. LEFT UNTREATED, DIABETES CAN LEAD TO REDUCTION IN QUALITY OF LIFE. IN THE HOSPITAL'S PRIMARY SERVICE AREA, THE PERCENTAGE OF ADULTS REPORTING DIABETES IS 19.1%, HIGHER THAN THE STATE AVERAGE OF 11.15%.

ACCESS TO CARE CONTINUES TO BE AN ADDITIONAL CONTRIBUTOR TO HIGHER THAN AVERAGE RATES OF DIABETES AMONG THE HOSPITAL PSA. THE BELOW INDICATORS ARE RELEVANT BECAUSE ACCESS TO REGULAR PRIMARY CARE IS IMPORTANT TO PREVENTING MAJOR HEALTH ISSUES AND EMERGENCY DEPARTMENT VISITS.

- 33.4% OF ADULTS LACK A CONSISTENT SOURCE OF PRIMARY CARE ACCORDING TO THE CENTER FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM 2011-12 DATA. THIS INDICATOR IS HIGHER THAN THE STATE AVERAGE OF 26.09%.

- THE RATE OF PREVENTABLE HOSPITAL EVENTS PER 1,000 MEDICARE ENROLLEES IS ALSO HIGHER THAN STATE AVERAGE AT 67.3 FOR THE PRIMARY SERVICE AREA

**Part V Facility Information** (continued)

**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.

COMPARED TO THE STATE AVERAGE OF 50.2. THIS INDICATOR IS RELEVANT BECAUSE  
ACCESS TO REGULAR PRIMARY CARE IS IMPORTANT TO PREVENTING MAJOR HEALTH  
ISSUES AND EMERGENCY DEPARTMENT VISITS.

(CONTINUED)

ADVENTHEALTH GORDON:

PART V, SECTION B, LINE 13H: EFFECTIVE MARCH 1, 2020, THE FILING  
ORGANIZATION'S HOSPITAL FACILITY (OR FACILITIES) AUGMENTED THEIR FINANCIAL  
ASSISTANCE POLICY WITH A COVID-19 FINANCIAL GRACE ADDENDUM. PURSUANT TO  
THE COVID-19 FINANCIAL GRACE ADDENDUM, UNINSURED PATIENTS TREATED FOR  
COVID-19 RELATED EVALUATIONS ARE TO RECEIVE FREE OR DISCOUNTED CARE  
DEPENDING ON THE PATIENT'S COOPERATION IN SUBMITTING NECESSARY FINANCIAL  
ASSISTANCE INFORMATION. INSURED PATIENTS TESTED FOR COVID-19 ARE NOT  
EXPECTED TO HAVE OUT-OF-POCKET EXPENSES BASED ON INSURANCE COMMUNITY  
RESPONSE TO WAIVE PATIENT FINANCIAL RESPONSIBILITY. IF A PAYER  
UNEXPECTEDLY FAILS TO WAIVE PATIENT RESPONSIBILITY FOR COVID-19 RELATED  
TESTING, THE FILING ORGANIZATION WILL NOT BALANCE BILL PATIENTS FOR ANY  
OUT-OF-POCKET EXPENSES RELATED TO COVID-19. IN ADDITION, PATIENTS WITH  
EXISTING PAYMENT PLANS ARE PROVIDED OPPORTUNITIES FOR REDUCING THEIR  
MONTHLY PAYMENTS.

ADVENTHEALTH MURRAY:

PART V, SECTION B, LINE 13H: EFFECTIVE MARCH 1, 2020, THE FILING  
ORGANIZATION'S HOSPITAL FACILITY (OR FACILITIES) AUGMENTED THEIR FINANCIAL  
ASSISTANCE POLICY WITH A COVID-19 FINANCIAL GRACE ADDENDUM. PURSUANT TO

**Part V Facility Information** (continued)

**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.

THE COVID-19 FINANCIAL GRACE ADDENDUM, UNINSURED PATIENTS TREATED FOR COVID-19 RELATED EVALUATIONS ARE TO RECEIVE FREE OR DISCOUNTED CARE DEPENDING ON THE PATIENT'S COOPERATION IN SUBMITTING NECESSARY FINANCIAL ASSISTANCE INFORMATION. INSURED PATIENTS TESTED FOR COVID-19 ARE NOT EXPECTED TO HAVE OUT-OF-POCKET EXPENSES BASED ON INSURANCE COMMUNITY RESPONSE TO WAIVE PATIENT FINANCIAL RESPONSIBILITY. IF A PAYER UNEXPECTEDLY FAILS TO WAIVE PATIENT RESPONSIBILITY FOR COVID-19 RELATED TESTING, THE FILING ORGANIZATION WILL NOT BALANCE BILL PATIENTS FOR ANY OUT-OF-POCKET EXPENSES RELATED TO COVID-19. IN ADDITION, PATIENTS WITH EXISTING PAYMENT PLANS ARE PROVIDED OPPORTUNITIES FOR REDUCING THEIR MONTHLY PAYMENTS.

SCH H, PART V, SECTION B, LINE 11 (CONTINUED) - ADVENTHEALTH GORDON

2022 UPDATE:

THE ADVENTHEALTH GORDON COMMUNITY HEALTH PLAN HAS TWO DESIRED GOAL STATEMENTS UNDER THE CHRONIC DISEASE PRIORITY.

1. PROVIDE FREE SCREENINGS IN OUR COMMUNITY

2. INCREASE NUMBER INDIVIDUALS RECEIVING PREVENTATIVE, EARLY DIAGNOSIS AND TREATMENT

GOAL 1: PROVIDE FREE SCREENINGS IN OUR COMMUNITY

OBJECTIVE 1:

THE FIRST OBJECTIVE IS TO PROVIDE FREE SCREENINGS AT HEALTH FAIRS, SUCH AS DALTON STATE COLLEGE, DIXIE GROUP AND THE LOCAL EMERGENCY PLANNING

**Part V Facility Information** (continued)

**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.

COMMITTEE (LEPC) PUBLIC SAFETY, TO RAISE AWARENESS ABOUT CHRONIC DISEASE AND BENEFITS OF PROACTIVE SCREENINGS FOR COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PSA TO 500 PARTICIPANTS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE INITIATIVE IS FUNDED AND MANAGED THROUGH ADVENTHEALTH GORDON, AND ALL OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

THE HOSPITAL MET ITS OBJECTIVE TO PROVIDE FREE SCREENINGS AT HEALTH FAIRS TO RAISE AWARENESS ABOUT CHRONIC DISEASE AND BENEFITS OF PROACTIVE SCREENINGS FOR 500 COMMUNITY MEMBERS. THE HOSPITAL ALSO PROVIDED BIOMETRIC SCREENINGS TO AN ADDITIONAL 300 COMMUNITY MEMBERS. RECOGNIZING THE IMPORTANCE OF EARLY DETECTION IN THE TREATMENT OF CHRONIC DISEASES THE HOSPITAL WILL CONTINUE TO OFFER THESE SERVICES TO THE COMMUNITY, EMPOWERING COMMUNITY MEMBERS TO ACCESS NECESSARY CARE.

**OBJECTIVE 2:**

THE SECOND OBJECTIVE IS TO PROVIDE FREE SCREENINGS TO LOW-INCOME FAMILIES AT THE HEALTH AND WELLNESS CLASSES AT THE VOLUNTARY ACTION CENTER IN THE HOSPITAL'S PSA TO 100 PARTICIPANTS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE VOLUNTARY ACTION CENTER IS A LOCAL NON-PROFIT WHICH OFFERS A VARIETY OF SERVICES ADDRESSING NEEDS ASSOCIATED WITH FOOD SECURITY, HOUSING AND OTHER SOCIAL DETERMINANTS OF HEALTH. THE INITIATIVE IS FUNDED AND MANAGED THROUGH ADVENTHEALTH GORDON, AND ALL OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

THE HOSPITAL DID NOT MEET ITS OBJECTIVE TO PROVIDE FREE SCREENINGS TO LOW-INCOME FAMILIES DUE TO THE CANCELLATION OF THE HEALTH AND WELLNESS

**Part V Facility Information** (continued)

**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.

CLASSES BY THE VOLUNTARY ACTION CENTER.

GOAL 2: INCREASE NUMBER INDIVIDUALS RECEIVING PREVENTATIVE, EARLY  
DIAGNOSIS AND TREATMENT

OBJECTIVE 1:

THE FIRST OBJECTIVE IS TO HOST COMMUNITY CLASSES, SUCH AS DIABETES  
EDUCATION AND THE WEIGHT MANAGEMENT PROGRAM FOR CANCER SURVIVORS, ON A  
MONTHLY BASIS TO PROVIDE EDUCATION ON CHRONIC DISEASE STRATEGIES FOR  
COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PSA TO 150 PARTICIPANTS  
FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE CLASSES ARE  
FUNDED AND MANAGED THROUGH ADVENTHEALTH GORDON, AND ALL OUTCOMES ARE  
SPECIFIC TO THE REPORTING HOSPITAL.

THE HOSPITAL MET ITS OBJECTIVE BY HOSTING COMMUNITY CLASSES FOR CANCER  
SURVIVORS TO PROVIDE EDUCATION ON CHRONIC DISEASE STRATEGIES FOR OVER  
204 COMMUNITY MEMBERS.

OBJECTIVE 2:

THE SECOND OBJECTIVE IS TO PARTICIPATE IN LOCAL INDUSTRY HEALTH FAIRS  
TO PROVIDE CHRONIC DISEASE EDUCATIONAL INFORMATION TO COMMUNITY MEMBERS  
RESIDING IN THE HOSPITAL'S PSA TO 500 PARTICIPANTS FROM A BASELINE OF  
ZERO BY THE END OF YEAR THREE. THE CHRONIC DISEASE EDUCATION  
INFORMATION IS FUNDED AND MANAGED THROUGH ADVENTHEALTH GORDON, AND ALL  
OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

THE HOSPITAL MET ITS OBJECTIVE BY PARTICIPATING IN LOCAL INDUSTRY

**Part V Facility Information** (continued)

**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.

HEALTH FAIRS TO PROVIDE CHRONIC DISEASE EDUCATIONAL INFORMATION FOR  
OVER 570 COMMUNITY MEMBERS.

PRIORITY 3: MENTAL HEALTH

2019 DESCRIPTION OF THE ISSUE:

MENTAL HEALTH ISSUES ARE OFTEN UNDIAGNOSED DUE TO THE LACK OF KNOWLEDGE  
REGARDING TREATMENT. MENTAL ILLNESS, ESPECIALLY DEPRESSION, INCREASES  
THE RISK FOR MANY TYPES OF PHYSICAL HEALTH PROBLEMS, PARTICULARLY  
LONG-LASTING CONDITIONS LIKE STROKE, TYPE 2 DIABETES AND HEART DISEASE.

SOCIAL AND EMOTIONAL SUPPORT IS CRITICAL FOR NAVIGATING THE CHALLENGES  
OF DAILY LIFE AS WELL AS FOR GOOD MENTAL HEALTH. SOCIAL AND EMOTIONAL  
SUPPORT IS ALSO LINKED TO EDUCATIONAL ACHIEVEMENT AND ECONOMIC  
STABILITY. SECONDARY DATA INDICATES THAT 22.7% OF ADULTS OVER THE AGE  
OF 18 SELF-REPORT THAT THEY RECEIVE INSUFFICIENT SOCIAL AND EMOTIONAL  
SUPPORT ALL OR MOST OF THE TIME. THIS IS HIGHER THAN THE STATE AVERAGE  
OF 20.7%.

THE ADVENTHEALTH PSA HAS A SLIGHTLY HIGHER RATE OF DEATH DUE TO  
INTENTIONAL SELF-HARM (SUICIDE) PER 100,000 POPULATION AT 15.35  
COMPARED TO THE STATE RATE OF 13.3. THIS INDICATOR IS RELEVANT AS  
SUICIDE IS A MAJOR INDICATOR OF POOR MENTAL HEALTH. MOREOVER, THE  
PERCENTAGE OF MEDICARE FEE-FOR-SERVICE POPULATION INSIDE THE HOSPITAL  
PSA WITH DEPRESSION IS 20.8% COMPARED TO THE STATE AVERAGE OF 17.9%.

THE HOSPITAL RECOGNIZES THAT IMPACTING ISSUES SUCH AS MENTAL HEALTH



**Part V Facility Information** (continued)

**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.

WILL BE MORE SUCCESSFUL WITH COLLABORATION. ADVENTHEALTH GORDON WILL  
PARTNER WITH COMMUNITY AGENCIES TO EDUCATE THE COMMUNITY AND HELP  
CONNECT THOSE IN NEED TO AVAILABLE RESOURCES.

**2022 UPDATE:**

THE ADVENTHEALTH GORDON COMMUNITY HEALTH PLAN HAS TWO DESIRED GOAL  
STATEMENTS UNDER THE MENTAL HEALTH PRIORITY.

1. PROVIDE INFORMATION ON RESOURCES IN OUR COMMUNITY
2. INCREASE NUMBER INDIVIDUALS RECEIVING TREATMENT

**GOAL 1: PROVIDE INFORMATION ON RESOURCES IN OUR COMMUNITY****OBJECTIVE 1:**

THE FIRST OBJECTIVE IS TO SHARE EDUCATIONAL MATERIAL ON MENTAL HEALTH  
AT COMMUNITY EVENTS WITH 250 COMMUNITY MEMBERS, FROM A BASELINE OF  
ZERO, TO INCREASE AWARENESS AND REDUCE THE SUICIDE DEATH RATE IN GORDON  
COUNTY BY THE END OF YEAR THREE. THE INITIATIVE IS FUNDED AND MANAGED  
THROUGH ADVENTHEALTH GORDON, AND ALL OUTCOMES ARE SPECIFIC TO THE  
REPORTING HOSPITAL. THE HOSPITAL PROVIDES MATERIALS ON THE IMPORTANCE  
OF MENTAL HEALTH AWARENESS AND BULLYING AS WELL AS A RESOURCE GUIDE TO  
CONNECT COMMUNITY MEMBERS IN NEED TO LOCALLY AVAILABLE RESOURCES.  
THE HOSPITAL MET ITS OBJECTIVE TO SHARE EDUCATIONAL MATERIAL ON MENTAL  
HEALTH AT COMMUNITY EVENTS WITH 532 COMMUNITY MEMBERS REACHED.

**OBJECTIVE 2:**

THE SECOND OBJECTIVE IS TO WORK WITH THE THREE PUBLIC HIGH SCHOOLS IN

**Part V Facility Information** (continued)

**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.

CALHOUN/GORDON COUNTY DURING NATIONAL SUICIDE PREVENTION WEEK BY PROVIDING VOLUNTEERS AND EDUCATIONAL LITERATURE TO INCREASE THE OVERALL AWARENESS OF AVAILABLE RESOURCES TO COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PSA TO 600 HIGH SCHOOL STUDENTS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE INITIATIVE IS CONDUCTED THROUGH ADVENTHEALTH GORDON, AND ALL OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

THE HOSPITAL DID NOT MEET ITS OBJECTIVE TO WORK WITH THREE PUBLIC HIGH SCHOOLS IN CALHOUN/GORDON COUNTY DURING THE NATIONAL SUICIDE PREVENTION WEEK. DUE TO BUDGET AND STAFFING CONSTRAINTS, THE HOSPITAL WAS UNABLE TO PROVIDE VOLUNTEERS AND EDUCATIONAL LITERATURE TO INCREASE THE OVERALL AWARENESS OF AVAILABLE RESOURCES TO COMMUNITY MEMBERS.

**GOAL 2: INCREASE NUMBER INDIVIDUALS RECEIVING TREATMENT****OBJECTIVE 1:**

THE FIRST OBJECTIVE IS TO IDENTIFY EXISTING COMMUNITY RESOURCES TO HELP SUPPORT UNINSURED/UNDERINSURED POPULATIONS AND CONNECT COMMUNITY MEMBERS IN NEED WITH THESE COMMUNITY RESOURCES, INCLUDING AVAILABLE TREATMENT OPTIONS. THIS OBJECTIVE WILL PROVIDE FREE RESOURCE GUIDES AT ADVENTHEALTH GORDON'S CLINICS TO UNINSURED/UNDERINSURED POPULATIONS RESIDING IN THE HOSPITAL'S PSA FOR 200 COMMUNITY MEMBERS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE INITIATIVE IS DEPLOYED THROUGH ADVENTHEALTH GORDON, AND ALL OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

WHILE IDENTIFYING AVAILABLE RESOURCES WHICH SUPPORT MENTAL HEALTH NEEDS

**Part V Facility Information** (continued)

**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.

IN THE COMMUNITY, IT HAS BECOME CLEAR THERE IS A GAP OF NEEDED SERVICES  
IN THE HOSPITAL'S PSA. THE HOSPITAL MET ITS OBJECTIVE TO IDENTIFY  
EXISTING COMMUNITY RESOURCES TO HELP SUPPORT UNINSURED/UNDERINSURED  
POPULATIONS AND CONNECT COMMUNITY MEMBERS IN NEED WITH THESE COMMUNITY  
RESOURCES. THE HOSPITAL WAS ABLE TO PROVIDE RESOURCE GUIDES TO 417  
COMMUNITY MEMBERS AND WILL FOCUS ITS EFFORTS ON CONNECTING INDIVIDUALS  
WITH THE RESOURCES AVAILABLE WHILE SEEKING WAYS TO ADDRESS THIS GAP IN  
THE FUTURE.

**OBJECTIVE 2:**

THE SECOND OBJECTIVE IS TO CO-SPONSOR A MENTAL HEALTH FAIR FOR PUBLIC  
HIGH SCHOOL STUDENTS IN CALHOUN/GORDON COUNTY TO INCREASE THE NUMBER OF  
TEENS AND ADULTS THAT HAVE ACCESS TO TREATMENT INFORMATION TO STUDENTS  
RESIDING IN THE HOSPITAL'S PSA TO 500 HIGH SCHOOL STUDENTS FROM A  
BASELINE OF ZERO BY THE END OF YEAR THREE. THE INITIATIVE IS CONDUCTED  
THROUGH ADVENTHEALTH GORDON, AND ALL OUTCOMES ARE SPECIFIC TO THE  
REPORTING HOSPITAL.

THE HOSPITAL DID NOT MEET ITS OBJECTIVE TO CO-SPONSOR A MENTAL HEALTH  
FAIR FOR PUBLIC HIGH SCHOOL STUDENTS IN CALHOUN/GORDON COUNTY TO  
INCREASE THE NUMBER OF TEENS AND ADULTS THAT HAVE ACCESS TO TREATMENT  
INFORMATION BECAUSE THE SCHOOL DISTRICT CANCELED THE HEALTH FAIRS DUE  
TO COVID-19. AFTER THE PANDEMIC RECEDED AND COMMUNITY TRANSMISSION  
DECREASED, THE SCHOOL DISTRICT WAS UNABLE TO RE-START THE MENTAL HEALTH  
FAIR FOR STUDENTS.

(CONTINUED)

**Part V Facility Information** (continued)

**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.

SCH H, PART V, SECTION B, LINE 11 (CONTINUED) - ADVENTHEALTH GORDON

PRIORITY 4: VAPING

2019 DESCRIPTION OF THE ISSUE:

VAPING IS QUICKLY BECOMING AN EPIDEMIC AMONG SCHOOL AGE CHILDREN.

ADVENTHEALTH GORDON COMMUNITY STAKEHOLDERS VOCALIZED CONCERN OVER THE

GROWING NUMBER OF CHILDREN ADOPTING THIS BEHAVIOR. THE USE OF

E-CIGARETTES IS UNSAFE FOR CHILDREN, TEENS AND YOUNG ADULTS. MOST

E-CIGARETTES CONTAIN NICOTINE, WHICH HAS PROVEN TO BE HIGHLY ADDICTIVE

AND HARMFUL TO ADOLESCENT BRAIN DEVELOPMENT. THERE IS GROWING CONCERN

REGARDING THE INCREASE IN USE, ESPECIALLY IN THE COMMUNITY'S YOUTH.

OPPORTUNITIES HAVE BEEN IDENTIFIED FOR THE HOSPITAL TO PARTNER WITH THE

SCHOOL SYSTEM TO HELP BOLSTER EFFORTS TO PROVIDE EDUCATION, SCREENINGS

AND STRENGTHEN PREVENTION EFFORTS.

2022 UPDATE:

THE ADVENTHEALTH GORDON COMMUNITY HEALTH PLAN HAS TWO DESIRED GOAL

STATEMENTS UNDER THE VAPING PRIORITY.

1. PARTNER WITH SCHOOL SYSTEMS TO EDUCATE THE STUDENTS IN OUR COMMUNITY

2. PROVIDE INFORMATION AND RESOURCES IN OUR COMMUNITY TO ADULTS

GOAL 1: PARTNER WITH SCHOOL SYSTEMS TO EDUCATE THE STUDENTS IN OUR

COMMUNITY

THE OBJECTIVE IS TO PROVIDE EIGHT LECTURES PER YEAR AT THE

**Part V Facility Information** (continued)

**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.

CALHOUN/GORDON COUNTY MIDDLE AND HIGH SCHOOLS TO INCREASE THE NUMBER OF STUDENTS THAT ARE AWARE OF THE DANGERS OF VAPING. THE OBJECTIVE IS A SHARED INITIATIVE WITH ADVENTHEALTH MURRAY. THE HOSPITALS PARTNERED ON THIS INITIATIVE BECAUSE OF A SHARED CHNA PRIORITY. THE INITIATIVE IS MANAGED THROUGH BOTH HOSPITALS; HOWEVER, ALL FUNDING AND OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL. THIS OBJECTIVE WILL EDUCATE 5,400 STUDENTS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE HOSPITAL DID NOT MEET ITS OBJECTIVE TO PROVIDE EIGHT LECTURES PER YEAR AT THE CALHOUN/GORDON COUNTY MIDDLE AND HIGH SCHOOLS TO INCREASE THE NUMBER OF STUDENTS THAT ARE AWARE OF THE DANGERS OF VAPING. HOWEVER, THE HOSPITAL DID PROVIDE EDUCATION TO 1,379 STUDENTS THROUGH THREE VISITS.

GOAL 2: PROVIDE INFORMATION AND RESOURCES IN OUR COMMUNITY TO ADULTS

THE OBJECTIVE, TO DEVELOP AND LAUNCH FOUR SOCIAL MEDIA POSTS PER YEAR DIRECTED AT THE ADULT POPULATION TO INCREASE AWARENESS AND EDUCATION AMONG THE ADULT POPULATION ON THE DANGERS OF VAPING, IS A SHARED INITIATIVE WITH ADVENTHEALTH MURRAY. THE HOSPITALS PARTNERED ON THIS INITIATIVE BECAUSE OF A SHARED CHNA PRIORITY. FUNDING AND OUTCOMES REPORTED REPRESENT BOTH HOSPITALS.

THE HOSPITAL DID NOT MEET ITS OBJECTIVE DUE TO BUDGET CONSTRAINTS WHICH PREVENTED THE MARKETING TEAM FROM DEVELOPING AND BOOSTING SOCIAL MEDIA POSTS IN 2022.

COMMUNITY NEEDS NOT CHOSEN BY ADVENTHEALTH GORDON:

**Part V Facility Information** (continued)

**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.

THE PRIMARY AND SECONDARY DATA IN THE COMMUNITY HEALTH NEEDS ASSESSMENT

IDENTIFIED MULTIPLE COMMUNITY ISSUES. THE HOSPITAL AND COMMUNITY

STAKEHOLDERS USED THE FOLLOWING CRITERIA TO NARROW THE LARGER LIST TO

THE PRIORITY AREAS NOTED ABOVE:

1. HOW ACUTE IS THE NEED? (BASED ON DATA AND COMMUNITY CONCERN)

2. WHAT IS THE TREND? IS THE NEED GETTING WORSE?

3. DOES THE HOSPITAL PROVIDE SERVICES THAT RELATE TO THE PRIORITY?

4. IS SOMEONE ELSE - OR MULTIPLE GROUPS - IN THE COMMUNITY ALREADY

WORKING ON THIS ISSUE?

5. IF THE HOSPITAL WERE TO ADDRESS THIS ISSUE, ARE THERE OPPORTUNITIES

TO WORK WITH COMMUNITY PARTNERS?

BASED ON THIS PRIORITIZATION PROCESS, THE HOSPITAL DID NOT CHOOSE THE

FOLLOWING COMMUNITY ISSUES:

1. TEEN PREGNANCY: TEEN PREGNANCY CAN IMPACT QUALITY OF LIFE FOR BOTH MOTHER AND CHILD. TEEN MOTHERS ARE AT A HIGHER RISK FOR POSTPARTUM DEPRESSION AND FUTURE POVERTY. THE COMMUNITY ASSET INVENTORY IDENTIFIED SEVERAL EXISTING PROGRAMS AND ORGANIZATIONS ADDRESSING THIS ISSUE. THE CHNAC CHOSE NOT TO FOCUS ON THIS ISSUE TO AVOID DUPLICATION OF EFFORTS.

2. IMMUNIZATIONS: THE COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE (CHNAC) AGREED THAT, WHILE IMPORTANT, ALREADY EXISTING EFFORTS LED BY THE LOCAL HEALTH DEPARTMENT WERE ADDRESSING THE ISSUE OF IMMUNIZATIONS. THE HOSPITAL WILL CONTINUE TO SUPPORT THE EFFORTS OF THE LOCAL HEALTH DEPARTMENT.

**Part V Facility Information** (continued)

**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.

3. RESPIRATORY DISEASE: ALTHOUGH SOME COMMUNITY MEMBERS CITED CHILDHOOD ASTHMA AS A COMMUNITY HEALTH PROBLEM, THE CHNAC DID NOT BELIEVE THIS PRIORITY COMPARED TO OTHER ISSUE. ADVENTHEALTH GORDON WILL CONTINUE TO PARTNER WITH THE SCHOOL SYSTEM TO HELP BOLSTER EFFORT TO PROVIDE EDUCATION AND SCREENINGS.

SCH H, PART V, SECTION B, LINE 11 (CONTINUED) - ADVENTHEALTH MURRAY  
2022 UPDATE:

THE ADVENTHEALTH MURRAY COMMUNITY HEALTH PLAN HAS TWO DESIRED GOAL STATEMENTS UNDER THE DIABETES PRIORITY.

1. PROVIDE FREE SCREENINGS IN OUR COMMUNITY

2. INCREASE NUMBER INDIVIDUALS RECEIVING PREVENTATIVE, EARLY DIAGNOSIS AND TREATMENT

GOAL 1: PROVIDE FREE SCREENINGS IN OUR COMMUNITY

THE OBJECTIVE IS TO CONTINUE TO PROVIDE FREE SCREENINGS AT HEALTH FAIRS SUCH AS THE MURRAY COUNTY EMPLOYEE HEALTH FAIR TO RAISE AWARENESS ABOUT DIABETES TO COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PSA TO 250 COMMUNITY MEMBERS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE FREE SCREENINGS ARE FUNDED AND MANAGED THROUGH ADVENTHEALTH MURRAY AND ALL OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

THE HOSPITAL DID NOT MEET ITS OBJECTIVE TO PROVIDE FREE SCREENINGS AT HEALTH FAIRS SUCH AS THE MURRAY COUNTY EMPLOYEE HEALTH FAIR TO RAISE AWARENESS ABOUT DIABETES TO COMMUNITY MEMBERS. DUE TO COVID-19, THE

**Part V Facility Information** (continued)

**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.

MURRAY COUNTY EMPLOYEE HEALTH FAIR WAS CANCELED FOR OCTOBER 2020 AND 2021. THE COUNTY DISCONTINUED THIS HEALTH FAIR AFTER COVID-19.

GOAL 2: INCREASE NUMBER INDIVIDUALS RECEIVING PREVENTATIVE, EARLY DIAGNOSIS AND TREATMENT

OBJECTIVE 1:

THE FIRST OBJECTIVE IS TO PARTNER WITH THE CHATSWORTH SEVENTH-DAY ADVENTIST CHURCH FOR COMMUNITY CLASSES, SUCH AS DIABETES UNDONE WHICH EMPOWERS PARTICIPANTS TO IMPROVE THEIR HEALTH OUTCOMES THROUGH LIFESTYLE CHANGE, TO PROVIDE EDUCATION ON DIABETES TO COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PSA TO 100 COMMUNITY MEMBERS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE INITIATIVE IS FUNDED AND MANAGED THROUGH ADVENTHEALTH MURRAY, AND ALL OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

THE HOSPITAL DID NOT MEET ITS OBJECTIVE TO PROVIDE COMMUNITY CLASSES, AND SERVED A TOTAL OF 27 PEOPLE. DIABETES UNDONE CLASSES, HELD AT THE CHATSWORTH SEVENTH-DAY ADVENTIST CHURCH EMPOWERED 15 PARTICIPANTS TO IMPROVE THEIR HEALTH OUTCOMES THROUGH LIFESTYLE CHANGE DURING THE MONTHS OF JUNE, JULY AND AUGUST IN 2021 SERVED A TOTAL OF 15 PEOPLE, WHILE COVID RESTRICTIONS FOR PUBLIC EVENTS LIFTED TEMPORARILY. THESE CLASSES HOSTED AT THE CHURCH WERE DISCONTINUED DUE TO PERSONNEL TURNOVER.

THE HOSPITAL RESUMED DIABETES CLASSES AT THE HOSPITAL AND SERVED A TOTAL OF TWELVE PEOPLE DURING THE MONTHS OF JUNE, JULY AND AUGUST OF



**Part V Facility Information** (continued)

**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.

2022.

**OBJECTIVE 2:**

THE SECOND OBJECTIVE IS TO CONTINUE TO PARTICIPATE IN LOCAL INDUSTRY HEALTH FAIRS TO PROVIDE COMMUNITY MEMBERS WITH DIABETES EDUCATIONAL INFORMATION THROUGH PRINTED LITERATURE AND A STAFF MEMBER TO ANSWER QUESTIONS FOR COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PSA TO 250 COMMUNITY MEMBERS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE INITIATIVE IS FUNDED AND CONDUCTED THROUGH ADVENTHEALTH MURRAY, AND ALL OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

THE HOSPITAL MET ITS OBJECTIVE ENGAGING A TOTAL OF 777 COMMUNITY MEMBERS THROUGH CLASSES AND HEALTH FAIRS. PRAISES IN THE PARK EVENT DISTRIBUTED INFORMATION ABOUT DIABETES AND STROKE TO 47 PEOPLE IN SEPTEMBER, 2022, AND HOSPITAL REPRESENTATIVES SPOKE TO 480 PEOPLE TOTAL DURING THE AG-DAY EVENT, MAY 2022, ABOUT HEALTHY LIVING AND CHRONIC DISEASE PREVENTION. THE HOSPITAL TEAM DISTRIBUTED PREVENTATIVE HEALTH EDUCATION MATERIALS AT THE DALTON-WHITFIELD SENIOR EXPO IN APRIL 2022 AND SERVED 250 PEOPLE.

**PRIORITY 3: VAPING**

**2019 DESCRIPTION OF THE ISSUE:**

VAPING IS QUICKLY BECOMING AN EPIDEMIC AMONG SCHOOL-AGE CHILDREN. DATA IS LIMITED ON VAPING AND E-CIGARETTE USE AS THIS IS A RELATIVELY NEW HEALTH ISSUE. CURRENT AGE-ADJUSTED PERCENT OF ADULTS WHO SMOKE CIGARETTES IS 25.3% IN THE HOSPITAL PRIMARY SERVICE AREA COMPARED TO

**Part V Facility Information** (continued)

**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.

THE STATE PERCENT OF 17.8%. ADVENTHEALTH MURRAY COMMUNITY STAKEHOLDERS  
VOCALIZED CONCERN OVER THE GROWING NUMBER OF CHILDREN ADOPTING THIS  
BEHAVIOR. THE USE OF E-CIGARETTES IS UNSAFE FOR CHILDREN, TEENS AND  
YOUNG ADULTS. MOST E-CIGARETTES CONTAIN NICOTINE, WHICH HAS PROVEN TO  
BE HIGHLY ADDICTIVE AND HARMFUL TO ADOLESCENT BRAIN DEVELOPMENT. THERE  
IS GROWING CONCERN REGARDING THE INCREASE IN USE, ESPECIALLY IN THE  
COMMUNITY'S YOUTH. OPPORTUNITIES HAVE BEEN IDENTIFIED FOR THE HOSPITAL  
TO PARTNER WITH THE SCHOOL SYSTEM TO HELP BOLSTER EFFORTS TO PROVIDE  
EDUCATION, SCREENINGS AND STRENGTHEN PREVENTION EFFORTS.

**2022 UPDATE:**

THE ADVENTHEALTH MURRAY COMMUNITY HEALTH PLAN HAS TWO DESIRED GOAL  
STATEMENTS UNDER THE VAPING PRIORITY.

1. PARTNER WITH SCHOOL SYSTEMS TO EDUCATE THE STUDENTS IN OUR COMMUNITY

2. PROVIDE INFORMATION AND RESOURCES IN OUR COMMUNITY TO ADULTS

GOAL 1: PARTNER WITH SCHOOL SYSTEMS TO EDUCATE THE STUDENTS IN OUR  
COMMUNITY

THE OBJECTIVE IS TO PROVIDE FOUR LECTURES PER YEAR AT THE MURRAY COUNTY  
MIDDLE AND HIGH SCHOOLS TO INCREASE THE NUMBER OF STUDENTS THAT ARE  
AWARE OF THE DANGERS OF VAPING TO STUDENTS RESIDING IN THE HOSPITAL'S  
PSA TO 3,095 STUDENTS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE.

THE OBJECTIVE IS A SHARED INITIATIVE WITH ADVENTHEALTH GORDON. THE  
HOSPITALS PARTNERED ON THIS INITIATIVE BECAUSE OF A SHARED CHNA

**Part V Facility Information** (continued)

**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.

PRIORITY. THE INITIATIVE IS MANAGED THROUGH BOTH HOSPITALS; HOWEVER,  
ALL FUNDING AND OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

THE HOSPITAL DID NOT MEET ITS OBJECTIVE WITH ONLY 3,017 STUDENTS  
PARTICIPATING IN LECTURES ON THE DANGERS OF VAPING.

(CONTINUED)

SCH H, PART V, SECTION B, LINE 11 (CONTINUED) - ADVENTHEALTH MURRAY  
GOAL 2: PROVIDE INFORMATION AND RESOURCES IN OUR COMMUNITY TO ADULTS

THE OBJECTIVE IS TO DEVELOP AND LAUNCH FOUR SOCIAL MEDIA POSTS PER YEAR  
DIRECTED AT THE ADULT POPULATION IN TARGETED ZIP CODES WITHIN  
ADVENTHEALTH MURRAY'S PSA TO INCREASE AWARENESS AND EDUCATION AMONG THE  
ADULT POPULATION ON THE DANGERS OF VAPING IS A SHARED INITIATIVE WITH  
ADVENTHEALTH GORDON. THE HOSPITALS PARTNERED ON THIS INITIATIVE BECAUSE  
OF A SHARED CHNA PRIORITY. FUNDING AND OUTCOMES REPORTED REPRESENT BOTH  
HOSPITALS. THE POST WILL BE "BOOSTED" FOR \$500 PER YEAR TARGETING  
AUDIENCES AGED 30-60 YEARS OLD TO REACH PARENTS AND GRANDPARENTS  
RESIDING IN THE HOSPITAL'S PSA TO 20,000 VIEWS FROM A BASELINE OF ZERO  
BY THE END OF YEAR THREE. DUE TO COVID-19, THE OBJECTIVE WAS DELAYED,  
AS RESOURCES WERE REALLOCATED TO COVID RELATED NECESSITIES.

THE HOSPITAL DID NOT MEET ITS OBJECTIVE DUE TO BUDGET CONSTRAINTS WHICH  
PREVENTED THE MARKETING TEAM FROM DEVELOPING AND BOOSTING SOCIAL MEDIA  
POSTS IN 2022.

**Part V Facility Information** (continued)

**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.

**PRIORITY 4: NUTRITION****2019 DESCRIPTION OF THE ISSUE:**

THE NEED TO FOCUS ON NUTRITION WAS REFLECTED IN CONSISTENTLY HIGHER THAN STATE INCIDENCE OF PREVENTABLE, CHRONIC DISEASE. THE COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE AGREED THAT INCREASING THE COMMUNITY'S ABILITY TO ACCESS AND INCORPORATE A MORE BALANCED DIET WOULD HELP WITH THE PREVENTION AND MAINTENANCE OF MANY ISSUES IDENTIFIED THROUGHOUT THE NEEDS ASSESSMENT PROCESS. THE CURRENT FOOD INSECURITY RATE FOR THE ADVENTHEALTH MURRAY PRIMARY SERVICE AREA (PSA) IS 11.2%, WHICH IS SLIGHTLY LOWER THAN THE STATE AVERAGE OF 14.4%. ALTHOUGH A FOOD INSECURITY RATE LOWER THAN STATE AVERAGE IS CONSIDERED POSITIVE, 11.2% OF THE POPULATION TRANSLATES TO APPROXIMATELY ONE IN NINE COMMUNITY MEMBERS WHO EXPERIENCE A LACK OF CONSISTENT ACCESS TO ENOUGH FOOD TO SUSTAIN AN ACTIVE, HEALTHY LIFE. IN ADDITION TO FOOD INSECURITY, THE HOSPITAL ALSO UTILIZED THE FOOD ACCESS RESEARCH ATLAS TO DETERMINE IF A SIGNIFICANT NUMBER OF INDIVIDUALS, OR SHARE OF THE POPULATION, ARE FAR FROM A SUPERMARKET, SUPERCENTER, OR LARGE GROCERY STORE. WHILE LOWER THAN THE STATE AVERAGE OF 30.82%, THE HOSPITAL PSA STILL HAS 19.21%, OR APPROXIMATELY ONE IN FIVE, COMMUNITY MEMBERS WHO LACK REASONABLE ACCESS TO HEALTHY AND NUTRITIOUS FOOD.

**2022 UPDATE:**

THE ADVENTHEALTH MURRAY COMMUNITY HEALTH PLAN HAS TWO DESIRED GOAL STATEMENTS UNDER THE NUTRITION PRIORITY.

**1. PARTNER WITH COMMUNITY AGENCIES TO EDUCATE LOW-INCOME ADULTS**

**Part V Facility Information** (continued)

**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.

**2. EDUCATE INDIVIDUALS IN OUR COMMUNITY ON HEALTHY EATING CHOICES****GOAL 1: PARTNER WITH COMMUNITY AGENCIES TO EDUCATE LOW-INCOME ADULTS**

THE OBJECTIVE IS TO WORK WITH THE CHATSWORTH SEVENTH-DAY ADVENTIST CHURCH PROVIDING VOLUNTEERS AND EDUCATIONAL LITERATURE TO EDUCATE OUR COMMUNITY MEMBERS ON HEALTHY EATING HABITS FOR COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PSA TO 150 COMMUNITY MEMBERS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE COMMUNITY MEMBERS ARE PROVIDED EDUCATION THROUGH THE DIABETES UNDONE PROGRAM, WHICH APPEARS IN THE THIRD PRIORITY. NUTRITION IS A KEY COMPONENT IMPACTING DIABETES AND OTHER CHRONIC DISEASES AND IS INCLUDED AS PART OF THE DIABETES UNDONE CURRICULUM. THE REPORTED NUMBERS ARE NOT UNIQUE BUT REFLECT A TOTAL OF 150 ACROSS BOTH GOALS/OBJECTIVES. THE INITIATIVE IS FUNDED AND MANAGED THROUGH ADVENTHEALTH MURRAY, AND ALL OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL. DUE TO COVID-19, THE PARTNERSHIP WITH THE CHATSWORTH SEVENTH-DAY ADVENTIST CHURCH, WAS DELAYED.

THE HOSPITAL DID NOT MEET ITS SET METRIC OF PROVIDING NUTRITIONAL EDUCATION TO COMMUNITY PARTNERS BECAUSE FUNDING, PERSONNEL WERE NO LONGER AVAILABLE TO SUPPORT THE PROGRAM. THE PARTNERSHIP WITH THE LOCAL SEVENTH-DAY ADVENTIST CHURCH WAS NO LONGER ACTIVE AFTER THE PERSONNEL LEFT THE COMPANY.

**GOAL 2: EDUCATE INDIVIDUALS IN OUR COMMUNITY ON HEALTHY EATING CHOICES****OBJECTIVE 1:**

**Part V Facility Information** (continued)

**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.

THE FIRST OBJECTIVE IS TO SHARE EDUCATION MATERIAL ON HEALTHY EATING AT COMMUNITY EVENTS TO INCREASE AWARENESS FOR A HEALTHIER LIFESTYLE FOR COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PSA TO 200 COMMUNITY MEMBERS FROM A BASELINE OF ZERO BY THE END OF YEAR THREE. THE INITIATIVE IS FUNDED AND MANAGED THROUGH ADVENTHEALTH MURRAY, AND ALL OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL.

THE HOSPITAL EXCEEDED ITS OBJECTIVE TO SHARE EDUCATION MATERIAL ON HEALTHY EATING AT COMMUNITY EVENTS TO INCREASE AWARENESS FOR A HEALTHIER LIFESTYLE FOR 291 COMMUNITY MEMBERS.

**OBJECTIVE 2:**

THE SECOND OBJECTIVE IS TO USE CREATION LIFE CLASSES TO PROVIDE ACCESS TO KNOWLEDGE AROUND HEALTHY NUTRITION TO COMMUNITY MEMBERS RESIDING IN THE HOSPITAL'S PSA TO 150 COMMUNITY MEMBERS FROM BASELINE OF ZERO BY THE END OF YEAR THREE. THE CREATION LIFE CLASSES ARE FUNDED AND MANAGED THROUGH ADVENTHEALTH MURRAY, AND ALL OUTCOMES ARE SPECIFIC TO THE REPORTING HOSPITAL. THE INITIATIVE PROVIDES INDIVIDUALS AT RISK FOR CHRONIC DISEASE WITH WELLNESS AND HEALTHY LIFESTYLE PRINCIPLES BASED ON THE TENANTS OF CHOICE, REST, ENVIRONMENT, ACTIVITY, TRUST, INTERPERSONAL RELATIONSHIPS, OUTLOOK AND NUTRITION

THE HOSPITAL EXCEEDED ITS OBJECTIVE TO USE CREATION LIFE CLASSES TO PROVIDE ACCESS TO KNOWLEDGE AROUND HEALTHY NUTRITION TO 250 COMMUNITY MEMBERS.

COMMUNITY NEEDS NOT CHOSEN BY ADVENTHEALTH MURRAY:

**Part V Facility Information** (continued)

**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.

THE PRIMARY AND SECONDARY DATA IN THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED MULTIPLE COMMUNITY ISSUES. THE HOSPITAL AND COMMUNITY STAKEHOLDERS USED THE FOLLOWING CRITERIA TO NARROW THE LARGER LIST TO THE PRIORITY AREAS NOTED ABOVE:

1. HOW ACUTE IS THE NEED? (BASED ON DATA AND COMMUNITY CONCERN)
2. WHAT IS THE TREND? IS THE NEED GETTING WORSE?
3. DOES THE HOSPITAL PROVIDE SERVICES THAT RELATE TO THE PRIORITY?
4. IS SOMEONE ELSE - OR MULTIPLE GROUPS - IN THE COMMUNITY ALREADY WORKING ON THIS ISSUE?
5. IF THE HOSPITAL WERE TO ADDRESS THIS ISSUE, ARE THERE OPPORTUNITIES TO WORK WITH COMMUNITY PARTNERS?

BASED ON THIS PRIORITIZATION PROCESS, THE HOSPITAL DID NOT CHOOSE THE FOLLOWING COMMUNITY ISSUES:

1. TEEN PREGNANCY: TEEN PREGNANCY CAN IMPACT QUALITY OF LIFE FOR BOTH MOTHER AND CHILD. TEEN MOTHERS ARE AT A HIGHER RISK FOR POSTPARTUM DEPRESSION AND FUTURE POVERTY. THE COMMUNITY ASSET INVENTORY IDENTIFIED EXISTING PROGRAMS AND ORGANIZATIONS ADDRESSING THIS ISSUE. THE COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE (CHNAC) CHOSE NOT TO FOCUS ON THIS ISSUE TO AVOID DUPLICATION OF EFFORTS.

2. IMMUNIZATION CHILDREN: THE CHNAC AGREED THAT WHILE, EXISTING EFFORTS LED BY THE LOCAL HEALTH DEPARTMENT WERE ADDRESSING THE ISSUE OF IMMUNIZATION. THE HOSPITAL WILL CONTINUE TO SUPPORT THE EFFORTS OF THE LOCAL HEALTH DEPARTMENT.

**Part V Facility Information** (continued)

**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.

3. ASTHMA IN CHILDREN: ALTHOUGH SOME COMMUNITY MEMBERS CITED CHILDHOOD ASTHMA AS A COMMUNITY HEALTH PROBLEM, THE CHNAC DID NOT BELIEVE THIS PRIORITY COMPARED TO OTHER ISSUES IN TERMS OF THE MAGNITUDE OF THE HEALTH PROBLEM IT POSED TO THE COMMUNITY. ADVENTHEALTH MURRAY WILL CONTINUE TO PARTNER WITH THE SCHOOL SYSTEM TO HELP BOLSTER EFFORTS TO PROVIDE EDUCATION AND SCREENINGS.

4. HEART DISEASE/HIGH BLOOD PRESSURE/CHOLESTEROL: HEART DISEASE, HIGH BLOOD PRESSURE AND CHOLESTEROL WERE IDENTIFIED CONSISTENTLY AS AREAS OF CONCERN IN BOTH PRIMARY AND SECONDARY DATA. THE HOSPITAL AND COMMUNITY BOTH HAVE EXISTING PROGRAMS IN PLACE. ADVENTHEALTH MURRAY WILL CONTINUE TO PARTNER WITH THE COMMUNITY AND PROVIDE SCREENINGS AND EDUCATION TO COMMUNITY MEMBERS. BY ADDRESSING NUTRITION THROUGH EDUCATION AND PARTNERSHIPS, THE CHNA HOPES TO BE ABLE TO POSITIVELY IMPACT THESE CONDITIONS.

PART V, SECTION B, LINE 7A

URL FOR ADVENTHEALTH GORDON'S CHNA:

[HTTPS://WWW.ADVENTHEALTH.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS](https://www.adventhealth.com/community-health-needs-assessments)

URL FOR ADVENTHEALTH MURRAY'S CHNA:

[HTTPS://WWW.ADVENTHEALTH.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS](https://www.adventhealth.com/community-health-needs-assessments)

PART V, SECTION B, LINE 10A

URL FOR ADVENTHEALTH GORDON'S MOST RECENTLY ADOPTED IMPLEMENTATION



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

**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.

STRATEGY:

[HTTPS://WWW.ADVENTHEALTH.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS](https://www.adventhealth.com/community-health-needs-assessments)

URL FOR ADVENTHEALTH MURRAY'S MOST RECENTLY ADOPTED IMPLEMENTATION

STRATEGY:

[HTTPS://WWW.ADVENTHEALTH.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS](https://www.adventhealth.com/community-health-needs-assessments)

PART V, LINE 16A, 16B, AND 16C:

PART V, 16A, FAP WEBSITE:

ADVENTHEALTH GORDON

[HTTPS://WWW.ADVENTHEALTH.COM/LEGAL/FINANCIAL-ASSISTANCE](https://www.adventhealth.com/legal/financial-assistance)

ADVENTHEALTH MURRAY

[HTTPS://WWW.ADVENTHEALTH.COM/LEGAL/FINANCIAL-ASSISTANCE](https://www.adventhealth.com/legal/financial-assistance)

PART V, 16B, FAP APPLICATION WEBSITE:

ADVENTHEALTH GORDON

[HTTPS://WWW.ADVENTHEALTH.COM/LEGAL/FINANCIAL-ASSISTANCE](https://www.adventhealth.com/legal/financial-assistance)

ADVENTHEALTH MURRAY

[HTTPS://WWW.ADVENTHEALTH.COM/LEGAL/FINANCIAL-ASSISTANCE](https://www.adventhealth.com/legal/financial-assistance)

PART V, 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

ADVENTHEALTH GORDON

[HTTPS://WWW.ADVENTHEALTH.COM/LEGAL/FINANCIAL-ASSISTANCE](https://www.adventhealth.com/legal/financial-assistance)

ADVENTHEALTH MURRAY

**Part V Facility Information** (continued)

**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.

[HTTPS://WWW.ADVENTHEALTH.COM/LEGAL/FINANCIAL-ASSISTANCE](https://www.adventhealth.com/legal/financial-assistance)

PART V, SECTION B, LINE 8 - 10A CHNA IMPLEMENTATION STRATEGY

ADVENTHEALTH GORDON

THE FILING ORGANIZATION ADOPTED A COMMUNITY HEALTH NEEDS ASSESSMENT

REPORT BY 12/31/2022 AND WAS IN THE PROCESS OF DEVELOPING ITS COMMUNITY

HEALTH NEEDS IMPLEMENTATION STRATEGY AT THAT TIME. THE FILING

ORGANIZATION'S 2023-2025 COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY

IS DOCUMENTED IN A WRITTEN REPORT CALLED THE "COMMUNITY HEALTH PLAN".

THE COMMUNITY HEALTH PLAN (CHP) DESCRIBES HOW THE FILING ORGANIZATION

PLANS TO MEET ITS IDENTIFIED PRIORITIZED HEALTH NEEDS OR IDENTIFIES THE

HEALTH NEED AS ONE THE FILING ORGANIZATION DOES NOT INTEND TO

SPECIFICALLY ADDRESS AND PROVIDES AN EXPLANATION AS TO WHY THE FILING

ORGANIZATION DOES NOT INTEND TO ADDRESS THAT HEALTH NEED. THE FILING

ORGANIZATION'S 2023-2025 CHP WAS ADOPTED BY MAY 15, 2023 AND IS POSTED

ON THE HOSPITAL FACILITY'S WEBSITE.

PART V, SECTION B, LINE 8 - 10A CHNA IMPLEMENTATION STRATEGY

ADVENTHEALTH MURRAY

THE FILING ORGANIZATION ADOPTED A COMMUNITY HEALTH NEEDS ASSESSMENT

REPORT BY 12/31/2022 AND WAS IN THE PROCESS OF DEVELOPING ITS COMMUNITY

HEALTH NEEDS IMPLEMENTATION STRATEGY AT THAT TIME. THE FILING

ORGANIZATION'S 2023-2025 COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY

IS DOCUMENTED IN A WRITTEN REPORT CALLED THE "COMMUNITY HEALTH PLAN".

THE COMMUNITY HEALTH PLAN (CHP) DESCRIBES HOW THE FILING ORGANIZATION

PLANS TO MEET ITS IDENTIFIED PRIORITIZED HEALTH NEEDS OR IDENTIFIES THE

HEALTH NEED AS ONE THE FILING ORGANIZATION DOES NOT INTEND TO

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

**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.

SPECIFICALLY ADDRESS AND PROVIDES AN EXPLANATION AS TO WHY THE FILING

ORGANIZATION DOES NOT INTEND TO ADDRESS THAT HEALTH NEED. THE FILING

ORGANIZATION'S 2023-2025 CHP WAS ADOPTED BY MAY 15, 2023 AND IS POSTED

ON THE HOSPITAL FACILITY'S WEBSITE.

**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? 25

Name and address	Type of facility (describe)
1 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 400 TIMMS ROAD NE CALHOUN, GA 30701	PHYSICIAN CLINIC
2 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 100 HOSPITAL COURT CALHOUN, GA 30701	PHYSICIAN CLINIC
3 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 109 HOSPITAL COURT CALHOUN, GA 30701	PHYSICIAN CLINIC
4 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 400 TIMMS ROAD NE CALHOUN, GA 30701	PHYSICIAN CLINIC
5 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 170 CURTIS PARKWAY NE, SUITE 1 CALHOUN, GA 30701	PHYSICIAN CLINIC
6 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 21 COMMERCE PARKWAY ADAIRSVILLE, GA 30103	PHYSICIAN CLINIC
7 ADVENTHEALTH GORDON EMS 105 WILLOWBROOK WAY CALHOUN, GA 30701	AMBULANCE SERVICE
8 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 824 GI MADDOX PARKWAY CHATSWORTH, GA 30705	PHYSICIAN CLINIC
9 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 504 REDMOND ROAD ROME, GA 30165	PHYSICIAN CLINIC
10 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 2112 SHORTER AVENUE SW, SUITE 200 ROME, GA 30165	PHYSICIAN CLINIC

Schedule H (Form 990) 2022

**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? 25

Name and address	Type of facility (describe)
11 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 815 CURTIS PARKWAY SE CALHOUN, GA 30701	PHYSICIAN CLINIC
12 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 1035 RED BUD ROAD NE, SUITE 105 CALHOUN, GA 30701	PHYSICIAN CLINIC
13 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 1035 RED BUD ROAD SUITE 201 CALHOUN, GA 30701	PHYSICIAN CLINIC
14 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 104 HOSPITAL DRIVE CHATSWORTH, GA 30705	PHYSICIAN CLINIC
15 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 1035 RED BUD ROAD NE, SUITE 203 CALHOUN, GA 30701	PHYSICIAN CLINIC
16 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 101 YELLOW JACKET DRIVE CALHOUN, GA 30701	PHYSICIAN CLINIC
17 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 100 HOSPITAL DRIVE CHATSWORTH, GA 30705	PHYSICIAN CLINIC
18 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 106 HOSPITAL DRIVE, SUITE 5 CHATSWORTH, GA 30705	PHYSICIAN CLINIC
19 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 110 HOSPITAL DRIVE CALHOUN, GA 30701	PHYSICIAN CLINIC
20 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 715 E. 2ND AVE ROME, GA 30161	PHYSICIAN CLINIC

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**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 (for example, 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.

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**PART I, LINE 3C:**

UNDER THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY, AN INDIVIDUAL IS ELIGIBLE FOR A 100% REDUCTION FROM APPLICABLE CHARGES IF THE INDIVIDUAL'S HOUSEHOLD INCOME IS AT OR BELOW 200% OF THE CURRENT FEDERAL POVERTY GUIDELINES. ALTERNATIVELY, A PATIENT MAY ALSO QUALIFY FOR A 100% REDUCTION FROM CHARGES WHEN THE UNPAID PORTION OF A PATIENT'S BILL EXCEEDS 25% OF THE INDIVIDUAL'S ANNUAL HOUSEHOLD INCOME AND WHERE THE TOTAL ANNUAL HOUSEHOLD INCOME IS LESS THAN 500% OF THE FEDERAL POVERTY GUIDELINES.

MEDICARE RECIPIENTS MAY ALSO BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY DEPENDING UPON THE INDIVIDUAL'S INCOME AND RESOURCES. RESOURCES ARE GENERALLY DEFINED AS ASSETS SUCH AS MONEY IN CHECKING OR SAVINGS ACCOUNTS, STOCKS, AND BONDS.

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**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

**Part VI** Supplemental Information (Continuation)

30 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 AND ASSOCIATED IMPLEMENTATION STRATEGY 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.

## 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



**Part VI** Supplemental Information (Continuation)

AS ADJUSTMENTS TO REVENUE, NOT BAD DEBT EXPENSE.

PART III, LINE 3:

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

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**Part VI** Supplemental Information (Continuation)

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

**Part VI** Supplemental Information (Continuation)

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.

PART III, LINE 4:

FINANCIAL STATEMENT FOOTNOTE RELATED TO ACCOUNTS RECEIVABLE AND ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS:

THE FINANCIAL INFORMATION OF THE FILING ORGANIZATION IS INCLUDED IN A CONSOLIDATED AUDITED FINANCIAL STATEMENT FOR THE CURRENT YEAR.

THE APPLICABLE FOOTNOTE FROM THE ATTACHED CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ADDRESSES ACCOUNTS RECEIVABLE, THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, AND THE PROVISION FOR BAD DEBTS CAN BE FOUND ON PAGES 8 AND 9. PLEASE NOTE THAT DOLLAR AMOUNTS ON THE ATTACHED CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE IN THOUSANDS.

PART III, LINE 8:

COSTING METHODOLOGY: MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST-TO-CHARGE RATIO.

RATIONALE FOR INCLUDING A MEDICARE SHORTFALL AS COMMUNITY BENEFIT:

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**Part VI** Supplemental Information (Continuation)

AS A 501(C)(3) ORGANIZATION, THE FILING ORGANIZATION PROVIDES EMERGENCY AND NON-ELECTIVE CARE TO ALL REGARDLESS OF ABILITY TO PAY. ALL HOSPITAL SERVICES ARE PROVIDED IN A NON-DISCRIMINATORY MANNER TO PATIENTS WHO ARE COVERED BENEFICIARIES UNDER THE MEDICARE PROGRAM. AS A PUBLIC INSURANCE PROGRAM, MEDICARE PROVIDES A PRE-ESTABLISHED REIMBURSEMENT RATE/AMOUNT TO HEALTH CARE PROVIDERS FOR THE SERVICES THEY PROVIDE TO PATIENTS. IN SOME CASES, THE REIMBURSEMENT AMOUNT PROVIDED TO A HOSPITAL MAY EXCEED ITS COSTS OF PROVIDING A PARTICULAR SERVICE OR SERVICES TO A PATIENT. IN OTHER CASES, THE MEDICARE REIMBURSEMENT AMOUNT MAY RESULT IN THE HOSPITAL EXPERIENCING A SHORTFALL OF REIMBURSEMENT RECEIVED OVER COSTS INCURRED. IN THOSE CASES WHERE AN OVERALL SHORTFALL IS GENERATED FOR PROVIDING SERVICES TO ALL MEDICARE PATIENTS, THE SHORTFALL AMOUNT SHOULD BE CONSIDERED AS A BENEFIT TO THE COMMUNITY.

TAX-EXEMPT HOSPITALS ARE REQUIRED TO ACCEPT ALL MEDICARE PATIENTS REGARDLESS OF THE PROFITABILITY, OR LACK THEREOF, WITH RESPECT TO THE SERVICES THEY PROVIDE TO MEDICARE PATIENTS. THE POPULATION OF INDIVIDUALS COVERED UNDER THE MEDICARE PROGRAM IS SUFFICIENTLY LARGE SO THAT THE PROVISION OF SERVICES TO THE POPULATION IS A BENEFIT TO THE COMMUNITY AND RELIEVES THE BURDENS OF GOVERNMENT.

IN THOSE SITUATIONS WHERE THE PROVISION OF SERVICES TO THE TOTAL MEDICARE PATIENT POPULATION OF A TAX-EXEMPT HOSPITAL DURING ANY YEAR RESULTS IN A SHORTFALL OF REIMBURSEMENT RECEIVED OVER THE COST OF PROVIDING CARE, THE TAX-EXEMPT HOSPITAL HAS PROVIDED A BENEFIT TO A CLASS OF PERSONS BROAD ENOUGH TO BE CONSIDERED A BENEFIT TO THE COMMUNITY. DESPITE A FINANCIAL SHORTFALL, A TAX-EXEMPT HOSPITAL MUST AND WILL CONTINUE TO ACCEPT AND CARE FOR MEDICARE PATIENTS. TYPICALLY, TAX-EXEMPT HOSPITALS PROVIDE HEALTH

**Part VI** Supplemental Information (Continuation)

CARE SERVICES BASED UPON AN ASSESSMENT OF THE HEALTH CARE NEEDS OF THEIR COMMUNITY AS OPPOSED TO THEIR TAXABLE COUNTERPARTS WHERE PROFITABILITY OFTEN DRIVES DECISIONS ABOUT PATIENT CARE SERVICES THAT ARE OFFERED. PATIENT CARE PROVIDED BY TAX-EXEMPT HOSPITALS THAT RESULTS IN MEDICARE SHORTFALLS SHOULD BE CONSIDERED AS PROVIDING A BENEFIT TO THE COMMUNITY AND RELIEVING THE BURDENS OF GOVERNMENT.

## PART III, LINE 9B:

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.

**Part VI** Supplemental Information (Continuation)

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.

SUPPLEMENTAL SCHEDULE TO SCHEDULE H, PART III, SECTION B  
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

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**Part VI** Supplemental Information (Continuation)

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 MEDICARE PATIENTS AS REPORTED IN THE AHS COMMUNITY BENEFIT REPORT ARE AS FOLLOWS:

- MEDICARE SURPLUS/(SHORTFALL) SHOWN ON LINE 7 OF SECTION B OF SCHEDULE H: \$ (187,109)

- DIFFERENCE IN COSTING METHODOLOGY: (10,040,427)

- UNREIMBURSED COSTS INCURRED FOR SERVICES PROVIDED TO MEDICARE PATIENTS THAT ARE NOT INCLUDED IN THE ORGANIZATION'S MEDICARE COST REPORT: (18,365,828)

TOTAL SURPLUS/(SHORTFALL) COSTS OF SERVING ALL MEDICARE PATIENTS PER THE FILING ORGANIZATION'S COMMUNITY BENEFIT REPORTING: \$(28,593,364)

AS INDICATED ABOVE, THE PRIMARY DIFFERENCES BETWEEN THE MEDICARE SURPLUS/(SHORTFALL) REPORTED ON SCHEDULE H, PART III, SECTION B, LINE 7

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**Part VI** Supplemental Information (Continuation)

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.

PART VI, LINE 2:

THE HOSPITAL CONDUCTS COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) EVERY THREE YEARS. ITS 2022 CHNA WAS ADOPTED BY ITS GOVERNING BOARD BY DECEMBER 31, 2022, THE END OF THE HOSPITAL'S TAXABLE YEAR IN WHICH IT CONDUCTED THE CHNA. THE HOSPITAL'S 2022 CHNA COMPLIED WITH THE GUIDANCE SET FORTH BY THE IRS IN FINAL REGULATION SECTION 1.501(R)-3. IN ADDITION TO THE CHNA

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**Part VI** Supplemental Information (Continuation)

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.

PART VI, LINE 3:

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

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**Part VI** Supplemental Information (Continuation)

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.

**Part VI** Supplemental Information (Continuation)

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.

## PART VI, LINE 4:

ADVENTIST HEALTH SYSTEM GEORGIA, INC., D/B/A ADVENTHEALTH GORDON (THE HOSPITAL), IS A 69-BED COMMUNITY HOSPITAL THAT SERVES THE RESIDENTS OF CALHOUN, GORDON COUNTY, AND SURROUNDING AREAS IN GEORGIA.

ADVENTHEALTH GORDON OFFERS MULTIPLE SERVICES FOR THE RESIDENTS OF NORTH GEORGIA. THESE INCLUDE: 24-HOUR EMERGENCY CENTER, REHABILITATION SERVICES, INTENSIVE AND PROGRESSIVE CARE UNITS, RADIOLOGY, WOMEN'S DIAGNOSTIC CENTER, GENERAL AND CANCER SURGERY, HOME HEALTH SERVICES, ONCOLOGY SERVICES AND RADIATION THERAPY, URGENT CARE CENTERS, UROLOGY SERVICES, ENDOCRINOLOGY SERVICES, PAIN MANAGEMENT SERVICES AND PASTORAL CARE.

IN ADDITION, ADVENTHEALTH GORDON OPERATES THE FOLLOWING SATELLITE ADVENTHEALTH MEDICAL GROUP FACILITIES: URGENT CARE CALHOUN, NORTH GEORGIA EYE CARE, ONCOLOGY, UROLOGY, NORTHWEST GEORGIA ORTHOPEDICS AND SPORTS MEDICINE (THREE LOCATIONS), HOME CARE, NORTHWEST GEORGIA OB/GYN, PRIMARY CARE, NORTHWEST GEORGIA ENDOCRINOLOGY, ADULT & PEDIATRIC MEDICAL ASSOCIATES, INTERNAL AND FAMILY MEDICINE, OWASA FAMILY MEDICINE, NORTH GEORGIA CANCER CENTER, HEALTH DEPOT, COOK FAMILY PRACTICE, AND MICHAEL A. WITT, MD, OFFICES IN CHATSWORTH, GEORGIA.

ADVENTHEALTH GORDON DEFINED ITS COMMUNITY AS ITS PRIMARY SERVICE AREA

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**Part VI** Supplemental Information (Continuation)

(PSA) FROM WHICH 75-80% OF ITS PATIENTS COME. THIS AREA INCLUDES ALL ZIP CODES LOCATED WITHIN GORDON COUNTY.

DURING 2022, 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 2022, ABOUT 69.5% OF THE HOSPITAL'S IN-PATIENTS WERE ADMITTED THROUGH THE HOSPITAL'S EMERGENCY DEPARTMENT.

- MEDICARE PATIENTS	47.1%
- MEDICAID PATIENTS	13.6%
- SELF-PAY PATIENTS	6.3%

THE DEMOGRAPHIC MAKEUP OF THE HOSPITAL'S COMMUNITY IS AS FOLLOWS:

- POPULATION	189,592
- POPULATION OVER 65	14.7%
- POVERTY (BELOW 100% FPL)	16.0%
- HIGH SCHOOL GRADUATION RATE	73.4%
- FOOD INSECURITY RATE	16.1%
- POP. WITH LOW FOOD ACCESS	37.2%

ADVENTIST HEALTH SYSTEM GEORGIA, INC., DBA ADVENTHEALTH MURRAY (AHM), IS A 42-BED COMMUNITY HOSPITAL THAT SERVES THE RESIDENTS OF CHATSWORTH, MURRAY COUNTY AND SURROUNDING AREAS IN GEORGIA.

ADVENTHEALTH MURRAY OFFERS MULTIPLE SERVICES FOR THE RESIDENTS OF MURRAY COUNTY. THESE SERVICES INCLUDE: 24-HOUR EMERGENCY DEPARTMENT, IMAGING SERVICES, INPATIENT SERVICES, LABORATORY, EMS, ORTHOPEDICS, RESPIRATORY THERAPY, PHYSICAL THERAPY, SPORTS MEDICINE AND SURGICAL SERVICES.

**Part VI** Supplemental Information (Continuation)

IN ADDITION, ADVENTHEALTH MURRAY PARTNERS WITH ADVENTHEALTH GORDON TO PROVIDE THE FOLLOWING SERVICES: CANCER CARE, CARDIAC REHABILITATION, EYE CARE, FAMILY MEDICINE, HOME CARE, HYPERBARIC MEDICINE, INTERNAL MEDICINE, OB/GYN/LABOR & DELIVERY, PEDIATRICS, PHYSICAL THERAPY, ROBOTIC-ASSISTED SURGERY, SLEEP DISORDERS, SPORTS MEDICINE, URGENT CARE, UROLOGY, WOMEN'S HEALTH SERVICES AND WOUND CARE.

ADVENTHEALTH MURRAY DEFINED ITS COMMUNITY AS ITS PRIMARY SERVICE AREA (PSA) FROM WHICH 75-80% OF ITS PATIENTS COME. THIS AREA INCLUDES ALL ZIP CODES LOCATED WITHIN MURRAY COUNTY.

DURING 2022, 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 2022, ABOUT 97.7% OF THE HOSPITAL'S IN-PATIENTS WERE ADMITTED THROUGH THE HOSPITAL'S EMERGENCY DEPARTMENT.

- MEDICARE PATIENTS	42.4%
- MEDICAID PATIENTS	19.3%
- SELF-PAY PATIENTS	11.3%

THE DEMOGRAPHIC MAKEUP OF THE HOSPITAL'S COMMUNITY IS AS FOLLOWS:

- POPULATION	109,689
- POPULATION OVER 65	14.9%
- POVERTY (BELOW 100% FPL)	16.9%
- HIGH SCHOOL GRADUATION RATE	69.7%
- FOOD INSECURITY RATE	16.1%
- POP. WITH LOW FOOD ACCESS	40.2%

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 5:

THE PROVISION OF COMMUNITY BENEFIT IS CENTRAL TO THE FILING ADVENTIST HEALTH SYSTEM GEORGIA, INC.'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 \$271,621 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 \$4,952,891 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.

**Part VI** Supplemental Information (Continuation)

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.

PART VI, LINE 6:

ADVENTIST HEALTH SYSTEM GEORGIA, INC. IS A PART OF A FAITH-BASED  
HEALTHCARE SYSTEM OF ORGANIZATIONS WHOSE PARENT IS ADVENTIST HEALTH SYSTEM  
SUNBELT HEALTHCARE CORPORATION (AHSSHC). THE SYSTEM IS KNOWN AS  
ADVENTHEALTH. AHSSHC IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX  
UNDER IRC SECTION 501(C)(3). AHSSHC AND ITS SUBSIDIARY ORGANIZATIONS  
OPERATE 49 HOSPITALS THROUGHOUT THE U.S., PRIMARILY IN THE SOUTHEASTERN  
PORTION OF THE U.S. AHSSHC AND ITS SUBSIDIARIES ALSO OPERATE 10 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

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

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 WEBSITE OF ADVENTHEALTH AT [WWW.ADVENTHEALTH.COM](http://WWW.ADVENTHEALTH.COM) TO LEARN MORE ABOUT THE MISSION AND OPERATIONS OF ADVENTHEALTH.

PART VI, LINE 7:

THE FILING ORGANIZATION DOES NOT FILE AN ANNUAL COMMUNITY BENEFIT REPORT WITH ANY STATE AGENCIES.



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2022**

**Open to Public  
Inspection**

Name of the organization **ADVENTIST HEALTH SYSTEM GEORGIA, INC.** Employer identification number **58-1425000**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADVENTHEALTH FOUNDATION DBA ADVENTHEALTH GORDON FOUNDATION - 1035 RED BUD ROAD - CALHOUN, GA 30701	59-2219301	501(C)(3)	0.	100,921.	COST	GENERAL ADMINISTRATIVE SUPPORT	PROVISION OF GENERAL ADMINISTRATIVE SUPPORT
NORTHWEST GEORGIA REGIONAL CANCER COALITION, INC. - 111 BRIDGEPOINT PLAZA, NO. 120 - ROME, GA 30161	02-0657616	501(C)(3)	10,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**ADVENTIST HEALTH SYSTEM GEORGIA, INC.**

Employer identification number

**58-1425000**

**Part I Questions Regarding Compensation**

**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 indemnification 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 (such as 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 .....

	Yes	No
<b>1b</b>	<b>X</b>	

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

<b>2</b>	<b>X</b>	
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**3** Indicate which, if any, of the following the 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? .....

<b>4a</b>	<b>X</b>	
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**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

<b>4b</b>	<b>X</b>	
-----------	----------	--

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

<b>4c</b>		<b>X</b>
-----------	--	----------

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 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? .....

<b>5a</b>		<b>X</b>
-----------	--	----------

**b** Any related organization? .....

<b>5b</b>		<b>X</b>
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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? .....

<b>6a</b>	<b>X</b>	
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**b** Any related organization? .....

<b>6b</b>		<b>X</b>
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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 on lines 5 and 6? If "Yes," describe in Part III .....

<b>7</b>		<b>X</b>
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**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 .....

<b>8</b>		<b>X</b>
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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

<b>9</b>		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LEE, HAK PHYSICIAN	(i)	699,200.	452,427.	33,795.	16,400.	29,453.	1,231,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BOX, MD, J. BRENT DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	692,832.	151,779.	139,415.	115,061.	32,320.	1,131,407.	83,481.
(3) LAND, ADAM PHYSICIAN	(i)	799,745.	207,047.	33,996.	16,400.	33,106.	1,090,294.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MURRILL, MICHAEL REGIONAL CEO/DIR/CHAIRMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	711,303.	168,833.	18,707.	142,054.	45,659.	1,086,556.	0.
(5) KING, STEPHEN PHYSICIAN	(i)	727,550.	128,173.	32,608.	16,400.	27,948.	932,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MODY, MAYUR PHYSICIAN	(i)	510,842.	216,357.	17,583.	16,400.	25,144.	786,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AHN, DANIEL PHYSICIAN	(i)	387,442.	314,376.	9,152.	16,400.	32,998.	760,368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SELF, CHRISTOPHER CEO/DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	352,785.	67,113.	209,805.	60,374.	42,130.	732,207.	13,750.
(9) GUYTON, ALAN VP/REGIONAL CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	433,022.	86,923.	40,832.	80,641.	50,455.	691,873.	22,285.
(10) KEIZER, MD, LAVERNE DIRECTOR	(i)	622,284.	0.	12,012.	16,400.	18,733.	669,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NUDD, BRANDON FORMER COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	435,598.	40,457.	35,019.	81,376.	45,062.	637,512.	0.
(12) JOYAVE, MD, JOSEPH CO-CMO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	369,865.	67,702.	91,899.	48,011.	29,384.	606,861.	40,262.
(13) YAMAMOTO, MD, CHRISTOPHER DIRECTOR/CHIEF OF STAFF	(i)	248,662.	166,405.	32,219.	16,400.	24,129.	487,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JORDON, AMELIA FORMER CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	322,438.	53,341.	18,989.	63,986.	27,507.	486,261.	0.
(15) REEVES, CORY FORMER CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	410,666.	0.	39,111.	449,777.	0.
(16) GOTSHALL, STEPHEN CFO (BEGAN 04/2022)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	190,038.	15,950.	136,904.	7,272.	44,523.	394,687.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(17) STEELY, KAREN FORMER COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	268,224.	42,706.	10,372.	16,400.	39,425.	377,127.	0.
(18) BELL, KAREN CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	208,725.	34,796.	78,143.	11,430.	39,358.	372,452.	0.
(19) PARROTT, MD, MAX CO-CMO	(i)	211,304.	25,367.	57,009.	15,717.	28,289.	337,686.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) WEBER, PETER FORMER CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	127,401.	0.	172,658.	0.	6,068.	306,127.	129,447.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINE 1A:**

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 LISTED IN PART VII THAT ARE 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

**Part III** Supplemental Information

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

SENIOR EXECUTIVE MANAGEMENT TEAM THAT TRAVEL FREQUENTLY ON BEHALF OF ADVENTHEALTH, A SPECIAL ANNUAL TRAVEL ALLOWANCE IS PROVIDED FOR THOSE EXECUTIVES. AS ADVENTHEALTH OPERATES 49 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 (13 ADVENTHEALTH CABINET MEMBERS AND THE ADVENTHEALTH MULTI-STATE CFO) AND \$15,000 FOR ADVENTHEALTH CORPORATE OFFICE SENIOR VICE PRESIDENTS, REGIONAL CEO'S, AND DIVISION CHIEF OFFICERS (GENERALLY 50 - 55 INDIVIDUAL EXECUTIVES). A REGIONAL CEO FOR ADVENTHEALTH IS A MEMBER OF THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION. THE REGIONAL CEO IS CONSIDERED A COMMON LAW EMPLOYEE OF AND IS ON THE PAYROLL

**Part III** Supplemental Information

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

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 EITHER WHOLLY OR PARTIALLY REIMBURSED BY THE FILING  
ORGANIZATION. ACCORDINGLY, THE FILING ORGANIZATION HAS CHECKED THE BOX IN  
SCHEDULE J, PART I, LINE 1A FOR FIRST-CLASS OR CHARTER TRAVEL SINCE IT HAS  
WHOLLY OR 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. A  
REPORT ON CHARTER TRAVEL IS PROVIDED TO THE AHSSHC BOARD COMPENSATION  
COMMITTEE AT EACH MEETING. 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



**Part III** Supplemental Information

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

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: OCCASIONAL DISCRETIONARY SPENDING AMOUNTS

**Part III** Supplemental Information

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

ARE PERIODICALLY PROVIDED TO ELIGIBLE EXECUTIVES WHO ATTEND ANNUAL BUSINESS MEETINGS SUCH AS THE ADVENTHEALTH PRESIDENT'S COUNCIL, CFO CONFERENCE OR THE CMO/CNO BUSINESS MEETING. 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. ALL 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, TO ENCOURAGE EXECUTIVES TO ESTABLISH AND CULTIVATE STRONG WORKING RELATIONSHIPS WITH THE MEDICAL COMMUNITY AND OTHER LEADERS IN THE

**Part III** Supplemental Information

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

COMMUNITY AND INDUSTRY, CERTAIN ADVENTHEALTH EXECUTIVES MAY BE REIMBURSED FOR MEMBER DUES AND USAGE CHARGES FOR A COUNTRY CLUB OR OTHER SOCIAL CLUB UPON AUTHORIZATION. CLUB MEMBERSHIPS MUST BE APPROVED BY THE ADVENTHEALTH PRESIDENT/CEO INITIALLY AS WELL AS ON AN ANNUAL BASIS. EACH ADVENTHEALTH EXECUTIVE WHO IS APPROVED FOR A CLUB MEMBERSHIP MUST SUBMIT AN ANNUAL REPORT DESCRIBING HOW THEY USED THE MEMBERSHIP TO BENEFIT THEIR ORGANIZATION DURING THE PRECEDING YEAR SO THAT THE ADVENTHEALTH PRESIDENT/CEO CAN DETERMINE IF CONTINUANCE OF THE CLUB MEMBERSHIP FURTHERS THE BUSINESS INTERESTS OF ADVENTHEALTH. IN THE CURRENT YEAR, FOR THIS FILING ORGANIZATION, THREE EXECUTIVES LISTED IN PART VII RECEIVED REIMBURSEMENT FOR CLUB FEES. WHILE THE CLUB DUES MEMBERSHIP IS AN AHSSHC COMPENSATION POLICY AND PRACTICE, THE COST OF PROVIDING THIS BENEFIT IS ALLOCATED TO AND REIMBURSED IN WHOLE OR IN PART 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 WHOLLY OR PARTIALLY PAID FOR THE COST OF PROVIDING THIS BENEFIT.

PART I, LINE 3:

THE INDIVIDUAL WHO SERVES AS THE CEO OF THE FILING ORGANIZATION IS

**Part III** Supplemental Information

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

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 SECTION 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, 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

**Part III** Supplemental Information

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

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, OTHER THAN THE CHIEF PEOPLE OFFICER, WHO REMAINS AT THE REQUEST OF THE CHAIRMAN/COMMITTEE TO PROVIDE ASSISTANCE/INFORMATION AS NEEDED.

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.

**Part III** Supplemental Information

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

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.

PART I, LINES 4A-B:

DURING THE YEAR ENDING DECEMBER 31, 2022, CORY REEVES RECEIVED SEVERANCE  
PAYMENTS IN THE AMOUNT OF \$400,372. 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

**Part III** Supplemental Information

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

COMPENSATED BY AND ON THE PAYROLL OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC), THE PARENT ORGANIZATION OF THE HEALTHCARE SYSTEM KNOWN AS ADVENTHEALTH. IN RECOGNITION OF THE CONTRIBUTION THAT EACH EXECUTIVE MAKES TO THE SUCCESS OF ADVENTHEALTH, ADVENTHEALTH PROVIDES SUPPLEMENTAL EXECUTIVE RETIREMENT BENEFIT PLANS TO ELIGIBLE EXECUTIVES. AS THE SUPPLEMENTAL EXECUTIVE RETIREMENT BENEFIT PLANS WERE UPDATED IN 2020 AND CERTAIN INDIVIDUALS STILL PARTICIPATE AS GRAND-FATHERED PARTICIPANTS IN CERTAIN PLANS, THE NARRATIVE BELOW DISCUSSES ALL PLANS IN WHICH THERE WERE ANY PARTICIPANTS IN 2022. THE SERP III PLAN EFFECTIVELY REPLACES THE PRIOR SERP II PLAN, THE EXECUTIVE FLEX BENEFIT PROGRAM PLAN, AND THE SENIOR EXECUTIVE DEATH BENEFIT PLAN FOR QUALIFIED EXECUTIVES EXCEPT FOR CERTAIN GRANDFATHERED EXECUTIVE EMPLOYEES.

SERP III PLAN: THE SERP III PLAN PROVIDES ELIGIBLE EXECUTIVES A PERCENTAGE OF THEIR BASE PAY, WHICH IS CREDITED TO A DEFERRED COMPENSATION ACCOUNT. THE PLAN ALSO PROVIDES FOR COMPENSATION DEFERRAL AND SELECTION OF LIFE INSURANCE COVERAGE AND LONG-TERM CARE INSURANCE. TO BE ELIGIBLE TO PARTICIPATE IN THE SERP III PLAN, EXECUTIVES MUST BE ON THE AHSSHC CORPORATE PAYROLL AND BE EITHER A CEO OF AN ADVENTHEALTH ENTITY, AN AHSSHC

**Part III** Supplemental Information

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

VICE PRESIDENT (VP) OR VP OF AN ADVENTHEALTH ENTITY WITH A BASE SALARY OF  
AT LEAST \$305,000 IN 2022 (ADJUSTED ANNUALLY BY THE SAME PERCENTAGE AS IRC  
SECTION 401(A)(17) LIMIT INCREASES), OR OTHER LEADER SPECIFICALLY APPROVED  
BY THE ADVENTHEALTH PRESIDENT. ELIGIBLE EXECUTIVES DO NOT INCLUDE  
GRANDFATHERED EXECUTIVES, MEANING THOSE EXECUTIVES WHO WOULD SATISFY ALL  
THE ELIGIBILITY REQUIREMENTS OF THE SERP II PLAN PRIOR TO DEC 31, 2027, HAD  
THE PLAN NOT BEEN AMENDED AND RESTATED AS OF JAN. 1, 2020.

CONTRIBUTION CREDITS WILL BE ESTABLISHED AND MAINTAINED BY CLASS YEAR  
ACCOUNTS FOR EACH PARTICIPANT USING TIERED CONTRIBUTION CREDIT PERCENTAGES  
OF ANNUAL BASE COMPENSATION. CONTRIBUTION CREDIT PERCENTAGES RANGE BETWEEN  
15% AND 19% OF BASE COMPENSATION. CONTRIBUTION CREDITS WILL BE MADE EACH  
QUARTER IN 25% INCREMENTS WITH REDUCTIONS IN CONTRIBUTIONS IF THE EXECUTIVE  
IS ALSO A GRANDFATHERED FLEX PARTICIPANT (SEE BELOW).

SERP III PROVIDES FOR A CLASS YEAR VESTING AND PAYMENT SCHEDULE (7 YEARS  
FOR EACH CLASS YEAR) WITH RESPECT TO AMOUNTS ACCUMULATED IN THE EXECUTIVE'S  
DEFERRED COMPENSATION ACCOUNT. UPON ATTAINMENT OF A NORMAL RETIREMENT AGE  
(AGE 62), OR UPON CERTAIN OTHER CIRCUMSTANCES AS DEFINED IN THE SERP III



**Part III** Supplemental Information

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

PLAN DOCUMENT, ALL DEFERRED AMOUNTS ARE PAID IMMEDIATELY TO THE PARTICIPANT. FOR ANY EXECUTIVES WORKING BEYOND THE NORMAL RETIREMENT AGE, FUTURE EMPLOYER CONTRIBUTIONS WILL BE MADE QUARTERLY FROM SERP III DIRECTLY TO THE PARTICIPANT AS A TAXABLE CASH BONUS.

SERP II PLAN: THE SERP II PLAN IS 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. UNDER THE PROVISIONS OF THE SERP II PLAN, BENEFITS ARE PROVIDED TO QUALIFYING EXECUTIVE PARTICIPANTS 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. ELIGIBLE EMPLOYEES ARE RESTRICTED TO THOSE EXECUTIVES WHO, AS OF JANUARY 1, 2020, SATISFIED, OR IF EMPLOYMENT CONTINUES, WILL SATISFY THE ELIGIBILITY REQUIREMENTS OF SERP II PRIOR TO DECEMBER 31, 2027. THIS SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP II) 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

**Part III** Supplemental Information

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

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 SERP II AND BY THE INDIVIDUAL'S YEAR OF ENTRY TO THE  
ADVENTHEALTH EXECUTIVE FLEX BENEFIT PROGRAM.

FLEX PLAN: THE FLEX PLAN WAS ORIGINALLY DESIGNED TO PROVIDE ELIGIBLE  
EXECUTIVES AN OPPORTUNITY TO SELECT 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. IN 2020, THE FLEX PLAN WAS AMENDED TO EXCLUDE EMPLOYED  
EXECUTIVES WHO ARE HIRED OR PROMOTED AFTER A CERTAIN DATE FROM BEING  
ELIGIBLE TO PARTICIPATE IN THE FLEX PLAN EXCEPT FOR CERTAIN INSURANCE  
COVERAGE FEATURES OF THE PLAN. THE FLEX PLAN PROVIDES ELIGIBLE  
PARTICIPANTS A PRE-DETERMINED BENEFITS ALLOWANCE CREDIT THAT IS EQUAL TO A  
PERCENTAGE OF THE EXECUTIVE'S BASE PAY FROM WHICH THE COST OF MANDATORY AND

**Part III** Supplemental Information

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

ELECTIVE EMPLOYEE BENEFITS IS DEDUCTED. THE BENEFITS ALLOWANCE CREDIT PERCENTAGE FOR ANY PLAN YEAR SHALL NOT BE GREATER THAN THE MAXIMUM DOLLAR AMOUNT OR THE PERCENTAGE OF COMPENSATION AS DETERMINED BY THE ADVENTHEALTH BENEFITS ADMINISTRATION COMMITTEE. FOR GRANDFATHERED ELIGIBLE EMPLOYEES, THE ANNUAL PRE-DETERMINED FLEX ALLOWANCE IS CONTRIBUTED AND ANY FUNDS THAT REMAIN AFTER THE COST OF MANDATORY AND ELECTIVE BENEFITS ARE SUBTRACTED ARE, AT THE EMPLOYEE'S OPTION, CONTRIBUTED 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 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 WILL BE FORFEITED BY THE EXECUTIVE UPON A VOLUNTARY SEPARATION.

WITH RESPECT TO GRANDFATHERED PARTICIPANTS, THE FLEX PLAN DOCUMENTS DEFINE

**Part III** Supplemental Information

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

ELIGIBLE EMPLOYEES TO INCLUDE THE CHIEF EXECUTIVE OFFICERS OF ADVENTHEALTH ENTITIES AND VICE PRESIDENTS OF ALL ADVENTHEALTH ENTITIES WHOSE BASE SALARY WAS AT LEAST EQUAL TO THE INTERNAL REVENUE CODE SECTION 401(A)(17) COMPENSATION LIMIT EACH YEAR.

(CONTINUED)

PART I, LINE 6:

THE FILING ORGANIZATION'S PHYSICIAN COMPENSATION FORMULA IS DESIGNED TO RESULT IN TOTAL COMPENSATION THAT WOULD BE REASONABLE FOR EACH PHYSICIAN.

THE FILING ORGANIZATION UTILIZES NATIONAL SURVEY PRODUCTIVITY, COST, AND COMPENSATION DATA IN FORMULATING ALL ASPECTS OF THE COMPENSATION PLAN. PHYSICIAN COMPENSATION CONTRACTUAL AGREEMENTS INCLUDE A CEILING OR REASONABLE MAXIMUM ON THE AMOUNT A PHYSICIAN MAY EARN. THE FILING ORGANIZATION'S EMPLOYED PHYSICIANS ENTER INTO A WRITTEN AGREEMENT THAT REQUIRES THE PHYSICIANS TO PROVIDE MEDICAL CARE TO INDIVIDUALS WHO ARE REFERRED BY THE FILING ORGANIZATION.

**Part III** Supplemental Information

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

THE FILING ORGANIZATION'S COMPENSATION ARRANGEMENT DOES NOT USE A METHOD OF  
 COMPENSATION THAT IS BASED UPON A PERCENTAGE OF THE ORGANIZATION'S NET  
 INCOME. UNDER THE COMPENSATION ARRANGEMENT, PHYSICIAN BASE SALARY,  
 INCLUDING ANY ADDITIONAL COMPENSATION BASED ON A PERCENTAGE OF THE  
 PRACTICE/LOCATION NET REVENUE, IS DOCUMENTED AS BEING WITHIN A RANGE OF  
 FAIR MARKET VALUE.

## PART I, LINE 4B (CONTINUED):

	FLEX PLAN	FLEX PLAN	SERP II	SERP III
	CONTR.	DISTR.*	CONTR./DISTR.	CONTR.
BOX, MD, J. BRENT	\$ 119,161	\$ 66,657	\$ 0	\$ 7,000
MURRILL, MICHAEL	\$ 0	\$ 0	\$ 0	\$ 125,654
SELF, CHRIS	\$ 34,672	\$ 15,558	\$ 0	\$ 19,551
GUYTON, ALAN	\$ 50,988	\$ 26,463	\$ 0	\$ 13,253
NUDD, BRANDON	\$ 0	\$ 0	\$ 0	\$ 64,976
JOYAVE, JOSEPH	\$ 47,793	\$ 21,261	\$ 0	\$ 8,646
JORDON, AMELIA	\$ 0	\$ 0	\$ 0	\$ 47,586
WEBER, PETER	\$ 0	\$ 37,019	\$ 0	\$ 0

**Part III** Supplemental Information

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

	SERP III	457(B)
	DISTR CY	DISTR. *
BOX, MD, J. BRENT	\$ 7,000	\$ 0
JOYAVE, JOSEPH	\$ 27,728	\$ 0
WEBER, PETER	\$ 0	\$ 107,233

\* INCLUDING INVESTMENT EARNINGS

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open To Public  
Inspection

Name of the organization

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

Employer identification number

58-1425000

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Total \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
NORTHWEST GEORGIA MEDICAL	45% OWNED BY BOARD	738,189.	LEASE AGREE		X
STEPHANIE LARSEN	RELATIVE OF BOARD M	104,215.	EMPLOYEE CO		X
DENISE RUSTAD	RELATIVE OF BOARD M	17,438.	EMPLOYEE CO		X

**Part V Supplemental Information.**

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

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: NORTHWEST GEORGIA MEDICAL PARK, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

45% OWNED BY BOARD MEMBERS

(C) AMOUNT OF TRANSACTION \$ 738,189.

(D) DESCRIPTION OF TRANSACTION: LEASE AGREEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STEPHANIE LARSEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 104,215.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DENISE RUSTAD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 17,438.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION



**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

Employer identification number

58-1425000

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART V, LINE 1A

THE PARENT CORPORATION AND SOLE TOP-TIER MEMBER OF ADVENTIST HEALTH

SYSTEM GEORGIA, INC. IS ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE

CORPORATION (AHSSHC). AHSSHC IS A FLORIDA, NOT-FOR-PROFIT CORPORATION

THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE

(IRC) SECTION 501(C)(3). AHSSHC HAS ESTABLISHED A SHARED SERVICE

CENTER TO CENTRALIZE THE ACCOUNTS PAYABLE (A/P) FUNCTION FOR ALL AHSSHC

SUBSIDIARY ORGANIZATIONS.

THE FILING ORGANIZATION HAS ENTERED "0" IN PART V, LINE 1A BECAUSE THE

FILING ORGANIZATION NO LONGER ISSUES FORM 1099 RETURNS, RATHER, ALL

SUCH RETURNS ARE FILED BY AND UNDER THE NAME AND EIN OF AHSSHC AS THE

PAYOR SUBJECT TO THE INFORMATION REPORTING REQUIREMENTS OF SECTION

6041. THE FACTS AND CIRCUMSTANCES SUPPORT A POSITION THAT AHSSHC, AS A

PAYOR ON BEHALF OF ITS SUBSIDIARY ORGANIZATIONS IN A SHARED SERVICE

ENVIRONMENT, WILL HAVE SUFFICIENT MANAGEMENT AND OVERSIGHT IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

Employer identification number

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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.

FORM 990, PART VI, SECTION A, LINE 2:

BRENT BOX AND MAX PARROTT - BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 6:

ADVENTIST HEALTH SYSTEM GEORGIA, INC. (THE FILING ORGANIZATION) HAS ONE MEMBER. THE SOLE MEMBER OF THE FILING ORGANIZATION IS ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION. ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC) IS A FLORIDA, NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3). THERE ARE NO OTHER CLASSES OF MEMBERSHIP IN THE FILING ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER OF THE FILING ORGANIZATION IS AHSSHC. THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION ARE APPOINTED BY THE SOLE MEMBER, AHSSHC, WHO HAS THE RIGHT TO ELECT, APPOINT OR REMOVE ANY MEMBER OF THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

AHSSHC, AS THE SOLE MEMBER OF THE FILING ORGANIZATION, HAS CERTAIN RESERVED POWERS AS SET FORTH IN THE BYLAWS OF THE FILING ORGANIZATION. THESE

Name of the organization

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

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## 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; AND

I) TO ESTABLISH A PROCESS FOR ADDRESSING PATIENT GRIEVANCES.

## 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.

Name of the organization	ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number	58-1425000
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FORM 990, PART VI, SECTION B, LINE 12C:

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

Name of the organization

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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.

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.

FORM 990, PART VI, SECTION C, LINE 19:

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.

Name of the organization

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

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## PART VII, SECTION A

FOR THOSE BOARD OF DIRECTOR MEMBERS (NOT INCLUDING PHYSICIAN MEMBERS OF THE BOARD), OFFICER(S) AND KEY EMPLOYEES WHO DEVOTE LESS THAN FULL-TIME TO THE FILING ORGANIZATION (BASED UPON THE AVERAGE NUMBER OF HOURS PER WEEK SHOWN IN COLUMN (B) ON PAGE 7 OF THE RETURN) THE COMPENSATION AMOUNTS SHOWN IN COLUMNS (E) AND (F) ON PAGE 7 WERE PROVIDED IN CONJUNCTION WITH THAT PERSON'S RESPONSIBILITIES AND ROLES IN SERVING IN AN EXECUTIVE LEADERSHIP POSITION AS AN EMPLOYEE OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION. PHYSICIAN MEMBERS OF THE BOARD OF DIRECTORS RECEIVED COMPENSATION FROM RELATED ORGANIZATIONS AS A RESULT OF PROVIDING VARIOUS MEDICAL SERVICES TO THOSE RELATED ENTITIES.

## PART VIII, LINES 7A, B AND C:

THE AMOUNT SHOWN IN PART VIII, LINE 7C(I) OF THE FORM 990 REPRESENTS AN ALLOCATED SHARE OF CAPITAL GAIN/(LOSS) FROM A SYSTEM WIDE, CORPORATE ADMINISTERED, INVESTMENT PROGRAM.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## PAYMENTS TO HEALTHCARE PROFESSIONALS:

PROGRAM SERVICE EXPENSES	11,821,786.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,821,786.

## PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	8,408,370.
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Name of the organization	ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number	58-1425000
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MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 8,408,370.

PURCHASED MEDICAL SERVICES:

PROGRAM SERVICE EXPENSES 3,686,436.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,686,436.

ENVIRONMENTAL SERVICES:

PROGRAM SERVICE EXPENSES 1,149,988.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,149,988.

MISCELLANEOUS PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 258,211.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 258,211.

ADVENTHEALTH MANAGEMENT FEES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 4,633,623.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,633,623.



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BILLING & COLLECTION SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,738,652.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,738,652.

ADVENTHEALTH SHARED SERVICE FEE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,089,127.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,089,127.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	36,786,193.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER FROM TAX-EXEMPT AFFILIATES	301,401.
TRANSFER TO TAX-EXEMPT PARENT	-2,086,208.
TRANSFER FROM RELATED FOUNDATION	398,196.
RESTRICTED GIFTS	1,305,551.
TRANSFERS FOR OPERATIONS	-258,897.
ROUNDING	1.

Name of the organization

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TOTAL TO FORM 990, PART XI, LINE 9

-339,956.

## PART XII, LINE 3B:

ALTHOUGH THE TAXPAYER IS NOT REQUIRED TO UNDERGO AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133, THE TAXPAYER IS PART OF A CONTROLLED GROUP OF ORGANIZATIONS THAT COMPRISE A CONSOLIDATED FINANCIAL STATEMENT AUDIT. THE CONTROLLED GROUP'S PARENT IS ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC), A 501(C)(3) ORGANIZATION. THE SYSTEM OF HEALTHCARE ENTITIES OWNED AND CONTROLLED BY AHSSHC IS KNOWN AS ADVENTHEALTH. FOR THE YEAR ENDED DECEMBER 31, 2022, ADVENTHEALTH WILL FILE A CONSOLIDATED SINGLE AUDIT WHICH WILL INCLUDE ALL ENTITIES THAT ARE PART OF THE CONTROLLED GROUP. ACCORDINGLY, THE TAXPAYER HAS CHECKED YES TO THE QUESTIONS ON PART XII, LINE 3A AND 3B.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**ADVENTIST HEALTH SYSTEM GEORGIA, INC.**

**Employer identification number**  
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**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.

(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
ADVENTHEALTH ASHVILLE, INC. (5/9/22 - 12/31/22) - 92-1144574, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	FUTURE OPERATION OF HOSPITAL & RELATED SERVICES	NORTH CAROLINA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTHEALTH FAMILY MEDICINE RURAL HEALTH CLINICS, INC. - 27-1858033, 187 PR 4060, LAMPASAS, TX 76550	OPERATION OF RURAL HEALTH CLINICS & MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 3	METROPLEX ADVENTIST HOSPITAL, INC.	X	
ADVENTHEALTH FOUNDATION FKA SUNSYSTEM DEVELOPMENT CORP - 59-2219301, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	FUND-RAISING FOR AFFILIATED TAX-EXEMPT HOSPITALS	FLORIDA	501(C)(3)	LINE 7	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTHEALTH HOME CARE EAST FLORIDA, LLC. - 83-3768458, 770 WEST GRANADA BLVD. #319, ORMOND BEACH, FL 32174	INACTIVE	FLORIDA	501(C)(3)	LINE 10	MEMORIAL HLTH SYSTEMS, INC.	X	

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

Schedule R (Form 990) 2022

**Part II** Continuation of 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 organization?	
						Yes	No
ADVENTHEALTH HOSPICE CARE EAST FLORIDA, INC. - 83-3748461, 770 WEST GRANADA BLVD. #304, ORMOND BEACH, FL 32174	INACTIVE	FLORIDA	501(C)(3)	LINE 10	MEMORIAL HLTH SYSTEMS, INC.	X	
ADVENTHEALTH KANSAS CITY FOUNDATION - 48-0868859, 7315 E. FRONTAGE ROAD, MERRIAM, KS 66204	FUND-RAISING FOR TAX-EXEMPT HOSPITALS	KANSAS	501(C)(3)	LINE 7	SHAWNEE MISSION MEDICAL CENTER, INC.	X	
ADVENTHEALTH NORTH POLK, INC. - 59-3231322 3100 E. FLETCHER AVE TAMPA, FL 33613	INACTIVE	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY COMMUNITY HOSPITAL, INC.	X	
ADVENTHEALTH PALM COAST PARKWAY, INC. FKA AH EAST FLORIDA, INC. - 88-2288563, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	FUTURE OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTHEALTH POLK NORTH, INC. - 84-1793121 40100 US HIGHWAY 27 N DAVENPORT, FL 33837	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTHEALTH POLK SOUTH, INC. - 83-4672945 410 SOUTH 11TH STREET LAKE WALES, FL 33853	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTHEALTH RANSOM MEMORIAL, INC. - 83-0976641, 1301 S. MAIN STREET, OTTAWA, KS 66067	OPERATION OF HOSPITAL & RELATED SERVICES	KANSAS	501(C)(3)	LINE 3	ADVENTIST HLTH MID-AMERICA, INC.	X	
ADVENTHEALTH RIVERVIEW, INC. - 87-0901094 14055 RIVEREDGE DRIVE, STE 150 TAMPA, FL 33637	FUTURE OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTHEALTH SENIOR CARE, INC. - 84-1817046 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTHEALTH SOUTH OVERLAND PARK, INC. - 36-4595806, 7820 W. 165TH STREET, OVERLAND PARK, KS 66223	OPERATION OF HOSPITAL & RELATED SERVICES	KANSAS	501(C)(3)	LINE 3	ADVENTIST HLTH MID-AMERICA, INC.	X	
ADVENTHEALTH UNIVERSITY, INC - 59-3069793 671 WINYAH DRIVE ORLANDO, FL 32803	EDUCATION/OPERATION OF SCHOOL	FLORIDA	501(C)(3)	LINE 2	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
ADVENTHEALTH WEST FLORIDA AMBULATORY SERVICES, INC. - 47-1881744, 14055 RIVEREDGE DRIVE, STE 250, TAMPA, FL 33637	SUPPORT OF IMAGING CENTER & HOME HEALTH SUBSIDIARIES	FLORIDA	501(C)(3)	LINE 12B, II	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	

**Part II** Continuation of 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 organization?	
						Yes	No
ADVENTHEALTH WEST FLORIDA IMAGING, INC. - 84-3225135, 14055 RIVEREDGE DRIVE, STE 250, TAMPA, FL 33637	IMAGING & TESTING	FLORIDA	501(C)(3)	LINE 3	ADVENTHEALTH WEST FLORIDA AMBULATORY	X	
ADVENTIST BOLINGBROOK HOSPITAL - 65-1219504 500 REMINGTON BLVD. BOLINGBROOK, IL 60440	OPERATION OF HOSPITAL & RELATED SERVICES	ILLINOIS	501(C)(3)	LINE 3	ADVENTIST MIDWEST HEALTH	X	
ADVENTIST CARE CENTERS - COURTLAND, INC. - 20-5774723, 730 COURTLAND STREET, ORLANDO, FL 32804	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FLORIDA	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
ADVENTIST GLENOAKS HOSPITAL - 36-3208390 701 WINTHROP AVENUE GLENDALE HEIGHTS, IL 60139	OPERATION OF HOSPITAL & RELATED SERVICES	ILLINOIS	501(C)(3)	LINE 3	ADVENTIST MIDWEST HEALTH	X	
ADVENTIST HEALTH MID-AMERICA, INC. - 52-1347407, 9100 W. 74TH STREET, SHAWNEE MISSION, KS 66204	SUPPORT OF AFFILIATED HOSPITAL	KANSAS	501(C)(3)	LINE 12C, III-FI	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
ADVENTIST HEALTH PARTNERS, INC. - 36-4138353 5101 S WILLOW SPRINGS RD, SUITE B1013 LA GRANGE, IL 60525	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	ADVENTIST MIDWEST HEALTH	X	
ADVENTIST HEALTH SYSTEM GEORGIA, INC. - 58-1425000, 1035 RED BUD ROAD NE, CALHOUN, GA 30701	OPERATION OF HOSPITAL & RELATED SERVICES	GEORGIA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP - 59-2170012, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	MANAGEMENT SERVICES	FLORIDA	501(C)(3)	LINE 12A, I	N/A		X
ADVENTIST HLTH SYSTEM/SUNBELT, INC. - 59-1479658, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	OPERATION OF HOSPITALS & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTIST HLTH SYSTEM/TEXAS, INC. - 74-2578952, 11801 S. FREEWAY, BURLESON, TX 76028	LEASING PERSONNEL TO AFFILIATED HOSPITAL	TEXAS	501(C)(3)	LINE 12C, III-FI	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTIST MIDWEST HEALTH - 36-2276984 120 NORTH OAK STREET HINSDALE, IL 60521	OPERATION OF HOSPITALS & RELATED SERVICES	ILLINOIS	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
AHP SPECIALTY CARE, NFP - 81-1105774 5101 S WILLOW SPRINGS RD, SUITE B1013 LA GRANGE, IL 60525	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	ADVENTIST MIDWEST HEALTH	X	

**Part II** Continuation of 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 organization?	
						Yes	No
AHS MIDWEST MANAGEMENT, INC. - 36-3354567 500 REMINGTON BLVD. BOLINGBROOK, IL 60440	OPERATION OF PHYSICIAN PRACTICE MANAGEMENT	ILLINOIS	501(C)(3)	LINE 12A, I	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
APOPKA HEALTH CARE PROPERTIES, INC. - 51-0605694, 305 E. OAK STREET, APOPKA, FL 32703	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
BERT FISH MEDICAL CENTER AUXILIARY, INC. - 59-1054892, 401 PALMETTO STREET, NEW SMYRNA BEACH, FL 32168	VOLUNTEER SUPPORT SERVICES	FLORIDA	501(C)(3)	LINE 10	SOUTHEAST VOLUSIA HEALTHCARE CORP.		X
BRADFORD HEIGHTS HEALTH & REHAB CENTER, INC. (1/1-12/22/22) - 20-5782342, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	INACTIVE - WIND-DOWN	KENTUCKY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
BURLESON NURSING & REHAB CENTER, INC. - 20-5782243, 301 HUGULEY BLVD., BURLESON, TX 76028	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	TEXAS	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
CHICKASAW HEALTH CARE PROPERTIES, INC. - 51-0605681, 250 S. CHICKASAW TRAIL, ORLANDO, FL 32825	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
CHIPPEWA VALLEY HOSPITAL & OAKVIEW CARE CENTER, INC. - 39-1365168, 1220 THIRD AVENUE WEST, DURAND, WI 54736	OPERATION OF HOSPITAL & RELATED SERVICES	WISCONSIN	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
COALITION FOR PHYSICIAN WELL-BEING, INC. - 46-3477012, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	PROVIDE SUPPORT FOR PHYSICIAN WELL-BEING	FLORIDA	501(C)(3)	LINE 10	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
COURTLAND HEALTH CARE PROPERTIES, INC. - 51-0605682, 730 COURTLAND STREET, ORLANDO, FL 32804	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
CREEKWOOD PLACE NURSING & REHAB CENTER, INC. (1/1-1/26/22) - 20-5782260, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	INACTIVE - WIND-DOWN	KENTUCKY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
DAIRY ROAD HEALTH CARE PROPERTIES, INC. - 51-0605684, 7350 DAIRY ROAD, ZEPHYRHILLS, FL 33540	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
EAST ORLANDO HEALTH & REHAB CENTER, INC. - 20-5774748, 250 S. CHICKASAW TRAIL, ORLANDO, FL 32825	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FLORIDA	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	

**Part II** Continuation of 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 organization?	
						Yes	No
FLETCHER HOSPITAL, INC. - 56-0543246 100 HOSPITAL DRIVE HENDERSONVILLE, NC 28792	OPERATION OF HOSPITAL & RELATED SERVICES	NORTH CAROLINA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
FLNC, INC. - 20-5774761 3355 E. SEMORAN BLVD. APOPKA, FL 32703	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FLORIDA	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
FLORIDA HOSPITAL DADE CITY, INC. - 82-2567308, 13100 FORT KING ROAD, DADE CITY, FL 33525	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
FLORIDA HOSPITAL HEALTHCARE PARTNERS, INC. - 46-2354804, 770 WEST GRANADA BLVD. #101, ORMOND BEACH, FL 32174	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
FLORIDA HOSPITAL MEDICAL GROUP, INC. - 59-3214635, 2600 WESTHALL LANE, 4TH FLOOR, MAITLAND, FL 32751	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
FLORIDA HOSPITAL OCALA, INC. - 82-4372339 1500 SW 1ST AVENUE OCALA, FL 34471	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
FLORIDA HOSPITAL PHYSICIAN GROUP, INC. - 46-2021581, 12470 TELECOM DR, #100, TAMPA, FL 33637	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
FLORIDA HOSPITAL WATERMAN, INC. - 59-3140669 1000 WATERMAN WAY TAVARES, FL 32778	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
FLORIDA HOSPITAL ZEPHYRHILLS, INC. - 59-2108057, 7050 GALL BLVD., ZEPHYRHILLS, FL 33541	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
FLORIDA RADIOLOGY IMAGING AT LAKE MARY, LLC - 55-0789387, 2600 WESTHALL LANE, 4TH FLOOR, MAITLAND, FL 32751	IMAGING & TESTING	FLORIDA	501(C)(3)	LINE 3	FLORIDA HOSPITAL MEDICAL GROUP, INC.	X	
FOUNTAIN INN NURSING & REHAB CENTER, INC. - 47-2180518, 4501 WATERMAN WAY, TAVARES, FL 32778	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FLORIDA	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
HELEN ELLIS MEMORIAL HOSPITAL AUXILIARY, INC. - 59-2106043, 1395 S. PINELLAS AVE., TARPOON SPRINGS, FL 34689	FUND-RAISING FOR TAX-EXEMPT HOSPITAL/FOUNDATION	FLORIDA	501(C)(3)	LINE 12C, III-FI	N/A		X

**Part II** Continuation of 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 organization?	
						Yes	No
HELEN ELLIS MEMORIAL HOSPITAL FOUNDATION, INC. - 59-3690149, 1395 S. PINELLAS AVE., TARPOON SPRINGS, FL 34689	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	FLORIDA	501(C)(3)	LINE 7	N/A		X
HINSDALE HOSPITAL FOUNDATION - 52-1466387 120 NORTH OAK STREET HINSDALE, IL 60521	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	ILLINOIS	501(C)(3)	LINE 7	MIDWEST HLTH FOUNDATION		X
HOSPICE OF THE COMFORTER, INC. - 59-2935928 480 W. CENTRAL PARKWAY ALTAMONTE SPRINGS, FL 32714	OPERATION OF HOSPICE	FLORIDA	501(C)(3)	LINE 10	THE COMFORTER HEALTH CARE GROUP, INC.	X	
IN-MOTION REHAB, INC. (1/1-12/27/22) - 20-8023411, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	INACTIVE	KANSAS	501(C)(3)	LINE 12B, II	SUNBELT HLTH CARE CENTERS, INC.	X	
LAKE COUNTY HEALTH CARE PROPERTIES, INC. (1/1-12/28/22) - 81-3923985, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
MEMORIAL HEALTH SYSTEMS FOUNDATION, INC. - 31-1771522, 305 MEMORIAL MEDICAL PKWY, #212, DAYTONA BEACH, FL 32117	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	FLORIDA	501(C)(3)	LINE 7	N/A		X
MEMORIAL HEALTH SYSTEMS, INC. - 59-0973502 301 MEMORIAL MEDICAL PARKWAY DAYTONA BEACH, FL 32117	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
MEMORIAL HOSPITAL - WEST VOLUSIA, INC. - 59-3256803, 701 WEST PLYMOUTH AVENUE, DELAND, FL 32720	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	MEMORIAL HLTH SYSTEMS, INC.	X	
MEMORIAL HOSPITAL FLAGLER, INC. - 59-2951990 60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL 32164	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	MEMORIAL HLTH SYSTEMS, INC.	X	
MEMORIAL HOSPITAL, INC. - 61-0594620 210 MARIE LANGDON DRIVE MANCHESTER, KY 40962	OPERATION OF HOSPITAL & RELATED SERVICES	KENTUCKY	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
METROPLEX ADVENTIST HOSPITAL, INC. - 74-2225672, 2201 S. CLEAR CREEK ROAD, KILLEEN, TX 76549	OPERATION OF HOSPITAL & RELATED SERVICES	TEXAS	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
METROPLEX CLINIC PHYSICIANS, INC. - 11-3762050, 2201 S. CLEAR CREEK ROAD, KILLEEN, TX 76549	PHYSICIAN HEALTHCARE SERVICES TO THE COMMUNITY	TEXAS	501(C)(3)	LINE 3	METROPLEX ADVENTIST HOSPITAL, INC.	X	



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
MIDWEST HEALTH FOUNDATION - 35-2230515 120 NORTH OAK STREET HINSDALE, IL 60521	FUND-RAISING FOR SUPPORTED EXEMPT HOSPITALS	ILLINOIS	501(C)(3)	LINE 7	N/A		X
MILLS HEALTH & REHAB CENTER, INC.(1/1-1/26/22) - 20-5782320, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	INACTIVE - WIND-DOWN	KENTUCKY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
MISSION STRATEGIES OF GEORGIA, INC. - 90-0866024, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	PROVISION OF SUPPORT TO THE NURSING HOME DIVISION	GEORGIA	501(C)(3)	LINE 12B, II	SUNBELT HLTH CARE CENTERS, INC.	X	
MISSOURI ADVENTIST HEALTH, INC. - 43-1224729, 9100 W. 74TH STREET, SHAWNEE MISSION, KS 66204	SUPPORT HEALTH CARE SERVICES	MISSOURI	501(C)(3)	LINE 12D, III-O	ADVENTIST HLTH MID-AMERICA, INC.	X	
OSCEOLA HEALTH CARE PROPERTIES, INC. - 81-3165729, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
OVERLAND PARK NURSING & REHAB CENTER, INC. - 20-5774821, 6501 WEST 75TH STREET, OVERLAND PARK, KS 66204	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KANSAS	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
PASCO-PINELLAS HILLSBOROUGH COMMUNITY HLTH SYSTEM, INC. - 20-8488713, 2600 BRUCE B. DOWNS BLVD, WESLEY CHAPEL, FL 33544	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
PORTERCARE ADVENTIST HEALTH SYSTEM (6/30 YE) - 84-0438224, 9100 E MINERAL CIRCLE, CENTENNIAL, CO 80112	OPERATION OF HOSPITALS & RELATED SERVICES	COLORADO	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
PRINCETON HEALTH & REHAB CENTER, INC. (1/1-1/26/22) - 20-5782272, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	INACTIVE - WIND-DOWN	KENTUCKY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
PRINCETON HOMECARE SERVICES, LLC (8/1 - 12/31/22) - 81-4196648, 602 COURTLAND STREET #310, ORLANDO, FL 32804	HOME HEALTH CARE SERVCIES	FLORIDA	501(C)(3)	LINE 10	PRINCETON PROF SERVICES, INC.	X	
PRINCETON PROFESSIONAL SERVICES, INC. - 59-1191045, 601 E. ROLLINS STREET, ORLANDO, FL 32803	PROVISION OF HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 10	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
QUALITY CIRCLE FOR HEALTHCARE, INC. - 26-3789368, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	HEALTHCARE QUALITY SERVICES	FLORIDA	501(C)(3)	LINE 12A, I	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
REDMOND PARK HOSPITAL, LLC - 58-1123037 501 REDMOND ROAD NW ROME, GA 30165	OPERATION OF HOSPITAL & RELATED SERVICES	GEORGIA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
RESOURCE PERSONNEL, INC. - 20-8040875 485 NORTH KELLER ROAD, #250 MAITLAND, FL 32751	PROVIDE ADMINISTRATIVE SUPPORT TO TAX EXEMPT NURSING HOMES	FLORIDA	501(C)(3)	LINE 12B, II	SUNBELT HLTH CARE CENTERS, INC.	X	
ROCKY MOUNTAIN ADVENTIST HLTHCARE FOUNDATION (6/30 YE) - 84-0745018, 960 E. HARVARD AVENUE, STE 230, DENVER, CO 80210	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	COLORADO	501(C)(3)	LINE 7	N/A		X
ROLLINS BROOK COMMUNITY CARE CORP - 46-1656773, 2201 S. CLEAR CREEK ROAD, KILLEEN, TX 76549	SUPPORT OPERATION OF HOSPITAL	TEXAS	501(C)(3)	LINE 12A, I	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
SAN MARCOS NURSING & REHAB CENTER, INC. - 20-5782224, 1900 MEDICAL PARKWAY, SAN MARCOS, TX 78666	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	TEXAS	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
SHAWNEE MISSION HLTH CARE PROPERTIES, INC. - 81-3914908, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
SHAWNEE MISSION HEALTH CARE, INC. - 48-0952508, 6501 WEST 75TH STREET, OVERLAND PARK, KS 66204	LEASE TO RELATED ORGANIZATION	KANSAS	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
SHAWNEE MISSION MEDICAL CENTER, INC. - 48-0637331, 9100 W. 74TH STREET, SHAWNEE MISSION, KS 66204	OPERATION OF HOSPITAL & RELATED SERVICES	KANSAS	501(C)(3)	LINE 3	ADVENTIST HLTH MID-AMERICA, INC.	X	
SOUTH PASCO HEALTH CARE PROPERTIES, INC. - 51-0605679, 38250 A AVENUE, ZEPHYRHILLS, FL 33542	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
SOUTHEAST VOLUSIA HEALTHCARE CORP - 47-3793197, 401 PALMETTO STREET, NEW SMYRNA BEACH, FL 32168	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
SOUTHWEST VOLUSIA HEALTH SERVICES, INC. - 59-3281591, 1055 SAXON BLVD., ORANGE CITY, FL 32763	MEDICAL OFFICE BUILDING FOR HOSPITAL	FLORIDA	501(C)(3)	LINE 12A, I	SOUTHWEST VOLUSIA HLTHCARE CORP	X	
SOUTHWEST VOLUSIA HEALTHCARE CORP - 59-3149293, 1055 SAXON BLVD., ORANGE CITY, FL 32763	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	

**Part II** Continuation of 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 organization?	
						Yes	No
SPRING VIEW HEALTH & REHAB CENTER, INC. (1/1-12/22/22) - 20-5782288, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	INACTIVE - WIND-DOWN	KENTUCKY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
SUNBELT HEALTH & REHAB CENTER - APOKA, INC. - 20-5774856, 305 EAST OAK STREET, APOKA, FL 32703	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FLORIDA	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
SUNBELT HEALTH CARE CENTERS, INC. - 58-1473135, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	MANAGEMENT SERVICES	TENNESSEE	501(C)(3)	LINE 12B, II	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
TARPON SPRINGS HOSPITAL FOUNDATION, INC. - 59-0898901, 1395 S. PINELLAS AVE., TARPON SPRINGS, FL 34689	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	UNIVERSITY COMMUNITY HOSPITAL, INC.	X	
TARRANT COUNTY HEALTH CARE PROPERTIES, INC. - 51-0605677, 301 HUGULEY BLVD., BURLESON, TX 76028	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
THE COMFORTER HEALTH CARE GROUP, INC. - 27-1857940, 605 MONTGOMERY ROAD, ALTAMONTE SPRINGS, FL 32714	SUPPORT SERVICES TO RELATED HOSPICE	FLORIDA	501(C)(3)	LINE 12C, III-FI	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
TRI-COUNTY NURSING AND REHAB CENTER, INC. - 47-2219363, 1290 CELEBRATION BLVD, KISSIMMEE, FL 34747	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FLORIDA	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC. - 59-2554889, 3100 E. FLETCHER AVE, TAMPA, FL 33613	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	FLORIDA	501(C)(3)	LINE 7	N/A		X
UNIVERSITY COMMUNITY HOSPITAL, INC. - 59-1113901, 3100 E. FLETCHER AVE, TAMPA, FL 33613	OPERATION OF HOSPITALS & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
WEST FLORIDA HEALTH HOME CARE, INC. - 59-3686109, 13601 BRUCE B DOWNS BLVD, STE 110, TAMPA, FL 33613	HOME HEALTH SERVICES	GEORGIA	501(C)(3)	LINE 10	ADVENTHEALTH WEST FLORIDA AMBULATORY SVCS,	X	
ZEPHYR HAVEN HEALTH & REHAB CENTER, INC. - 20-5774930, 38250 A AVENUE, ZEPHYRHILLS, FL 33542	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FLORIDA	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
ZEPHYRHILLS HEALTH & REHAB CENTER, INC. - 20-5774967, 7350 DAIRY ROAD, ZEPHYRHILLS, FL 33540	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FLORIDA	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FLETCHER HOSPITAL SURGICAL VENTURES, LLC - 86-1482646, 9131 ANSON WAY, STE 304, RALEIGH, NC 27615	INDIRECT INTEREST IN SURGERY CENTER	NC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
FLORIDA HOSPITAL DME/RT, LLC - 20-2392253, 500 WINDERLEY PLACE, STE 324, MAITLAND, FL 32751	MEDICAL EQUIPMENT	FL	N/A	N/A	N/A	N/A		X	N/A		X	N/A
FLORIDA HOSPITAL HOME INFUSION, LLP - 59-3142824, 500 WINDERLEY PLACE, STE 226, MAITLAND, FL 32751	HOME INFUSION SERVICES	FL	N/A	N/A	N/A	N/A		X	N/A		X	N/A
FUNCTIONAL NEUROSURGICAL AMBULATORY SURGERY CTR, LLC - 46-4426708, 11 W DRY CREEK CIRCLE # 120, LITTLETON, CO	SURGERY CENTER	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ADVENTHEALTH ORLANDO NETWORK, INC. (1/1 - 4/19/22) - 86-2639185, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	INACTIVE	FL	N/A	C CORP	N/A	N/A	N/A	X	
ADVENTHEALTH PROFESSIONAL STAFFING, INC. (1/1 - 1/28/22) - 88-0742779, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	INACTIVE	FL	N/A	C CORP	N/A	N/A	N/A	X	
ADVENTHEALTH TAMPA NETWORK, INC. (1/1 - 4/19/22) - 86-2666178, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	INACTIVE	FL	N/A	C CORP	N/A	N/A	N/A	X	
ADVENTHEALTH TEAM MEMBERS, INC. (1/1 - 1/28/22) - 88-0763664, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	INACTIVE	FL	N/A	C CORP	N/A	N/A	N/A	X	
ADVENTHEALTH VALUE BASED BUNDLE MANAGEMENT, LLC (6/1-12/31/22) - 87-3487910, 101 SOUTHALL LANE, STE 150, MAITLAND, FL 32751	MEDICAL CONTRACTING AND BILLING	FL	N/A	C CORP	N/A	N/A	N/A	X	

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
M&O ORLANDO MOB I, LLC - 84-4259138, 1919 N ORANGE AVE STE E, ORLANDO, FL 32804	OPERATION OF MEDICAL OFFICE BUILDING	DE	N/A	N/A	N/A	N/A	X		N/A	X		N/A
ONPOINT OBGYN, LLC (2/1-12/31/22) - 87-3522453, 7780 S BROADWAY #280, LITTLETON, CO 80122	HEALTHCARE SERVICES	CO	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PAHS ONPOINT IMAGING, LLC - 83-3275105, 9205 S BROADWAY, HIGHLANDS RANCH, CO 80129	IMAGING CENTER	CO	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PAHS ONPOINT URGENT CARE, LLC - 83-2465331, 9100 E. MINERAL CIRCLE, CENTENNIAL, CO 80112	URGENT CARE CENTER	CO	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PRINCETON HOMECARE SERVICES, LLC (1/1-8/1/22) - 81-4196648, 602 COURTLAND STREET #310, ORLANDO, FL	OPERATION OF HOME HEALTH AGENCY	FL	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SURGERY CENTER OF ROME, LP - 20-0390305, 501 REDMOND ROAD NW, ROME, GA 30165	SURGERY CENTER	GA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
THE BARIATRIC CENTER OF KANSAS CITY, LLC - 82-3025378, 9100 W. 74TH STREET, MERRIAM, KS 66204	SURGERY CENTER	KS	N/A	N/A	N/A	N/A	X		N/A	X		N/A
URGENT CARE CENTERS OF BREVARD COUNTY, LLC - 84-4261523, 2600 WESTHALL LANE, MAITLAND, FL 32751	URGENT CARE CENTERS	FL	N/A	N/A	N/A	N/A	X		N/A	X		N/A

**Part IV** Continuation of 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. - 59-2855792, 601 EAST ROLLINS STREET, ORLANDO, FL 32803	CONDO ASSOCIATION	FL	N/A	C CORP	N/A	N/A	N/A	X	
APOPKA MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC. - 59-3000857, 601 EAST ROLLINS STREET, ORLANDO, FL 32803	CONDO ASSOCIATION	FL	N/A	C CORP	N/A	N/A	N/A	X	
BATTLE CREEK ADVENTIST HOSPITAL - 38-1359189, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	INACTIVE	MI	N/A	C CORP	N/A	N/A	N/A	X	
FLORIDA HOSPITAL FLAGLER MEDICAL OFFICES ASSOCIATION, INC. - 26-2158309, 60 MEMORIAL MEDICAL PARKWAY, PALM COAST, FL 32164	CONDO ASSOCIATION	FL	N/A	C CORP	N/A	N/A	N/A	X	
FLORIDA HOSP. HLTH VILLAGE PROPERTY OWNER'S ASSOC., INC. - 82-1748255, 550 E. ROLLINS STREET, 7TH FLOOR, ORLANDO, FL 32803	CONDO ASSOCIATION	FL	N/A	C CORP	N/A	N/A	N/A	X	
FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC. - 59-3215680, 101 SOUTHHALL LANE, STE 150, MAITLAND, FL 32751	PHSO / CIN	FL	N/A	C CORP	N/A	N/A	N/A	X	
FLORIDA MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC. - 59-2855791, 601 EAST ROLLINS STREET, ORLANDO, FL 32803	CONDO ASSOCIATION	FL	N/A	C CORP	N/A	N/A	N/A	X	
KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION, INC. - 59-3539564, 201 HILDA STREET, SUITE 30, KISSIMMEE, FL 34741	CONDO ASSOCIATION	FL	N/A	C CORP	N/A	N/A	N/A	X	
MIDWEST MANAGEMENT SERVICES, INC. - 48-0901551, 9100 WEST 74TH STREET, SHAWNEE MISSION, KS 66204	INACTIVE	KS	N/A	C CORP	N/A	N/A	N/A	X	
NORTH AMERICAN HEALTH SERVICES, INC. & SUB. - 62-1041820, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	HOLDING CO.	TN	N/A	C CORP	N/A	N/A	N/A	X	
ORMOND PROF ASSOCIATES CONDO ASSOC., INC. (4/30 YEAR END) - 59-2694434, 770 W GRANADA BLVD, STE 101, ORMOND BEACH, FL 32174	CONDO ASSOCIATION	FL	N/A	C CORP	N/A	N/A	N/A	X	
PARK RIDGE PROPERTY OWNER'S ASSOCIATION, INC. - 03-0380531, 1 PARK PLACE, NAPLES ROAD, FLETCHER, NC 28732	CONDO ASSOCIATION	NC	N/A	C CORP	N/A	N/A	N/A	X	

[illegible]

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FLETCHER HOSPITAL, INC.	G	65,305.	AMOUNT RECEIVED
(2) FLETCHER HOSPITAL, INC.	P	186,934.	COST
(3) FLETCHER HOSPITAL, INC.	Q	4,418,204.	COST
ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	B	2,086,208.	AMOUNT GIVEN
ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	M	1,950,743.	% OF FACILITIES OPERATING EXPENSE
ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	M	6,729,954.	% OF FACILITIES OPERATING EXPENSE



**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION - SHARED SERVICES	M	2,089,127.	% OF FACILITIES OPERATING EXPENSE
(8) ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	P	14,676,020.	COST
(9) ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORP DBA AH INFO TECHNOLOGY	P	323,451.	COST
(10) SUNSYSTEM DEVELOPMENT CORPORATION DBA GORDON HOSPITAL FOUNDATION	B	100,921.	AMOUNT GIVEN
(11) SUNSYSTEM DEVELOPMENT CORPORATION DBA GORDON HOSPITAL FOUNDATION	C	509,021.	AMOUNT RECEIVED
(12) MEMORIAL HOSPITAL, INC.	L	86,394.	COST
(13) MEMORIAL HOSPITAL, INC.	Q	1,734,557.	COST
(14) REDMOND PARK HOSPITAL, LLC	K	91,638.	AMOUNT GIVEN
(15) REDMOND PARK HOSPITAL, LLC	L	3,930,282.	AMOUNT RECEIVED
(16) REDMOND PARK HOSPITAL, LLC	P	73,234.	COST
(17) REDMOND PARK HOSPITAL, LLC	Q	114,555,346.	COST
(18) SHAWNEE MISSION MEDICAL CENTER, INC.	P	504,914.	COST
(19) SHAWNEE MISSION MEDICAL CENTER, INC.	Q	120,223.	COST
(20) SHAWNEE MISSION MEDICAL CENTER, INC.	R	57,608.	AMOUNT GIVEN
(21) SHAWNEE MISSION MEDICAL CENTER, INC.	S	55,535.	AMOUNT RECEIVED
(22) SURGICARE OF ROME, INC.	Q	3,069,860.	COST
(23)			
(24)			

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.