

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning		and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization Redmond Park Hospital, LLC		D Employer identification number 58-1123037
	Doing business as AdventHealth Redmond		E Telephone number 706-291-0291
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 501 Redmond Rd		
	City or town, state or province, country, and ZIP or foreign postal code Rome, GA 30165		
	F Name and address of principal officer: Isaac Sendros same as C above		G Gross receipts \$ 308,593,848.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
J Website: www.adventhealth.com/hospital/adventhealth-		H(b) Are all subordinates included? Yes No	
K Form of organization: Corporation Trust Association <input checked="" type="checkbox"/> Other LLC		H(c) Group exemption number 1071	
L Year of formation: 1978		M State of legal domicile: GA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The provision of medical care to the community through the operation of a 230 bed hospital.		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	28,139.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,927,386.	Current Year 2,791,203.
	9 Program service revenue (Part VIII, line 2g)	266,645,661.	305,197,574.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,049,374.	383,546.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,134.	14,845.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	270,631,555.	308,387,168.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	364,680.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,878,271.	2,627,180.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		357,199,756.	384,087,777.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		360,442,707.	387,026,672.
19 Revenue less expenses. Subtract line 18 from line 12		-89,811,152.	-78,639,504.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 666,428,511.	End of Year 588,166,064.
	21 Total liabilities (Part X, line 26)	138,365,180.	137,605,518.
	22 Net assets or fund balances. Subtract line 21 from line 20	528,063,331.	450,560,546.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	Lynn C. Addiscott, Assistant Secretary Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.**Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Redmond Park Hospital, LLC

EIN or SSN

58-1123037Name 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 308,387,168.
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

2023 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 2023 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 2023 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

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 2023 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

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

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

Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. Redmond Park Hospital, LLC	Taxpayer identification number (TIN) 58-1123037
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 Redmond Rd	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Rome, GA 30165	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **Jeffrey Prusia**
501 Redmond Rd - Rome, GA 30165

Telephone No. **913-789-3935** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box _____
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box _____. If it is for part of the group, check this box _____ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **November 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

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 \$ **366,302,044.** including grants of \$ **311,715.**) (Revenue \$ **305,169,435.**)

Redmond Park Hospital, LLC operates a 230-bed general acute-care hospital in Rome, Georgia. In the current year, there were 11,022 inpatient admissions, 81,456 outpatient visits, and 61,290 patient days.

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 **366,302,044.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 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>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 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>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 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>	18	X
19 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a 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	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a 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)?	4a		X
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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. 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.	17		

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	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16			
b Enter the number of voting members included on line 1a, above, who are independent		9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 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
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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	
11a 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 Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c 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
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
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.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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
Jeffrey Prusia - 913-789-3935
501 Redmond Rd, Rome, GA 30165

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) Banks, David Director (Beg. 11/23)	0.10 50.00	X						0.	2,205,351.	180,461.
(2) Randolph, Karsten Director	0.10 50.00	X						0.	2,198,983.	169,849.
(3) Ware, MD, Mike Director	0.10 41.00	X						0.	2,322,032.	17,943.
(4) Bacon, Kenneth Dir/Chairperson (End 10/23)	0.10 50.00	X						0.	1,770,929.	273,737.
(5) Thompson, Michael Dir/Chair/Regional CEO (Beg 01/23)	15.00 35.00	X		X				0.	1,343,101.	144,054.
(6) Murrill, Michael Dir/Pres/Regional CEO (End 01/23)	15.00 35.00	X		X				0.	1,420,477.	54,621.
(7) Guyton, Alan Dir/VP/Regional CFO/ Secretary	15.00 35.00	X						0.	578,783.	116,901.
(8) Sendros, Isaac Director/President/CEO (Beg 02/23)	50.00 0.00	X		X				0.	516,751.	93,476.
(9) Prusia, Jeffrey CFO	50.00 0.00			X				0.	469,939.	40,918.
(10) Barnes, MD, Julie CMO (End 10/23)	50.00 0.00				X			0.	457,400.	36,789.
(11) Jordon, Amelia CNO	15.00 35.00				X			0.	387,529.	84,903.
(12) Pittman, MD, John Director	45.80 0.00	X						0.	424,244.	46,207.
(13) Steely, Karen COO	50.00 0.00				X			0.	337,565.	46,223.
(14) Metteauer, Kenneth Former Officer	0.00 0.00						X	0.	227,100.	15,976.
(15) Jones, Stephanie Former Key Employee	0.00 0.00					X		0.	163,373.	4,934.
(16) Rustad, Gary Director	0.10 1.80	X						0.	6,306.	0.
(17) Banks, Mary Director	0.10 0.00	X						450.	0.	0.

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) Hart, Curtis Director	0.10 0.00	X						450.	0.	0.
(19) May, MD, Charles Director	0.10 0.00	X						450.	0.	0.
(20) McNiece, Evie Director/Vice Chair	0.10 0.00	X						450.	0.	0.
(21) Moss, MD, S.T. Director	0.10 0.00	X						450.	0.	0.
(22) Stevenson, Rick Director	0.10 0.00	X						450.	0.	0.
(23) Ware, John Director	0.10 0.00	X						450.	0.	0.
(24) Goldfaden, Dan Director	0.10 0.00	X						0.	0.	0.
(25) Goldin, MD, George Director (End 08/23)	0.10 0.00	X						0.	0.	0.
(26) Rogers, MD, Mike Director (End 08/23)	0.10 0.00	X						0.	0.	0.
1b Subtotal								3,150.	14,829,863.	1326992.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,150.	14,829,863.	1326992.

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

0

- 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
Southeastern Emergency Physicians PO Box 634850, Cincinnati, OH 45263	Hospital-based physician services	8,825,887.
AMN Healthcare Inc, 2735 Collections Center Drive, Chicago, IL 60693	Agency staffing	6,413,797.
Cerecore PO Box 41500, Nashville, TN 37241	IT Transitional Services	4,113,073.
Harbin Clinic LLC 221 Technology Parkway, Rome, GA 30165	Staffing	2,949,268.
HHS Environmental Services LLC PO Box 734367, Dallas, TX 75373	Environmental/Cleaning Services	2,481,761.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

47

Part VIII Statement of Revenue

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

☒ X

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,790,203.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,000.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,791,203.			
Program Service Revenue	2 a	Net Patient Revenue	Business Code 622110	304031998.	304003859.	28,139.	
	b	Cafeteria Revenue	622110	730,303.	730,303.		
	c	Rent from Exempt Affiliates	622110	345,514.	345,514.		
	d	Reimb Of Exp-TE Affiliate	622110	46,409.	46,409.		
	e						
	f	All other program service revenue	622110	43,350.	43,350.		
	g	Total. Add lines 2a-2f		305197574.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		540,226.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real				
			(ii) Personal				
				14,845.			
b		Less: rental expenses ...	6b	0.			
c		Rental income or (loss)	6c	14,845.			
d		Net rental income or (loss)		14,845.			14,845.
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		50,000.		
b		Less: cost or other basis and sales expenses	7b	206,680.	0.		
c		Gain or (loss)	7c	-206,680.	50,000.		
d	Net gain or (loss)		-156,680.			-156,680.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
		10b					
		10c					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		308387168.	305169435.	28,139.	398,391.

Part IX Statement of Functional Expenses

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

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

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	311,715.	311,715.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,627,180.		2,627,180.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	97,894.		97,894.	
c Accounting	98,081.		98,081.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	72,043.		72,043.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	48,819,717.	37,451,052.	11,368,665.	
12 Advertising and promotion	1,663,198.		1,663,198.	
13 Office expenses	7,014,081.	5,360,884.	1,653,197.	
14 Information technology	13,924,794.	12,659,352.	1,265,442.	
15 Royalties				
16 Occupancy	5,335,620.	5,335,620.		
17 Travel	395,947.	55,426.	340,521.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	159,318.		159,318.	
20 Interest	2,963,027.	2,963,027.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,452,111.	64,452,111.		
23 Insurance	2,523,908.	2,204,937.	318,971.	
24 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.)				
a Leased Personnel	160,312,685.	159,419,311.	893,374.	
b Medical Supplies	58,989,160.	58,989,160.		
c State Assessment	9,203,389.	9,203,389.		
d Repairs & Maintenance -	7,353,292.	7,353,292.		
e All other expenses	709,512.	542,768.	166,744.	
25 Total functional expenses. Add lines 1 through 24e	387,026,672.	366,302,044.	20,724,628.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,200.	1	3,600.
	2 Savings and temporary cash investments	40,843,211.	2	326,573.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	41,288,758.	4	44,338,984.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	29,709.	7	
	8 Inventories for sale or use	8,981,912.	8	9,115,471.
	9 Prepaid expenses and deferred charges	1,759,888.	9	11,970,235.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 135,954,450.		
	b Less: accumulated depreciation	10b 26,703,955.		
		111,907,902.	10c	109,250,495.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	457,336,197.	14	405,143,136.
15 Other assets. See Part IV, line 11	4,275,734.	15	8,017,570.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	666,428,511.	16	588,166,064.	
Liabilities	17 Accounts payable and accrued expenses	15,184,693.	17	4,604,836.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	123,180,487.	25	133,000,682.
	26 Total liabilities. Add lines 17 through 25	138,365,180.	26	137,605,518.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	527,964,974.	27	450,519,465.
	28 Net assets with donor restrictions	98,357.	28	41,081.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	528,063,331.	32	450,560,546.
	33 Total liabilities and net assets/fund balances	666,428,511.	33	588,166,064.

Form 990 (2023)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	308,387,168.
2	Total expenses (must equal Part IX, column (A), line 25)	2	387,026,672.
3	Revenue less expenses. Subtract line 2 from line 1	3	-78,639,504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	528,063,331.
5	Net unrealized gains (losses) on investments	5	1,191,788.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-55,069.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	450,560,546.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a 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? _____		X
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 _____		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a 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 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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c 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 Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

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).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
Redmond Park Hospital, LLC	58-1123037

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>2,666,203.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>124,000.</u>	Person <input 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.)

Employer identification number

58-1123037

Part II

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

Name of organization

Employer identification number

Redmond Park Hospital, LLC**58-1123037****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 for instructions and the latest information.

OMB No. 1545-0047

2023

**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

Redmond Park Hospital, LLC

Employer identification number

58-1123037

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) 2023

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		20,394.
j Total. Add lines 1c through 1i			20,394.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Part IV Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

Lobbying portion of dues was paid to the American Hospital Association and the Georgia Hospital Association.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

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 on line 2a	2c
d Number of conservation easements included on line 2c 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 2d 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) 2023

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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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		4,446,191.		4,446,191.
b Buildings		92,154,858.	10,807,300.	81,347,558.
c Leasehold improvements				
d Equipment		37,710,780.	15,896,655.	21,814,125.
e Other		1,642,621.		1,642,621.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				109,250,495.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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) Accrued Interest Payable	3,098.
(3) Credit Balance in A/R	1,530,568.
(4) Due to Related	29,942,497.
(5) Interco Alloc. of TE Bond Proceeds	98,468,798.
(6) Operating Lease Liability	2,182,914.
(7) Other Liabilities	3,981.
(8) Payable to Third Parties	868,826.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	133,000,682.

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) 2023

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

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

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

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

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

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

Part XIII Supplemental Information

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

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. The current year provision for federal and state income tax for the year ended December 31, 2023 is approximately \$1,140. There was no current year tax provision for the year ended December 31, 2022 due to the utilization of net operating loss carryforwards in 2022.

The Income Taxes Topic of the Accounting Standards Codification (ASC) 740, Income Taxes (ASC 740) prescribes the accounting for uncertainty in income tax positions recognized in financial statements. ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken, or expected to be taken, in a tax return. There were no material uncertain tax positions as of December 31, 2023 and 2022.

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?	<input checked="" type="checkbox"/>	
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<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 _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a 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 If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			18967701.		18967701.	4.90%
b Medicaid (from Worksheet 3, column a)			32440939.	24747206.	7693733.	1.99%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			51408640.	24747206.	26661434.	6.89%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2916635.		2916635.	.75%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			2916635.		2916635.	.75%
k Total. Add lines 7d and 7j			54325275.	24747206.	29578069.	7.64%

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: Redmond Park Hospital, LLC

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	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>23</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 _____	10	
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10b	
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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: Redmond Park Hospital, LLC

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 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 type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 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)		

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: Redmond Park Hospital, LLC

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
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)			

Schedule H (Form 990) 2023

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: Redmond Park Hospital, LLC**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
23		X
24		X

Schedule H (Form 990) 2023

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.

Redmond Park Hospital, LLC:

Part V, Section B, Line 5: Redmond Park Hospital, LLC, dba AdventHealth

Redmond (the Hospital) is located in Floyd County, Georgia. The Hospital defines its community as the Primary Service Area (PSA), the area in which over 75-80% of its patient population lives. This includes 18 zip codes across five counties: Bartow, Chattooga, Floyd, Gordon, and Polk.

In order to ensure broad community input, AdventHealth Redmond 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, which were represented by the following organizations:

- The Salvation Army of Rome, Georgia
- Darlington School
- Floyd County Georgia Division of Family & Children Services
- Area Agency on Aging and Northwest Georgia Regional Commission
- Global Impact/Restoration Rome
- United Way of Floyd County
- Unity Christian School
- Free Clinic of Rome
- Rome Floyd County Commission on Children and Youth

The Hospital collected input directly from the community and community

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 through a community health survey and a stakeholder survey. A total of nine (9) stakeholders participated in the survey including the following organizations which specifically address the needs of the medically underserved, low-income, and minority members of the Hospital's community:

- Floyd County Government
- Sexual Assault Center of Northwest Georgia
- The Salvation Army of Rome, Georgia
- Georgia Public Health District 1-1
- Northwest Georgia Public Health
- Rome Floyd County Commission on Children and Youth
- Rome Floyd Chamber of Commerce
- PFLAG Rome
- National Alliance on Mental Illness (NAMI) Rome

Redmond Park Hospital, LLC:

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

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.

inspection its two subsequent Community Health Needs Assessment Reports.

Schedule H, Part V, Section B, Line 16a,b,c:

The Financial Assistance Policy can be found at:

<https://www.adventhealth.com/legal/financial-assistance>

The Financial Assistance Policy application can be found at:

<https://www.adventhealth.com/legal/financial-assistance>

The plain language summary is available at:

<https://www.adventhealth.com/legal/financial-assistance>

Part V, Section B, Lines 7a:

The CHNA report can be found at URL:

<https://www.adventhealth.com/community-health-needs-assessments>

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.

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.

Part I, Line 6a:

The filing organization was a wholly or partially owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) during its current tax year. During the current year, AHSSHC served as a parent

Part VI Supplemental Information (Continuation)

organization to 33 tax-exempt 501(c)(3) hospital organizations and other subsidiary health care organizations that operated in 12 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 health care for emergency and non-elective patients should be accessible

Part VI Supplemental Information (Continuation)

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 one or more 24/7 emergency room(s) providing care to all whom present. When a patient's arrival and/or admission to the facility begins within the Emergency Department, triage and medical screening are always completed prior to registration staff proceeding with the determination of a patient's source of payment. If the patient requires admission and continued non-elective care, the filing organization provides the necessary care regardless of the patient's ability to pay. The filing organization's operation of a 24/7 Emergency Department that accepts all individuals in need of care promotes the health of the community through the provision of care to all whom present. Current Internal Revenue Service guidance that tax-exempt hospitals maintain such emergency rooms was established to ensure that emergency care would be provided to all without discrimination. The treatment of all at the filing organization's Emergency Department is a community benefit. Under the filing organization's Financial Assistance Policy, every effort is made to obtain a patient's necessary financial information to determine eligibility for financial assistance. However, not all patients will cooperate with such efforts and a financial assistance eligibility determination cannot be made based upon information supplied by the individual. In this case, a patient's portion of a bill that remains unpaid for a certain stipulated

Part VI Supplemental Information (Continuation)

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 7 - 9. Please note that dollar amounts on the attached consolidated audited financial statements are in thousands.

Part III, Line 8:

Medicare allowable costs were calculated using a cost-to-charge ratio.

Rationale for Including a Medicare Shortfall as Community Benefit:

As a 501(c)(3) organization, the filing organization provides emergency and non-elective care to all regardless of ability to pay. All hospital

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

services are provided in a non-discriminatory manner to patients who are covered beneficiaries under the Medicare program. As a public insurance program, Medicare provides a pre-established reimbursement rate/amount to health care providers for the services they provide to patients. In some cases, the reimbursement amount provided to a hospital may exceed its costs of providing a particular service or services to a patient. In other cases, the Medicare reimbursement amount may result in the hospital experiencing a shortfall of reimbursement received over costs incurred. In those cases where an overall shortfall is generated for providing services to all Medicare patients, the shortfall amount should be considered as a benefit to the community.

Tax-exempt hospitals are required to accept all Medicare patients regardless of the profitability, or lack thereof, with respect to the services they provide to Medicare patients. The population of individuals covered under the Medicare program is sufficiently large so that the provision of services to the population is a benefit to the community and relieves the burdens of government.

In those situations where the provision of services to the total Medicare patient population of a tax-exempt hospital during any year results in a shortfall of reimbursement received over the cost of providing care, the tax-exempt hospital has provided a benefit to a class of persons broad enough to be considered a benefit to the community. Despite a financial shortfall, a tax-exempt hospital must and will continue to accept and care for Medicare patients. Typically, tax-exempt hospitals provide health care services based upon an assessment of the health care needs of their community as opposed to their taxable counterparts where profitability

Part VI Supplemental Information (Continuation)

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.

If an individual submits an incomplete FAA Form during the 240-day period

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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, Line 8:

Reconciliation of Schedule H Reported Medicare Surplus/(Shortfall) to Unreimbursed Medicare Costs Associated with the Provision of Services To All Medicare Beneficiaries:

The Medicare revenue and allowable costs of care reported in Section B of Part III of Schedule H are based upon the amounts reported in the filing organization's Medicare cost report in accordance with the IRS

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

instructions for Schedule H. On an annual basis, the filing organization also determines its total unreimbursed costs associated with providing services to all Medicare patients. Unreimbursed costs are considered a community benefit to the elderly and are combined into an annual Community Benefit Statement prepared by AdventHealth.

The primary reconciling items between the Medicare surplus/(shortfall) shown on line 7 of Section B of Part III of Schedule H and the filing organization's unreimbursed costs of services provided to all Medicare patients are as follows:

- Medicare surplus/(shortfall) shown on line 7 of
Section B of Schedule H: \$ (24,944,776)

- Difference in costing methodology: 19,104,728

- Unreimbursed costs incurred for services provided
to Medicare patients that are not included in the
organization's Medicare cost report: (57,496,422)

Total Unreimbursed costs of serving all Medicare
patients per the filing organization's community
benefit reporting \$ (63,336,470)

As indicated above, the primary differences between the Medicare surplus/(shortfall) reported on Schedule H, Part III, Section B, line 7 and the filing organization's portion of the Company's annual community benefit statement is due to a difference in the costing methodology and

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 2023 CHNA was adopted by its governing board by May 11, 2023. The Hospital's 2023 CHNA complied with the guidance set forth by the IRS in Final Regulation Section 1.501(r)-3. In addition to the CHNA discussed above, a variety of practices and processes are in place to ensure that the filing organization is responsive to the health needs of its community.

Part VI Supplemental Information (Continuation)

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 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

facility, including at all points of admission and registration and the Emergency Department. The signage contains the hospital facility's website address where the FAP, FAA Form, and PLS can be accessed and the telephone number and physical location that individuals can call or visit to obtain copies of the FAP, FAA Form and PLS or to obtain more information about the hospital facility's FAP, FAA Form and PLS. Paper copies of the hospital facility's FAP, FAA Form and PLS are available upon request and without charge, both in public locations in the hospital facility and by mail. Paper copies are made available in English and in the primary languages of any LEP defined populations.

The filing organization's hospital facility's financial counselors seek to provide personal financial counseling to all individuals admitted to the hospital facility who are classified as self-pay during the course of their hospital stay or at time of discharge to explain the FAP and FAA Form and to provide information concerning other sources of assistance that may be available, such as Medicaid. A paper copy of the hospital facility's PLS will be offered to every patient as a part of the intake or discharge process. A conspicuous written notice is included on all billing statements sent to patients that notifies and informs recipients about the availability of financial assistance under the filing organization's financial assistance policy, including the following: 1) the telephone number of the hospital facility's office or department that can provide information about the FAP and the FAA Form; and 2) the website address where copies of the FAP, FAA Form and PLS may be obtained.

Reasonable attempts are made to inform individuals about the hospital facility's FAP in all oral communications regarding the amount due for the individual's care. Copies of the PLS are distributed to members of the community in a manner reasonably calculated to reach those members of the

Part VI Supplemental Information (Continuation)

community who are most likely to require financial assistance.

Part VI, Line 4:

The filing organization (the Hospital) is located in Rome, Georgia, and is licensed for 230 beds. It is a crucial community asset for all of Northwest Georgia and parts of Alabama. Redmond Park Hospital, LLC provides the following services:

- Cancer Care
- Cardiovascular Care
- Diabetes Care
- Digestive Care
- Emergency Care
- Imaging Services
- Neurology Care
- Occupational Health Services
- Orthopedic Care
- Robotics and Innovation
- Sports Medicine and Rehab Care
- Surgical Care
- Women's Care
- Wound Care

During 2023, 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 2023, about 73.7% of the Hospital's in-patients were admitted through the Hospital's Emergency Department.

- Medicare Patients

62.8%

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

- Medicaid Patients	6.8%
- Self-Pay Patients	5.1%

The demographic makeup of the Hospital's community is as follows:

- Population	276,002
- Population Over 65	15.30%
- Poverty	16.70%
- Pop. with No High School Diploma	17.90%
- Uninsured	24.00%
- Food Insecurity Rate	16.70%
- Pop. with Low Food Access	45.00%

Part VI, Line 5:

The provision of community benefit is central to the Hospital'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 \$217,672 of benefit with respect to the faith-based and spiritual needs of the community in

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 \$64,816,880 in new capital improvements.

As a faith-based mission-driven community hospital, the Hospital is continually involved in monitoring its community, identifying unmet health care needs and developing solutions and programs to address those needs. In accordance with its conservative approach to fiscal responsibility, surplus funds of the Hospital are continually being invested in resources that improve the availability and quality of delivery of health care services and programs to its community.

Part VI, Line 6:

The filing organization is a part of a faith-based healthcare system of organizations whose parent is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). The system is known as AdventHealth. AHSSHC is an organization exempt from federal income tax under IRC Section 501(c)(3). AHSSHC and its subsidiary organizations operate 50 hospitals throughout the U.S., primarily in the Southeastern portion of the U.S. AHSSHC and its subsidiaries also operate 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

Part VI Supplemental Information (Continuation)

organizations. Professional support services include among others IT, corporate compliance, legal, reimbursement, risk management, and tax as well as treasury functions. Certain support services, such as human resources, payroll, A/P, and supply chain management are provided pursuant to a shared services model by AHSSHC to its subsidiary organizations. The provision of these executive and support services on a centralized basis by AHSSHC provides an appropriate balance between providing each AdventHealth subsidiary hospital organization with mission-driven consistent leadership and support while allowing the hospital organization to focus its resources on meeting the specific health care needs of the community it serves.

The reader of this Form 990 should keep in mind that this reporting entity may differ in certain areas from that of a stand-alone hospital organization due to its inclusion in a larger system of healthcare organizations. As a part of a system of hospital and other health care organizations, the filing organization benefits from reduced costs due to system efficiencies, such as large group purchasing discounts, and the availability of internal resources such as internal legal counsel. The filing organization pays a management fee to AHSSHC for the services provided by AHSSHC. As a result, management fee expense reported by the filing 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.

Part VI Supplemental Information (Continuation)

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 to learn more about the mission and operations of the filing organization.

Part VI, Line 7, List of States Receiving Community Benefit Report:

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Greater Rome Chamber of Commerce 1 Riverside Parkway Rome, GA 30161	58-0410560	501(c)(6)	11,025.	0.			General Support
Heart of the Community Foundation Inc. - PO Box 5064 - Rome, GA 30162	58-2417536	501(c)(3)	57,656.	0.			General Support
Rome Braves Fan Club Inc PO Box 2115 Rome, GA 30164	20-2616777	501(c)(7)	126,667.	0.			General Support
AdventHealth Foundation, Inc. 900 Hope Way Altamonte Springs, FL 32714	59-2219301	501(c)(3)	0.	43,104.	Cost	General Administrative Support	General Support
Georgia Highlands College 3175 Cedartown Highway SE Rome, GA 30161	58-1086067	Gov't	30,000.	0.			General Support

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

3 Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) 2023

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

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

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?

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 Participate in or receive payment from a supplemental nonqualified retirement plan?

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

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 Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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) Banks, David	(i)	0.	0.	0.	0.	0.	0.	0.
Director (Beg. 11/23)	(ii)	1,427,724.	443,692.	333,935.	150,677.	29,784.	2,385,812.	150,000.
(2) Randolph, Karsten	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	731,672.	168,601.	1,298,710.	137,475.	32,374.	2,368,832.	73,650.
(3) Ware, MD, Mike	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	285,373.	0.	2,036,659.	17,727.	216.	2,339,975.	0.
(4) Bacon, Kenneth	(i)	0.	0.	0.	0.	0.	0.	0.
Dir/Chairperson (End 10/23)	(ii)	1,284,422.	424,601.	61,906.	244,496.	29,241.	2,044,666.	0.
(5) Thompson, Michael	(i)	0.	0.	0.	0.	0.	0.	0.
Dir/Chair/Regional CEO (Beg 01/23)	(ii)	695,764.	212,727.	434,610.	106,792.	37,262.	1,487,155.	71,411.
(6) Murrill, Michael	(i)	0.	0.	0.	0.	0.	0.	0.
Dir/Pres/Regional CEO (End 01/23)	(ii)	401,055.	141,291.	878,131.	17,727.	36,894.	1,475,098.	283,054.
(7) Guyton, Alan	(i)	0.	0.	0.	0.	0.	0.	0.
Dir/VP/Regional CFO/ Secretary	(ii)	448,324.	64,895.	65,564.	84,318.	32,583.	695,684.	40,107.
(8) Sendros, Isaac	(i)	0.	0.	0.	0.	0.	0.	0.
Director/President/CEO (Beg 02/23)	(ii)	340,502.	0.	176,249.	67,027.	26,449.	610,227.	0.
(9) Prusia, Jeffrey	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	242,680.	28,827.	198,432.	13,981.	26,937.	510,857.	0.
(10) Barnes, MD, Julie	(i)	0.	0.	0.	0.	0.	0.	0.
CMO (End 10/23)	(ii)	347,282.	53,044.	57,074.	17,727.	19,062.	494,189.	0.
(11) Jordon, Amelia	(i)	0.	0.	0.	0.	0.	0.	0.
CNO	(ii)	322,666.	40,131.	24,732.	66,686.	18,217.	472,432.	0.
(12) Pittman, MD, John	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	314,614.	53,017.	56,613.	17,727.	28,480.	470,451.	0.
(13) Steely, Karen	(i)	0.	0.	0.	0.	0.	0.	0.
COO	(ii)	283,931.	35,589.	18,045.	17,727.	28,496.	383,788.	0.
(14) Metteauer, Kenneth	(i)	0.	0.	0.	0.	0.	0.	0.
Former Officer	(ii)	0.	0.	227,100.	0.	15,976.	243,076.	0.
(15) Jones, Stephanie	(i)	0.	0.	0.	0.	0.	0.	0.
Former Key Employee	(ii)	0.	0.	163,373.	0.	4,934.	168,307.	0.
	(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 on the payroll of AHSSHC. At the direction of AHSSHC, and in accordance with the reserved powers in the filing organization's governing documents, the executive team listed on Part VII provides services to the filing organization.

First-class or charter travel: Pursuant to the AdventHealth system-wide general policy regarding business travel, no reimbursement will be provided for any additional cost incurred with respect to first-class or charter air travel beyond the cost of a regular coach airfare. As a means of providing additional business travel reimbursement for those members of the AHSSHC senior executive management team that travel frequently on behalf of

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.

AdventHealth, a special annual travel allowance is provided for those executives. As AdventHealth operates 50 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 (15 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 45-55 individual executives). Two Regional CEOs for AdventHealth are members of the Board of Directors of the filing organization. The Regional CEOs are considered common law employees of and are on the payroll of AHSSHC. While the special travel allowance benefit is 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.

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 is usually limited to one business trip per year beyond the annual

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.

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 are periodically provided to eligible executives who attend annual business

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.

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 community and industry, certain AdventHealth executives may be reimbursed

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.

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, one (1) executive 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 appointed and compensated by Adventist Health System Sunbelt Healthcare

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.

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 compensation, it should be noted that the Committee will often confer in

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.

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.

The compensation philosophy, policies, and practices of AHSSHC 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.

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, 2023, Michael Murrill, Kenneth Metteauer and Stephanie Jones received severance payments in the amount of \$373,237, \$201,386 and \$141,347, respectively. Pursuant to the AHSSHC Corporate Executive Policy governing executive severance, severance agreements for executives operating at the Vice President level and above are entered into upon eligibility to facilitate the transition to subsequent employment following an involuntary separation from employment with AdventHealth.

Schedule J, Part I, Line 4b:

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.

As discussed in Line 1a above, executives on the filing organization's management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of 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 2023. 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

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.

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 Vice President (VP) or VP of an AdventHealth entity with a base salary of at least \$330,000 in 2023 (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

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.

deferred compensation account. Upon attainment of a normal retirement age (age 62), or upon certain other circumstances as defined in the SERP III 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

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.

provide eligible executives with the economic equivalent of an annual income beginning at normal retirement age equal to 60% of the average of the participant's three, five or seven highest years of base salary from AdventHealth active employment inclusive of income from all other Seventh-day Adventist Church healthcare employer-financed retirement income sources and investment income earned on those contributions through social security normal retirement age as defined in the plan. The number of years included in highest average compensation is determined by the individual's year of entry to 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

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.

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 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.

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.

With respect to grandfathered participants, the Flex Plan documents define 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.

Part I, Line 4b (Continued):

	FLEX Plan	FLEX Plan	SERP II	SERP III
	Contr.	Distr.*	Contr./Distr.	Contr.
Banks, David	\$ 155,450	\$ 152,379	\$ 90,424	\$ 0
Randolph, Karsten	\$ 119,748	\$ 74,817	\$1,188,200	\$ 0
Bacon, Kenneth	\$ 0	\$ 0	\$ 0	\$ 237,896
Thompson, Michael	\$ 111,565	\$ 72,543	\$ 291,806	\$ 0
Murrill, Michael	\$ 0	\$ 0	\$ 0	\$ 25,962
Guyton, Alan	\$ 50,558	\$ 40,742	\$ 0	\$ 16,033
Sendros, Issac	\$ 0	\$ 0	\$ 0	\$ 49,615
Barnes, Julie	\$ 0	\$ 0	\$ 0	\$ 31,450
Jordon, Amelia	\$ 0	\$ 0	\$ 0	\$ 48,959

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

Distr.*

Murrill, Michael \$ 303,568

Barnes, Julie \$ 31,450

* Including Investment Earnings

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

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 Redmond Park
Hospital, LLC (the filing organization) is Adventist Health System
Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is a Florida,
not-for-profit corporation that is exempt from federal income tax under
Internal Revenue Code (IRC) Section 501(c)(3). AHSSHC has established
a shared service center to centralize the Accounts Payable (A/P)
function for all AHSSHC subsidiary organizations.

The filing organization has entered "0" in Part V, Line 1a because the
filing organization no longer issues Form 1099 returns, rather, all
such returns are filed by and under the name and EIN of AHSSHC as the
payor subject to the information reporting requirements of Section
6041. The facts and circumstances support a position that AHSSHC, as a
payor on behalf of its subsidiary organizations in a shared service
environment, will have sufficient management and oversight in

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	Redmond Park Hospital, LLC	Employer identification number	58-1123037
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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 6:

Redmond Park Hospital, LLC (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 reserved powers include the following:

a) to approve and disapprove the executive and/or administrative leadership of the filing organization, and their salaries;

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

- b) to adopt, amend, restate, and repeal the Articles of Incorporation or Operating Agreement of the filing organization;
- c) to set limits and terms for the borrowing of funds exceeding \$100,000;
- d) to approve or disapprove the purchase or sale of personal property or real property equal to or in excess of certain dollar amount thresholds;
- e) to approve or disapprove the annual operating and capital budgets and strategic plans of the filing organization;
- f) to approve or disapprove capital expenditures in excess of \$1,000,000;
- g) to approve or disapprove performance/quality improvement and case management programs;
- h) to approve the appointment of an auditing firm and election of the fiscal year for the filing organization;
- i) to approve or disapprove material changes in services offered by the filing organization;
- j) the authority to require the filing organization's adherence to policies adopted by the Member:
- k) the authority to secure naming rights and to direct the placement of funds and capital and the making of gifts, sponsorships, donations, loans and transfers of funds or other assets by the filing organization in excess of \$1,000,000;
- l) to approve or disapprove the sale, purchase, donation, or other conveyance of personal property with a value in excess of \$1,000,000 not otherwise approved in the current capital or operating budgets;
- m) to approve or disapprove the implementation of non-traditional, non-healthcare related activities;
- n) to approve or disapprove the selection of the filing organization's group purchasing organization(s);
- o) to approve or disapprove any joint venture or partnership in which the

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

filing organization would be a member or partner;

p) to approve the IT systems used by the filing organization;

q) the authority to require the filing organization's adherence to the system-wide naming nomenclature adopted by the Member; and

r) to set and enforce policies for physician compensation, including commercial reasonableness and fair market value.

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.

Form 990, Part VI, Section B, Line 12c:

The Conflict of Interest Policy of the filing organization applies to members of its Board of Trustees 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 Trustees 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 Trustees 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

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

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 Trustees 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 Trustees (or committee with board delegated powers), but after such presentation, shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in a conflict of interest.

Each Interested Person, as defined under the filing organization's Conflict of Interest Policy, shall annually sign a statement which affirms that such person has received a copy of the Conflict of Interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the filing organization is a charitable organization that must primarily engage in activities which accomplish one or more of its exempt purposes. The filing organization's Conflict of Interest Policy also requires that periodic reviews shall be conducted to ensure that the filing organization operates in a manner consistent with its charitable purposes.

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

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

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.

Part VII, Section A:

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

Part VIII, Lines 7a, b and c:

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

The amounts shown in Part VIII, Line 7, column (i) of the Form 990

represent 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 22,179,000.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 22,179,000.

Professional Fees:

Program service expenses 9,541,548.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 9,541,548.

Purchased Medical Services:

Program service expenses 4,485,710.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 4,485,710.

Environmental Services:

Program service expenses 657,818.

Management and general expenses 0.

Fundraising expenses 0.

Name of the organization	Redmond Park Hospital, LLC	Employer identification number	58-1123037
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Total expenses	657,818.
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Transcription Services:

Program service expenses	52,873.
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Management and general expenses	0.
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Fundraising expenses	0.
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Total expenses	52,873.
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Recruiting:

Program service expenses	109,093.
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Management and general expenses	0.
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Fundraising expenses	0.
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Total expenses	109,093.
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Food Service Contracts:

Program service expenses	1,003.
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Management and general expenses	0.
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Fundraising expenses	0.
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Total expenses	1,003.
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Miscellaneous Purchased Services:

Program service expenses	424,007.
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Management and general expenses	0.
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Fundraising expenses	0.
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Total expenses	424,007.
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AH Management Fees:

Program service expenses	0.
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Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

Management and general expenses	6,522,951.
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Fundraising expenses	0.
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Total expenses	6,522,951.
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Billing & Collection Services:

Program service expenses	0.
--------------------------	----

Management and general expenses	1,526,162.
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Fundraising expenses	0.
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Total expenses	1,526,162.
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AH Shared Services Fees:

Program service expenses	0.
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Management and general expenses	3,319,552.
---------------------------------	------------

Fundraising expenses	0.
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Total expenses	3,319,552.
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Total Other Fees on Form 990, Part IX, line 11g, Col A	48,819,717.
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Form 990, Part XI, line 9, Changes in Net Assets:

Allocation from tax-exempt parent with respect to debt	2,208.
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Grants	15,925.
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Reverse Prior Year EMS Grant	-73,202.
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Total to Form 990, Part XI, Line 9	-55,069.
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Form 990, 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

Name of the organization

Redmond Park Hospital, LLC

Employer identification number

58-1123037

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, 2023, AdventHealth will file a consolidated Single Audit which will include all entities that are part of the controlled group.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Redmond Park Hospital, LLC

Employer identification number
58-1123037

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 Asheville, Inc. - 92-1144574 100 Hospital Drive Hendersonville, NC 28792	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, Inc. - 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) 2023

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 Palm Coast Parkway, Inc. - 88-2288563, 1 AdventHealth Way, Palm Coast, FL 32137	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 Primary Care Network, Inc. (6/30-12/31/23) - 93-2208118, 900 Hope Way , Altamonte Springs, FL 32714	Future Operation of Physician Practices & Medical 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 9330 US Highway 301 S 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 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 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 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	Employee Leasing of Personnel to Affiliated Hospitals	Texas	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	X	
AHS Midwest Management, Inc. - 36-3354567 500 Remington Blvd. Bolingbrook, IL 60440	Employee Leasing of Personnel to Supported Hospitals	Illinois	501(c)(3)	Line 12c, III-FI	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
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	

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
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	
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	
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	

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
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., Tarpon Springs, FL 34689	Fund-raising for Tax-exempt hospital/foundation	Florida	501(c)(3)	Line 12c, III-FI	N/A		X
Helen Ellis Memorial Hospital Foundation, Inc. - 59-3690149, 1395 S. Pinellas Ave., Tarpon Springs, FL 34689	Fund-raising for Tax-exempt hospital	Florida	501(c)(3)	Line 7	N/A		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	
Lake County Health Care Properties, Inc. - 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	

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
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	
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	
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	
PAHS Service Corporation (4/9 - 12/31/23) - 92-3398616, 6061 S. Willow Drive, Greenwood Village, CO 80111	Employee Leasing of Personnel to Related Hospitals	Colorado	501(c)(3)	Line 12c, III-FI	Portercare Adventist Health System	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 - 84-0438224, 6061 S. Willow Drive, Greenwood Village, CO 80111	Operation of Hospitals & Related Services	Colorado	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	X	
Princeton Homecare Services, LLC - 81-4196648, 602 Courtland Street, #310, Orlando, FL 32804	Home Health Care Services	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 12c, III-FI	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

(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
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 - 84-0745018, 950 E. Harvard Avenue, Ste 230, Denver, CO 80210	Fund-raising for Tax-exempt hospital	Colorado	501(c)(3)	Line 7	Portercare Adventist Health System		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	Inactive - In wind down	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	Inactive - In wind down	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
Sunbelt Health & Rehab Center - Apopka, Inc. - 20-5774856, 305 East Oak Street, Apopka, 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	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	
AdventHealth Surgery Center Daytona Beach, LLC - 92-2967648, 103 Memorial Medical Pkwy, Ste 300, AdventHealth Surgery Center Innovation Tower, LLC - 88-2744377, 265 E Rollins Street, Orlando, FL 32804	Surgery Center	FL	N/A	N/A	N/A	N/A	X		N/A	X		N/A
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

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 at Overland Park-College MOB Condominium Assoc. - 87-4353752, 9119 W. 74th Street, Ste 260, Merriam, KS 66204	Condo Association	KS	N/A	C CORP	N/A	N/A	N/A	X	
AdventHealth City Center North Owners' Assoc Inc (6/5-12/31/23) - 99-1471046, 9119 W. 74th Street, Ste 260, Merriam, KS 66204	Maintenance Association	KS	N/A	C CORP	N/A	N/A	N/A	X	
AdventHealth Primary Care, Inc. fka AH North Polk, Inc. - 59-3231322, 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 - 87-3487910, 2600 Lucien Way, Maitland, FL 32751	Medical Contracting and Billing	FL	N/A	C CORP	N/A	N/A	N/A	X	
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	

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	
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
M&O Orlando MOB I, LLC - 84-4259138, 1125 Sanctuary Parkway, Ste 410, Alpharetta, GA 30009	Operation of Medical Office Building	DE	N/A	N/A	N/A	N/A		X	N/A	X		N/A
OnPoint OBGYN, LLC - 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
Orange City Surgical, LLC - 20-8105013, 1053 Medical Center Drive, Ste 201, Orange City, FL 32763	Surgery Center	FL	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
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
SCA - Alliance, LLC - 47-1807383, 569 Brookwood Village, Ste 901, Birmingham, AL 35209	Indirect Interest in Surgery Center	DE	N/A	N/A	N/A	N/A		X	N/A	X		N/A

[illegible]

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
Apopka Medical Plaza Condominium Assoc. Inc. (1/1-12/31/23) - 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, 2600 Lucien Way, 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	
Park Ridge Condominium #1 Unit Owners Association, Inc. - 01-0584623, 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Adventist Health System Georgia, Inc.	A	238,895.	FMV
(2) Surgery Center of Rome, LP	A	10,544.	FMV
(3) Adventist Health System Georgia, Inc.	M	24,524,366.	Cost
(4) Adventist Health System Sunbelt Healthcare Corporation	M	2,735,849.	% of Facility's Operating Expense
(5) Adventist Health System Sunbelt Healthcare Corporation - DBA AIT	M	10,445,136.	% of Facility's Operating Expense
(6) Adventist Health System Sunbelt Healthcare Corporation - Shared Services	M	3,253,274.	% of Facility's 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 Georgia, Inc.	P	121,464,343.	Cost
Adventist Health System Sunbelt (8) Healthcare Corporation	P	11,977,264.	Cost
(9) Memorial Health Systems, Inc.	P	314,632.	Cost
(10) Shawnee Mission Medical Center, Inc.	P	832,064.	Cost
(11) Surgery Center of Rome, LP	P	242,263.	Cost
(12) Adventist Health System Georgia, Inc.	Q	1,244,934.	Cost
(13) Surgery Center of Rome, LP	Q	60,491.	Cost
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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]

Provide additional information for responses to questions on Schedule R. See instructions.