

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ADVENTIST HEALTH SYSTEM GEORGIA, INC.		D Employer identification number 58-1425000
	Doing business as		E Telephone number (706) 602-7800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 275,581,518.
	1035 RED BUD ROAD NE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CALHOUN, GA 30701		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: CHRIS SELF SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ADVENTHEALTH.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1981	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 TWO HOSPITALS.		
	2 Check this box <input type="checkbox"/> 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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	4097
	6 Total number of volunteers (estimate if necessary)	6	17
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	72,503.
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 1,019,610.	Current Year 125,183.
	9 Program service revenue (Part VIII, line 2g)	229,903,445.	273,165,238.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,287,828.	1,160,371.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	232,210,883.	274,450,792.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	121,452.
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)		123,197,436.	138,964,271.
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)		110,793,325.	115,218,063.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	234,112,213.	254,401,243.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,901,330.	20,049,549.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 237,705,001.	End of Year 279,786,555.
	21 Total liabilities (Part X, line 26)	64,558,671.	81,798,262.
	22 Net assets or fund balances. Subtract line 21 from line 20	173,146,330.	197,988,293.

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				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions Yes 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_____

2023

Department 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 **ADVENTIST HEALTH SYSTEM GEORGIA, INC.** EIN or SSN **58-1425000**

Name and title of officer or person subject to tax **LYNN C. ADDISCOTT
ASSISTANT SECRETARY**

Part I Type of Return and Return Information

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

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	274,450,792.
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 *Lynn C. Addiscott* Date *11/15/24*

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 *Lynn C. Addiscott* Date *11/15/24*

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)

LHA 302521 01-05-24

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

Department of the Treasury
Internal Revenue Service

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

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	Name of exempt organization, employer, or other filer, see instructions. ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Taxpayer identification number (TIN) 58-1425000
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1035 RED BUD ROAD NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CALHOUN, GA 30701	

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 **STEVE GOTSHALL**
1035 RED BUD ROAD NE - CALHOUN, GA 30701
 Telephone No. **(706) 602-7800** Fax No. **(706) 629-2895**

- 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.

Part III Statement of Program Service Accomplishments

Check 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 [X] 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 [X] 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 \$ 227,847,605. including grants of \$ 218,909.) (Revenue \$ 273,092,735.) OPERATION OF ADVENTHEALTH GORDON, A 69-BED ACUTE CARE HOSPITAL WITH 4,227 PATIENT ADMISSIONS, 18,957 PATIENT DAYS, AND 107,640 OUTPATIENT VISITS; OF ADVENTHEALTH MURRAY, A 42-BED ACUTE CARE HOSPITAL WITH 761 PATIENT ADMISSIONS, 2,422 PATIENT DAYS, AND 41,613 OUTPATIENT VISITS; AND OF A MEDICAL GROUP WITH 411,854 PHYSICIAN/PATIENT ENCOUNTERS/VISITS DURING THE CURRENT YEAR.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 227,847,605.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>	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>		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>		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>		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>		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>		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>		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>	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>		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>		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>	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>	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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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.</i> See instructions		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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>	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>		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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	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>	X	
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10a-10b), section 501(c)(12) organizations (11a-11b), section 4947(a)(1) trusts (12a-12b), section 501(c)(29) health insurers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (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

		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.		
	1a	11	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	4	
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	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?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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		X
b	Other officers or key employees of the organization		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?		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
STEVE GOTSHALL - (706) 602-7800
1035 RED BUD ROAD NE, CALHOUN, GA 30701

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STYPEREK, ROBERT CARDIOLOGIST	41.16 0.00					X	3,254,667.	0.	25,620.	
(2) HARRISON, JASON NEUROLOGY PHYSICIAN	41.64 0.00					X	3,187,675.	0.	25,843.	
(3) COWAN, JR., JOHN NEUROLOGY PHYSICIAN	41.64 0.00					X	2,980,581.	0.	14,134.	
(4) JACKSON, CHARLES CARDIOLOGIST	41.16 0.00					X	2,595,134.	0.	24,957.	
(5) MYERS, GEORGE CARDIOLOGIST	41.16 0.00					X	2,488,306.	0.	20,228.	
(6) THOMPSON, MICHAEL REG. CEO/DIR/CHAIRMAN (BEGAN 02/2023)	12.50 37.50	X					0.	1,343,101.	144,054.	
(7) MURRILL, MICHAEL REG. CEO/DIR/CHAIRMAN (ENDED 01/2023)	12.50 37.50	X					0.	1,420,477.	54,621.	
(8) BOX, MD, J. BRENT DIRECTOR	0.20 50.00	X					0.	1,090,613.	156,409.	
(9) GUYTON, ALAN DIRECTOR	12.50 37.50	X					0.	578,783.	116,901.	
(10) AHN, DANIEL DIRECTOR (BEGAN 01/2023)	40.12 0.00	X					653,003.	0.	35,048.	
(11) NUDD, BRANDON FORMER COO	0.00 50.00					X	0.	548,855.	117,329.	
(12) SELF, CHRISTOPHER CEO/DIRECTOR	50.00 0.00	X		X			0.	506,799.	84,800.	
(13) JOYAVE, MD, JOSEPH CO-CMO	50.00 0.00				X		0.	516,890.	61,638.	
(14) JORDON, AMELIA FORMER CNO	0.00 50.00					X	0.	387,529.	84,903.	
(15) YAMAMOTO, MD, CHRISTOPHER DIRECTOR/CHIEF OF STAFF	40.15 0.00	X					413,569.	0.	50,130.	
(16) STEELY, KAREN FORMER COO	0.00 50.00					X	0.	337,565.	46,223.	
(17) GOTSHALL, STEPHEN CFO	50.00 0.00			X			0.	264,934.	46,411.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BELL, KAREN CNO	50.00 0.00				X			0.	264,357.	43,725.
(19) REEVES, CORY FORMER CFO	0.00 0.00						X	0.	243,707.	0.
(20) PARROTT, MD, MAX FORMER CO-CMO	23.20 0.00						X	133,886.	0.	16,441.
(21) LIVESAY, DONALD DIRECTOR (ENDED 12/2023)	0.15 0.00	X						500.	13,881.	0.
(22) RUSTAD, GARY DIRECTOR	0.15 0.00	X						500.	5,806.	0.
(23) BROWN, JEFF DIRECTOR	0.15 0.00	X						500.	0.	0.
(24) LANCE, DAVID DIRECTOR	0.15 0.00	X						500.	0.	0.
(25) PITTMAN, BRITTANY DIRECTOR	0.15 0.00	X						500.	0.	0.
1b Subtotal								15,709,321.	7,523,297.	116,9415.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								15,709,321.	7,523,297.	116,9415.

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 456

	Yes	No
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	3	X
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	4	X
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	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PT SOLUTIONS HOLDINGS, LLC P.O. BOX 724557, ATLANTA, GA 31139	PHYSICAL THERAPY SERVICES	5,374,099.
HARBIN CLINIC, LLC 2210 TECHNOLOGY PARKWAY, ROME, GA 30165	CARDIOLOGY SERVIVCES	3,840,036.
OBHG GEORGIA PC, 80 JESSE HILL JR DRIVE SE, ATLANTA, GA 30303	OBSTETRICS HOSPITALIST SERVICES	1,618,303.
AMN HEALTHCARE, INC. 12400 HIGH BLUFF DRIVE, SAN DIEGO, CA 92130	STAFFING SERVICES	1,351,250.
MOMON CONSTRUCTION 433 ELM STREET, CALHOUN, GA 30701	CONSTRUCTION SERVICES	1,185,532.

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 62

Part VIII Statement of Revenue

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

				(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	42,325.				
	c	Fundraising events	1c					
	d	Related organizations	1d	25,000.				
	e	Government grants (contributions)	1e	46,110.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	11,748.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,748.				
	h	Total. Add lines 1a-1f		125,183.				
	Program Service Revenue	2 a	NET PATIENT REVENUE	Business Code				
			622110	270501779.	270429276.	72,503.		
b		PHYSICIAN SERVICES	622110	1,237,653.	1,237,653.			
c		PHARMACY REVENUE	622110	553,652.	553,652.			
d		CAFETERIA REVENUE	622110	436,215.	436,215.			
e		GIFT SHOP REVENUE	622110	296,069.	296,069.			
f		All other program service revenue	622110	139,870.	139,870.			
g		Total. Add lines 2a-2f		273165238.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,291,097.			2291097.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	1,079,821.	50,905.			
c	Gain or (loss)	7c	-1,079,821.	-50,905.				
d	Net gain or (loss)		-1,130,726.			-1130726.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	_____	Business Code					
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			274450792.	273092735.	72,503.	1160371.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	218,909.	218,909.		
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	4,006,115.	1,272,012.	2,734,103.	
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	104,288,780.	101,130,557.	3,158,223.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,977,125.	3,777,951.	199,174.	
9 Other employee benefits	19,205,129.	17,472,945.	1,732,184.	
10 Payroll taxes	7,487,122.	7,111,775.	375,347.	
11 Fees for services (nonemployees):				
a Management				
b Legal	880,675.		880,675.	
c Accounting	57,214.		57,214.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	376,392.		376,392.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	34,185,222.	21,853,875.	12,331,347.	
12 Advertising and promotion	1,042,784.		1,042,784.	
13 Office expenses	4,430,008.	2,975,640.	1,454,368.	
14 Information technology	9,708,162.	8,876,084.	832,078.	
15 Royalties				
16 Occupancy	6,089,660.	6,089,660.		
17 Travel	536,792.	39,604.	497,188.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	363,935.		363,935.	
20 Interest	1,011,429.	1,011,429.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,859,366.	8,859,366.		
23 Insurance	3,366,221.	3,007,307.	358,914.	
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 MEDICAL SUPPLIES	32,194,160.	32,194,160.		
b REPAIRS & MAINTENANCE	7,969,518.	7,969,518.		
c STATE TAX INDIGENT ASSE	3,825,079.	3,825,079.		
d _____				
e All other expenses _____	321,446.	161,734.	159,712.	
25 Total functional expenses. Add lines 1 through 24e	254,401,243.	227,847,605.	26,553,638.	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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,125.	1	11,669.
	2 Savings and temporary cash investments	99,075,612.	2	111,488,590.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	28,461,248.	4	37,582,332.
	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	0.	7	64.
	8 Inventories for sale or use	4,753,285.	8	5,124,903.
	9 Prepaid expenses and deferred charges	7,077,728.	9	14,046,505.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 200,842,850.		
	b Less: accumulated depreciation	10b 112,050,413.	89,013,539.	10c 88,792,437.
	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	0.	14	137,500.
	15 Other assets. See Part IV, line 11	9,315,464.	15	22,602,555.
16 Total assets. Add lines 1 through 15 (must equal line 33)	237,705,001.	16	279,786,555.	
Liabilities	17 Accounts payable and accrued expenses	20,969,562.	17	32,812,224.
	18 Grants payable		18	
	19 Deferred revenue	86,603.	19	41,091.
	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	43,502,506.	25	48,944,947.
	26 Total liabilities. Add lines 17 through 25	64,558,671.	26	81,798,262.
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	172,439,247.	27	196,812,174.
	28 Net assets with donor restrictions	707,083.	28	1,176,119.
	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	173,146,330.	32	197,988,293.
	33 Total liabilities and net assets/fund balances	237,705,001.	33	279,786,555.

Part XI Reconciliation of Net Assets

Check 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	274,450,792.
2	Total expenses (must equal Part IX, column (A), line 25)	2	254,401,243.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,049,549.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	173,146,330.
5	Net unrealized gains (losses) on investments	5	6,226,613.
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	-1,434,199.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	197,988,293.

Part XII Financial Statements and Reporting

Check 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 ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
--	---

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						<input type="checkbox"/>

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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
b 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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).		

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). 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 - explain in Part VI). 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, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. 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

Part VI

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

Horizontal lines for supplemental information input.

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

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

Employer identification number

58-1425000

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check 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 ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
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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
1	_____ _____ _____	\$ 226,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 24,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 10,000.	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.)

Name of organization ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

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

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

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

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

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

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

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

- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

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

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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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		16,236.
j Total. Add lines 1c through 1i			16,236.
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:

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states with easements, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art collections, elected to report art collections with revenue and asset amounts, and received or held works of art for financial gain with revenue and asset amounts.

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,213,940.		8,213,940.
b Buildings		108,374,412.	48,806,811.	59,567,601.
c Leasehold improvements				
d Equipment		81,187,274.	61,862,513.	19,324,761.
e Other		3,067,224.	1,381,089.	1,686,135.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				88,792,437.

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) DUE FROM RELATED	13,640,589.
(2) OTHER RECEIVABLES	3,791,514.
(3) RIGHT OF USE ASSET - OPERATING LEAS	2,617,876.
(4) RECEIVABLE FROM THIRD PARTIES	2,552,576.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	22,602,555.

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) DUE TO RELATED	5,173,291.
(3) PAYABLE TO THIRD PARTIES	4,442,972.
(4) CREDIT BALANCES IN A/R	1,118,392.
(5) OTHER DEFERRED REVENUE	1,766,751.
(6) ACCRUED INTEREST PAYABLE	8,221.
(7) INTERCO ALLOC OF TE BOND PROCEEDS	33,691,057.
(8) OPERATING LEASE LIABILITY	2,644,039.
(9) OTHER LIABILITIES	100,224.
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	48,944,947.

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 ...

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 ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
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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	X	
b If "Yes," was it a written policy?	X	
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 care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<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 care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?		X

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)			15542999.		15542999.	6.11%
b Medicaid (from Worksheet 3, column a)			36679704.	42193731.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			52222703.	42193731.	15542999.	6.11%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4082060.		4082060.	1.60%
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			4082060.		4082060.	1.60%
k Total. Add lines 7d and 7j			56304763.	42193731.	19625059.	7.71%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

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

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?		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		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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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		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		X
7 Did the hospital facility make its CHNA report widely available to the public?	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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, PAGE 8</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	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?	X	
15 Explained the method for applying for financial assistance?	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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
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?	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?		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?	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)		

Part V Facility Information *(continued)*

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

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

		Yes	No
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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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.	23	X
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.	24	X

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
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?		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		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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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		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		X
7 Did the hospital facility make its CHNA report widely available to the public?	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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, PAGE 8</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	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?	X	
15	Explained the method for applying for financial assistance?	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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
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?	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?		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?	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)		

Part V Facility Information *(continued)*

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

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

		Yes	No			
<p>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:</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input checked="" type="checkbox"/> 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</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>						
<p>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?</p> <p>If "Yes," explain in Section C.</p>		23	X			
<p>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?</p> <p>If "Yes," explain in Section C.</p>		24	X			

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Part V Facility Information (continued)

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

ADVENTHEALTH GORDON:

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

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

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

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

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

COUNTY.

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

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

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

DATA WAS COLLECTED THROUGH COMMUNITY SURVEYS AND STAKEHOLDER INTERVIEWS.

SECONDARY DATA INCLUDED INTERNAL HOSPITAL UTILIZATION DATA (INPATIENT,

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

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

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

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

12 AGGREGATE ISSUES.

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

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

HOSPITAL THROUGH THE ASSESSMENT PROCESS. THE CHNAC INCLUDED REPRESENTATION

FROM THE HOSPITAL, PUBLIC HEALTH EXPERTS AND THE BROAD COMMUNITY. THIS

INCLUDED INTENTIONAL REPRESENTATION FROM LOW-INCOME, MINORITY AND OTHER

UNDERSERVED POPULATIONS.

Part V Facility Information (continued)

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

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

ADVENTHEALTH MURRAY:

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

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

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

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

Part V Facility Information (continued)

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

HOSPITAL THROUGH THE ASSESSMENT PROCESS. THE CHNAC INCLUDED REPRESENTATION FROM THE HOSPITAL, PUBLIC HEALTH EXPERTS AND THE BROAD COMMUNITY. THIS INCLUDED INTENTIONAL REPRESENTATION FROM LOW-INCOME, MINORITY AND OTHER UNDERSERVED POPULATIONS.

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

ADVENTHEALTH GORDON:

PART V, SECTION B, LINE 7D: THE HOSPITAL HAS ADOPTED A POLICY THAT ADDRESSES THE PUBLIC POSTING REQUIREMENTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT. UNDER THIS POLICY, THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS MUST BE POSTED ON THE HOSPITAL'S WEBSITE AT LEAST UNTIL THE DATE THE HOSPITAL FACILITY HAS MADE WIDELY AVAILABLE ON ITS WEBSITE ITS TWO SUBSEQUENT COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS. THE HOSPITAL WILL ALSO MAKE A PAPER COPY OF ITS COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND WITHOUT CHARGE, AT LEAST UNTIL THE DATE THE HOSPITAL FACILITY HAS MADE AVAILABLE FOR PUBLIC INSPECTION ITS TWO SUBSEQUENT COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS.

ADVENTHEALTH MURRAY:

PART V, SECTION B, LINE 7D: THE HOSPITAL HAS ADOPTED A POLICY THAT ADDRESSES THE PUBLIC POSTING REQUIREMENTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT. UNDER THIS POLICY, THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS MUST BE POSTED ON THE HOSPITAL'S WEBSITE AT LEAST UNTIL THE DATE

Part V Facility Information *(continued)*

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

THE HOSPITAL FACILITY HAS MADE WIDELY AVAILABLE ON ITS WEBSITE ITS TWO SUBSEQUENT COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS. THE HOSPITAL WILL ALSO MAKE A PAPER COPY OF ITS COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND WITHOUT CHARGE, AT LEAST UNTIL THE DATE THE HOSPITAL FACILITY HAS MADE AVAILABLE FOR PUBLIC INSPECTION ITS TWO SUBSEQUENT COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS.

ADVENTHEALTH GORDON:

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

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

THIS IS THE FIRST-YEAR UPDATE FOR THE HOSPITAL'S 2023-2025 COMMUNITY HEALTH PLAN/IMPLEMENTATION STRATEGY. THE HOSPITAL DEVELOPED THIS PLAN AND POSTED IT IN MAY 2023 AS PART OF ITS 2022 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

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

Part V Facility Information (continued)

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

THE COMMUNITY HEALTH NEEDS ASSESSMENT USED PRIMARY DATA INTERVIEWS AND SURVEYS; SECONDARY DATA FROM LOCAL, REGIONAL, AND NATIONAL HEALTH-RELATED SOURCES; AND HOSPITAL PREVALENCE DATA TO HELP THE HOSPITAL DETERMINE THE HEALTH NEEDS OF THE COMMUNITY IT SERVES. ONCE THE DATA WAS GATHERED, THE HEALTH ISSUES IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT WERE PRIORITIZED BY COMMUNITY AND HOSPITAL STAKEHOLDERS, WHO THEN SELECTED KEY PRIORITIES FOR THE HOSPITAL TO ADDRESS IN ITS COMMUNITY HEALTH PLAN.

THE FIRST-YEAR PROGRESS ON THE COMMUNITY HEALTH PLAN IS NOTED BELOW. THE NARRATIVE DESCRIBES THE PRIORITIES IDENTIFIED IN 2022 AND GIVES AN UPDATE ON THE STRATEGIES ADDRESSING THOSE PRIORITIZED NEEDS. THERE IS ALSO A DESCRIPTION OF THE IDENTIFIED PRIORITIES THAT THE HOSPITAL DID NOT ADDRESS.

THE HOSPITAL'S CHOSEN PRIORITIES ARE LISTED BELOW.

- 1. HEART DISEASE AND HEART RELATED ISSUES
- 2. CANCER
- 3. VAPING

PRIORITY 1: HEART DISEASE AND HEART RELATED ISSUES

2022 DESCRIPTION OF THE PRIORITY:

ACCORDING TO SECONDARY DATA, INDIVIDUALS IN THE HOSPITAL'S COMMUNITY HAVE HIGHER RATES OF CORONARY HEART DISEASE AND OF HEART DISEASE MORTALITY PER 100,000 THAN ELSEWHERE IN GEORGIA AND THE NATION. ALMOST 40% OF COMMUNITY SURVEY RESPONDENTS REPORT HAVING HYPERTENSION, WHICH CAN BE A MAJOR CONTRIBUTING FACTOR TO HEART DISEASE AND HYPERTENSION IS SHOWN TO BE ONE OF THE TOP TEN CODES IN HOSPITAL VISITS BY UNINSURED PATIENTS. ALSO, 1/3

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.

OF INDIVIDUALS LIVING IN THE COMMUNITY HAVE BEEN TOLD THEY HAVE HIGH CHOLESTEROL WHICH CAN BE A CONTRIBUTING FACTOR TO HEART DISEASE AS WELL.

2023 UPDATE:

GOAL 1.1: INCREASE THE NUMBER OF INDIVIDUALS RECEIVING PREVENTATIVE, EARLY DIAGNOSIS AND TREATMENT OF HEART DISEASE.

OBJECTIVE 1.1.1: BY YEAR 3, PROVIDE A TOTAL OF 300 FREE HEART-DISEASE SCREENINGS (INCLUDING BLOOD PRESSURE AND CALCIUM SCREENINGS) TO LOW-INCOME ADULTS IN GORDON COUNTY.

THE HOSPITALS PROVIDED A TOTAL OF 372 HEART DISEASE SCREENINGS. SCREENINGS WERE OFFERED AT THE FREE AMEN CLINIC AND AT VARIOUS EVENTS THROUGHOUT 2023.

OBJECTIVE 1.1.2: BY YEAR 3, PARTNER WITH A TOTAL OF FIVE CHURCHES TO CONDUCT FREE HEART DISEASE SCREENINGS.

THE HOSPITAL PARTNERED WITH TWO CHURCHES, CALHOUN SEVENTH DAY ADVENTIST CHURCH AND HERITAGE BAPTIST CHURCH TO OFFER FREE HEART DISEASE SCREENINGS.

PRIORITY 2: CANCER

2022 DESCRIPTION OF THE PRIORITY:

IN THE HOSPITAL'S COMMUNITY 6.4% OF THE RESIDENTS HAVE HAD CANCER ACCORDING TO SECONDARY DATA. THERE IS ALSO A HIGHER MORTALITY RATE PER 100,000 THAN IN BOTH THE STATE AND THE NATION FOR COLORECTAL CANCER AND

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.

LUNG, TRACHEA AND BRONCHUS CANCER IN GORDON COUNTY.

GOAL 2.1: DECREASE THE PREVALENCE OF LIFE-THREATENING CANCER IN GORDON COUNTY

OBJECTIVE 2.1.1: BY THE END OF YEAR 3, INCREASE AWARENESS AND EARLY DETECTION OF LUNG CANCER BY IMPLEMENTING A SCREENING QUESTIONNAIRE AT COMMUNITY-BASED EVENTS TO HELP INDIVIDUALS IDENTIFY THEIR RISK FACTORS. IN ADDITION, OFFER LUNG SCREENINGS AT THE NATIONAL LUNG SCREENING DAY EVENT TO FACILITATE EARLY DIAGNOSIS AND ESTABLISH A BASELINE FOR ANNUAL SCREENINGS, AIMING TO IMPROVE EFFECTIVE TREATMENT AND INCREASE THE SURVIVAL RATE.

THE HOSPITAL, IN A COMBINED EFFORT WITH ADVENTHEALTH MURRAY, HOSTED THE NATIONAL LUNG SCREENING DAY EVENT IN 2023. SCREENINGS WERE OFFERED TO ALL COMMUNITY MEMBERS. IN TOTAL, 16 SCREENINGS WERE CONDUCTED AND TWO WERE AT NO-COST BECAUSE THE COMMUNITY MEMBERS MET FINANCIAL NEED CRITERIA.

OBJECTIVE 2.1.2: BY THE END OF YEAR 3, INCREASE FREE SCREENINGS FOR SKIN CANCER FROM A BASELINE OF 42 SCREENING ANNUALLY TO 50.

TWO SKIN CANCER SCREENINGS EVENTS DONE AT SHAW INDUSTRIES ON AUGUST 18TH AND 25TH PROVIDED 64 SCREENINGS, AS WELL AS MYELOMA MONDAY CANCER SCREENINGS PROVIDED AT FACILITY SCREENED 45 PARTICIPANTS. IN TOTAL 109 SCREENINGS WERE CONDUCTED IN 2023.

OBJECTIVE 2.1.3: BY THE END OF YEAR 3, INCREASE AWARENESS AND EARLY

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.

DETECTION OF COLON CANCER BY IMPLEMENTING A SCREENING QUESTIONNAIRE AT COMMUNITY-BASED EVENTS TO HELP INDIVIDUALS IDENTIFY THEIR RISK FACTORS. IN CONJUNCTION WITH THE QUESTIONNAIRE, OFFER COLON CANCER SCREENINGS TO SUPPORT EARLY DIAGNOSIS AND ESTABLISH A BASELINE FOR ANNUAL SCREENINGS.

THE HOSPITAL IS WORKING TO ESTABLISH FINANCIAL NEED CRITERIA TO OFFER NO-COST COLON CANCER SCREENINGS TO PATIENTS AND COMMUNITY MEMBERS. THE HOSPITAL WILL WORK TO CREATE AND IMPLEMENT A SCREENING QUESTIONNAIRE FOR COLON CANCER AT COMMUNITY EVENTS.

PRIORITY 3: VAPING

2022 DESCRIPTION OF THE PRIORITY:

ACCORDING TO COMMUNITY SURVEY RESPONDENTS, 19.7% ARE VAPING EVERY DAY OR SOME DAYS. STAKEHOLDERS ALSO CONSIDER VAPING TO BE A TOP HEALTH BEHAVIOR RISK FACTOR, PARTICULARLY AMONG YOUTH. NATIONALLY, THE PREVALENCE OF VAPING AND E-CIGARETTE USAGE HAS BEEN RISING AMONG YOUTH AND ALTHOUGH VAPING IS CONSIDERED LESS THAN HARMFUL THAN SMOKING TOBACCO, THERE IS STILL MUCH UNKNOWN ABOUT ITS LONG-TERM EFFECTS.

GOAL 3.1: DECREASE THE USAGE OF VAPING IN GORDON COUNTY AMONG ADOLESCENTS.

OBJECTIVE 3.1.1: BY THE END OF YEAR 3, INCREASE EDUCATION TO TEENAGERS ABOUT THE DANGERS OF VAPING FROM ONE SCHOOL (2021-22) TO SIX PUBLIC MIDDLE AND HIGH SCHOOLS IN ADVENTHEALTH GORDON'S PSA.

EDUCATIONAL MATERIALS WERE TAKEN TO GORDON CENTRAL HIGH SCHOOL WHERE RISKS OF VAPING WERE SHARED WITH STUDENTS DURING THEIR LUNCH HOUR. EDUCATION AND

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.

MATERIALS WERE PRESENTED AT CALHOUN HIGH SCHOOL AND CALHOUN MIDDLE SCHOOL FOR THEIR BEGINNING OF THE YEAR ORIENTATION. LASTLY, A PREVENTION INITIATIVE COMMITTEE MEETS REGULARLY TO DISCUSS HOW TO REDUCE AND PREVENT VAPING IN MIDDLE AND HIGH SCHOOL STUDENTS. IN TOTAL, THREE SCHOOLS WERE REACHED DURING 2023.

OBJECTIVE 3.1.2: THE DRUG AND VAPING TASK FORCE IS A COLLABORATIVE FOCUS GROUP OF HEALTH CARE PERSONNEL, SOCIAL WORKERS, SCHOOL ADMINISTRATORS, CANCER COALITION REPRESENTATIVES AND LIVE DRUG FREE REPRESENTATIVES. BY YEAR THREE, CONVENE THE DRUG AND VAPING TASK FORCE AT LEAST THREE TIMES ANNUALLY TO CREATE AND DEVELOP VAPING EDUCATION STRATEGIES.

WITH A NEW LEADER IN PLACE, THE TASKFORCE WILL RESUME QUARTERLY MEETINGS IN 2024. IN PREPARATION FOR THE MEETINGS THE HOSPITAL HAS CREATED AN EDUCATIONAL HANDOUT ON SMOKING AND VAPING THAT CAN BE USED FOR THE VAPING EDUCATION STRATEGIES.

(CONTINUED)

ADVENTHEALTH MURRAY:

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

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Part V Facility Information (continued)

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

THIS IS THE FIRST-YEAR UPDATE FOR THE HOSPITAL'S 2023-2025 COMMUNITY HEALTH PLAN/IMPLEMENTATION STRATEGY. THE HOSPITAL DEVELOPED THIS PLAN AND POSTED IT IN MAY 2023 AS PART OF ITS 2022 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

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

THE COMMUNITY HEALTH NEEDS ASSESSMENT USED PRIMARY DATA INTERVIEWS AND SURVEYS; SECONDARY DATA FROM LOCAL, REGIONAL, AND NATIONAL HEALTH-RELATED SOURCES; AND HOSPITAL PREVALENCE DATA TO HELP THE HOSPITAL DETERMINE THE HEALTH NEEDS OF THE COMMUNITY IT SERVES. ONCE THE DATA WAS GATHERED, THE HEALTH ISSUES IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT WERE PRIORITIZED BY COMMUNITY AND HOSPITAL STAKEHOLDERS, WHO THEN SELECTED KEY PRIORITIES FOR THE HOSPITAL TO ADDRESS IN ITS COMMUNITY HEALTH PLAN.

THE FIRST-YEAR PROGRESS ON THE COMMUNITY HEALTH PLAN IS NOTED BELOW. THE NARRATIVE DESCRIBES THE PRIORITIES IDENTIFIED IN 2022 AND GIVES AN UPDATE ON THE STRATEGIES ADDRESSING THOSE PRIORITIZED NEEDS. THERE IS ALSO A DESCRIPTION OF THE IDENTIFIED PRIORITIES THAT THE HOSPITAL DID NOT ADDRESS.

THE HOSPITAL'S CHOSEN PRIORITIES ARE LISTED BELOW.

1. HEART DISEASE AND HEART RELATED ISSUES

Part V Facility Information (continued)

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

2. CANCER

3. VAPING

PRIORITY 1: HEART DISEASE AND HEART RELATED ISSUES

2022 DESCRIPTION OF THE PRIORITY:

ACCORDING TO SECONDARY DATA, INDIVIDUALS IN THE HOSPITAL'S COMMUNITY HAVE HIGHER RATES OF CORONARY HEART DISEASE AND OF HEART DISEASE MORTALITY PER 100,000 THAN ELSEWHERE IN GEORGIA AND THE NATION. ALMOST A THIRD OF COMMUNITY SURVEY RESPONDENTS (30.1%) REPORT HAVING HYPERTENSION, WHICH CAN BE A MAJOR CONTRIBUTING FACTOR TO HEART DISEASE AND HYPERTENSION IS SHOWN TO BE ONE OF THE TOP TEN CODES IN HOSPITAL VISITS BY UNINSURED PATIENTS. ALSO, MORE THAN 1/3 OF INDIVIDUALS LIVING IN THE COMMUNITY HAVE BEEN TOLD THEY HAVE HIGH CHOLESTEROL WHICH CAN BE A CONTRIBUTING FACTOR TO HEART DISEASE AS WELL.

2023 UPDATE:

GOAL 1.1: INCREASE THE NUMBER OF INDIVIDUALS RECEIVING PREVENTATIVE, EARLY DIAGNOSIS AND TREATMENT OF HEART DISEASE.

OBJECTIVE 1.1.1: BY YEAR 3, PROVIDE A TOTAL OF 100 FREE HEART-DISEASE SCREENINGS (INCLUDING BLOOD PRESSURE AND CALCIUM SCREENINGS) TO LOW-INCOME ADULTS IN MURRAY COUNTY.

BLACK BEAR EVENT GAVE OPPORTUNITY FOR APPROXIMATELY 25 BLOOD PRESSURE SCREENINGS EACH DAY FOR TWO DAYS AND FOR THE DISTRIBUTION OF EDUCATIONAL MATERIAL ON STROKE WARNING SIGNS AND HEART ATTACK RISKS TO OVER 400

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.

PEOPLE.

OBJECTIVE 1.1.2: BY YEAR 3, PARTNER WITH A TOTAL OF THREE CHURCHES TO CONDUCT FREE HEART DISEASE SCREENINGS.

THE HOSPITAL IS WORKING ON A PARTNERSHIP WITH THE CENTRAL COMMUNITY CHURCH IN CHATSWORTH (MURRAY COUNTY). HEART HEALTH EDUCATION WAS PRESENTED TO THE MURRAY DEMOCRATIC COMMITTEE AND AT A LOCAL SENIOR CENTER.

PRIORITY 2: CANCER

2022 DESCRIPTION OF THE PRIORITY: IN THE HOSPITAL'S COMMUNITY 6.5% OF THE RESIDENTS HAVE HAD CANCER ACCORDING TO SECONDARY DATA. THERE IS ALSO A HIGHER MORTALITY RATE PER 100,000 THAN IN BOTH THE STATE AND THE NATION FOR COLORECTAL CANCER, BREAST CANCER AND LUNG, TRACHEA AND BRONCHUS CANCER IN MURRAY COUNTY.

2023 UPDATE:

GOAL 2.1: DECREASE THE PREVALENCE OF LIFE-THREATENING CANCER IN MURRAY COUNTY.

OBJECTIVE 2.1.1: BY THE END OF YEAR 3, INCREASE AWARENESS AND EARLY DETECTION OF LUNG CANCER BY IMPLEMENTING A SCREENING QUESTIONNAIRE AT COMMUNITY-BASED EVENTS TO HELP INDIVIDUALS IDENTIFY THEIR RISK FACTORS. IN ADDITION, OFFER LUNG SCREENINGS AT THE NATIONAL LUNG SCREENING DAY EVENT TO FACILITATE EARLY DIAGNOSIS AND ESTABLISH A BASELINE FOR ANNUAL SCREENINGS, AIMING TO IMPROVE EFFECTIVE TREATMENT AND INCREASE THE

Part V Facility Information (continued)

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

SURVIVAL RATE.

THE HOSPITAL, IN A COMBINED EFFORT WITH ADVENTHEALTH GORDON, HOSTED THE NATIONAL LUNG SCREENING DAY EVENT IN 2023. SCREENINGS WERE OFFERED TO ALL COMMUNITY MEMBERS. IN TOTAL, 16 SCREENINGS WERE CONDUCTED AND TWO WERE AT NO-COST BECAUSE THE COMMUNITY MEMBERS MET FINANCIAL NEED CRITERIA.

OBJECTIVE 2.1.2: BY THE END OF YEAR 3, INCREASE AWARENESS AND EARLY DETECTION OF COLON CANCER BY IMPLEMENTING A SCREENING QUESTIONNAIRE AT COMMUNITY-BASED EVENTS TO HELP INDIVIDUALS IDENTIFY THEIR RISK FACTORS. IN CONJUNCTION WITH THE QUESTIONNAIRE, OFFER COLON CANCER SCREENINGS TO SUPPORT EARLY DIAGNOSIS AND ESTABLISH A BASELINE FOR ANNUAL SCREENINGS.

THE HOSPITAL IS WORKING TO ESTABLISH FINANCIAL NEED CRITERIA TO OFFER NO-COST COLON CANCER SCREENINGS TO PATIENTS AND COMMUNITY MEMBERS. THE HOSPITAL WILL WORK TO CREATE AND IMPLEMENT A SCREENING QUESTIONNAIRE FOR COLON CANCER AT COMMUNITY EVENTS.

PRIORITY 3: VAPING

2022 DESCRIPTION OF THE PRIORITY:

ACCORDING TO COMMUNITY SURVEY RESPONDENTS, 30.8% ARE VAPING EVERY DAY OR SOME DAYS. STAKEHOLDERS ALSO CONSIDER VAPING TO BE A TOP HEALTH BEHAVIOR RISK FACTOR, PARTICULARLY AMONG YOUTH. NATIONALLY, THE PREVALENCE OF VAPING AND E-CIGARETTE USAGE HAS BEEN RISING AMONG YOUTH AND ALTHOUGH VAPING IS CONSIDERED LESS THAN HARMFUL THAN SMOKING TOBACCO, THERE IS STILL MUCH UNKNOWN ABOUT ITS LONG-TERM EFFECTS.

2023 UPDATE:

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.

GOAL 3.1: DECREASE THE USAGE OF VAPING IN MURRAY COUNTY AMONG ADOLESCENTS.

OBJECTIVE 3.1.1: BY THE END OF YEAR 3, INCREASE EDUCATION TO TEENAGERS ABOUT THE DANGERS OF VAPING FROM ONE SCHOOL (2021-22) TO FOUR PUBLIC MIDDLE AND HIGH SCHOOLS IN ADVENTHEALTH MURRAY'S PSA.

THE HOSPITAL CONNECTED WITH TWO HIGH SCHOOLS AND TWO MIDDLE SCHOOLS TO SCHEDULE VAPING EDUCATION FOR THE 2024-2025 SCHOOL YEAR.

OBJECTIVE 3.1.2: THE DRUG AND VAPING TASK FORCE IS A COLLABORATIVE FOCUS GROUP OF HEALTH CARE PERSONNEL, SOCIAL WORKERS, SCHOOL ADMINISTRATORS, CANCER COALITION REPRESENTATIVES AND LIVE DRUG FREE REPRESENTATIVES. BY YEAR THREE, CONVENE THE DRUG AND VAPING TASK FORCE AT LEAST THREE TIMES ANNUALLY TO CREATE AND DEVELOP VAPING EDUCATION STRATEGIES.

WITH A NEW LEADER IN PLACE, THE TASKFORCE WILL RESUME QUARTERLY MEETINGS IN 2024. IN PREPARATION FOR THE MEETINGS THE HOSPITAL HAS CREATED AN EDUCATIONAL HANDOUT ON SMOKING AND VAPING THAT CAN BE USED FOR THE VAPING EDUCATION STRATEGIES.

(CONTINUED)

SCH H, PART V, SECTION B, LINE 11 (CONTINUED) - ADVENTHEALTH GORDON PRIORITIES NOT ADDRESSED BY THE HOSPITAL:

THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED MULTIPLE HEALTH NEEDS

Part V Facility Information (continued)

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

THROUGH THE COLLECTION OF PRIMARY AND SECONDARY DATA. AFTER REVIEWING THE DATA, THE HOSPITAL AND COMMUNITY STAKEHOLDERS CONDUCTED A PRIORITIZATION PROCESS. LISTED BELOW ARE THE PRIORITIES NOT ADDRESSED AND THE REASON WHY THEY WERE NOT SELECTED TO BE ADDRESSED.

1. DIABETES: THE HOSPITAL DID NOT SELECT DIABETES AS A PRIORITY, AS IT IS NOT POSITIONED TO DIRECTLY ADDRESS THIS IN THE COMMUNITY AT LARGE AND WILL FOCUS ITS AVAILABLE RESOURCES WHERE THERE IS THE GREATEST OPPORTUNITY FOR POSITIVE IMPACT.

2. PREVENTATIVE CARE AND SCREENINGS: THE HOSPITAL DID NOT SELECT PREVENTATIVE CARE AND SCREENINGS AS A PRIORITY DUE TO A LACK OF RESOURCES. HOWEVER, THE HOSPITAL DID SELECT HEART DISEASE AND HEART RELATED ISSUES AS A PRIORITY, WHICH IS DISPROPORTIONATELY IMPACTING THE COMMUNITY, AND MAY USE PREVENTATIVE CARE STRATEGIES IN ADDRESSING IT.

3. FOOD INSECURITY: THE HOSPITAL BELIEVES THAT OTHER ORGANIZATIONS ARE BETTER POSITIONED IN THE COMMUNITY TO ADDRESS THIS NEED DIRECTLY AND WILL SUPPORT THOSE EFFORTS WHEN ABLE.

4. PREGNANCY AND MATERNAL HEALTH: THE HOSPITAL DID NOT SELECT PREGNANCY AND MATERNAL HEALTH AS A PRIORITY AS IT IS NOT RESOURCED TO DIRECTLY ADDRESS THIS IN THE COMMUNITY BUT WILL SUPPORT OTHER COMMUNITY PARTNERS WHERE POSSIBLE IN THEIR EFFORTS.

5. MENTAL HEALTH AND MENTAL HEALTH DISORDERS: ALTHOUGH THE MENTAL HEALTH NEEDS OF THE COMMUNITY ARE SIGNIFICANT, THE HHNAC DID NOT

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.

PERCEIVE THE ABILITY TO IMPACT THE ISSUE WITH EXISTING HOSPITAL RESOURCES AT THIS TIME AND DID NOT SELECT IT AS A PRIORITY.

6. NUTRITION AND HEALTHY EATING: THE HOSPITAL BELIEVES THAT OTHER ORGANIZATIONS ARE BETTER POSITIONED IN THE COMMUNITY TO ADDRESS THIS NEED DIRECTLY AND WILL SUPPORT THOSE EFFORTS WHEN ABLE.

7. PHYSICAL HEALTH AND ACTIVITY: THE HOSPITAL BELIEVES THAT OTHER ORGANIZATIONS ARE BETTER POSITIONED IN THE COMMUNITY TO ADDRESS THIS NEED DIRECTLY AND WILL SUPPORT THOSE EFFORTS WHEN ABLE.

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

PRIORITIES NOT ADDRESSED BY THE HOSPITAL:

THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED MULTIPLE HEALTH NEEDS THROUGH THE COLLECTION OF PRIMARY AND SECONDARY DATA. AFTER REVIEWING THE DATA, THE HOSPITAL AND COMMUNITY STAKEHOLDERS CONDUCTED A PRIORITIZATION PROCESS. LISTED BELOW ARE THE PRIORITIES NOT ADDRESSED AND THE REASON WHY THEY WERE NOT SELECTED TO BE ADDRESSED.

1. DIABETES: THE HOSPITAL DID NOT SELECT DIABETES AS A PRIORITY, AS IT IS NOT POSITIONED TO DIRECTLY ADDRESS THIS IN THE COMMUNITY AT LARGE AND WILL FOCUS ITS AVAILABLE RESOURCES WHERE THERE IS THE GREATEST OPPORTUNITY FOR POSITIVE IMPACT.

2. PREVENTATIVE CARE AND SCREENINGS: THE HOSPITAL DID NOT SELECT PREVENTATIVE CARE AND SCREENINGS AS A PRIORITY DUE TO A LACK OF RESOURCES. HOWEVER, THE HOSPITAL DID SELECT HEART DISEASE AND HEART

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.

RELATED ISSUES AS A PRIORITY, WHICH IS DISPROPORTIONATELY IMPACTING THE COMMUNITY, AND MAY USE PREVENTATIVE CARE STRATEGIES IN ADDRESSING IT.

3. HEALTH INSURANCE AND HEALTH CARE ACCESS: THE HOSPITAL DID NOT SELECT THIS AS A PRIORITY AS IT IS NOT RESOURCED TO DIRECTLY ADDRESS THIS IN THE COMMUNITY OUTSIDE OF EXISTING EFFORTS BUT WILL SUPPORT OTHER COMMUNITY PARTNERS WHERE POSSIBLE IN THEIR EFFORTS.

4. OBESITY: THE HOSPITAL DID NOT CHOOSE OBESITY AS A PRIORITY, INSTEAD FOCUSING ITS EFFORTS AND RESOURCES ON HEART DISEASE THROUGH WHICH IT MAY INDIRECTLY IMPACT OBESITY IN THE COMMUNITY.

5. MENTAL HEALTH: ALTHOUGH THE MENTAL HEALTH NEEDS OF THE COMMUNITY ARE SIGNIFICANT, THE HHNAC DID NOT PERCEIVE THE ABILITY TO IMPACT THE ISSUE WITH EXISTING HOSPITAL RESOURCES AT THIS TIME AND DID NOT SELECT IT AS A PRIORITY.

6. NUTRITION AND HEALTHY EATING: THE HOSPITAL BELIEVES THAT OTHER ORGANIZATIONS ARE BETTER POSITIONED IN THE COMMUNITY TO ADDRESS THIS NEED DIRECTLY AND WILL SUPPORT THOSE EFFORTS WHEN ABLE.

7. PHYSICAL ACTIVITY: THE HOSPITAL BELIEVES THAT OTHER ORGANIZATIONS ARE BETTER POSITIONED IN THE COMMUNITY TO ADDRESS THIS NEED DIRECTLY AND WILL SUPPORT THOSE EFFORTS WHEN ABLE.

PART V, SECTION B, LINE 7A

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.

URL FOR ADVENTHEALTH GORDON'S CHNA:

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

URL FOR ADVENTHEALTH MURRAY'S CHNA:

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

PART V, SECTION B, LINE 10A

URL FOR ADVENTHEALTH GORDON'S MOST RECENTLY ADOPTED IMPLEMENTATION

STRATEGY:

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

URL FOR ADVENTHEALTH MURRAY'S MOST RECENTLY ADOPTED IMPLEMENTATION

STRATEGY:

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

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

PART V, 16A, FAP WEBSITE:

ADVENTHEALTH GORDON

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

ADVENTHEALTH MURRAY

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

PART V, 16B, FAP APPLICATION WEBSITE:

ADVENTHEALTH GORDON

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

Part V Facility Information *(continued)*

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

ADVENTHEALTH MURRAY

HTTPS://WWW.ADVENTHEALTH.COM/LEGAL/FINANCIAL-ASSISTANCE

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

ADVENTHEALTH GORDON

HTTPS://WWW.ADVENTHEALTH.COM/LEGAL/FINANCIAL-ASSISTANCE

ADVENTHEALTH MURRAY

HTTPS://WWW.ADVENTHEALTH.COM/LEGAL/FINANCIAL-ASSISTANCE

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 26

Name and address	Type of facility (describe)
1 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 400 TIMMS ROAD NE CALHOUN, GA 30701	PHYSICIAN CLINIC
2 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 7 JOHN MADDOX DRIVE NW ROME, GA 30165	PHYSICIAN CLINIC
3 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 100 HOSPITAL COURT CALHOUN, GA 30701	PHYSICIAN CLINIC
4 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 400 TIMMS ROAD NE CALHOUN, GA 30701	PHYSICIAN CLINIC
5 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 109 HOSPITAL COURT CALHOUN, GA 30701	PHYSICIAN CLINIC
6 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 21 COMMERCE PARKWAY ADAIRSVILLE, GA 30103	PHYSICIAN CLINIC
7 ADVENTHEALTH GORDON EMS 105 WILLOWBROOK WAY CALHOUN, GA 30701	AMBULANCE SERVICE
8 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 15 JOHN MADDOX DRIVE NW ROME, GA 30165	PHYSICIAN CLINIC
9 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 170 CURTIS PARKWAY NE, SUITE 1 CALHOUN, GA 30701	PHYSICIAN CLINIC
10 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 504 REDMOND ROAD ROME, GA 30165	PHYSICIAN CLINIC

Schedule H (Form 990) 2023

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 26

Name and address	Type of facility (describe)
11 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 815 CURTIS PARKWAY SE CALHOUN, GA 30701	PHYSICIAN CLINIC
12 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 2112 SHORTER AVENUE SW, SUITE 200 ROME, GA 30165	PHYSICIAN CLINIC
13 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 824 GI MADDOX PARKWAY CHATSWORTH, GA 30705	PHYSICIAN CLINIC
14 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 104 HOSPITAL DRIVE CHATSWORTH, GA 30705	PHYSICIAN CLINIC
15 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 100 JOHN MADDOX DRIVE NW ROME, GA 30165	PHYSICIAN CLINIC
16 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 106 HOSPITAL DRIVE, SUITE 5 CHATSWORTH, GA 30705	PHYSICIAN CLINIC
17 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 100 HOSPITAL DRIVE CHATSWORTH, GA 30705	PHYSICIAN CLINIC
18 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 101 YELLOW JACKET DRIVE CALHOUN, GA 30701	PHYSICIAN CLINIC
19 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 110 HOSPITAL DRIVE CALHOUN, GA 30701	PHYSICIAN CLINIC
20 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 715 E. 2ND AVENUE ROME, GA 30161	PHYSICIAN CLINIC

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Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 26

Name and address	Type of facility (describe)
21 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 160 CENTRAL AVENUE TRION, GA 30753	PHYSICIAN CLINIC
22 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 106 HOSPITAL DRIVE, SUITE 1 CHATSWORTH, GA 30705	PHYSICIAN CLINIC
23 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 106 HOSPITAL DRIVE, SUITE 6 CHATSWORTH, GA 30705	PHYSICIAN CLINIC
24 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 1168 N MAIN STREET, SUITE 110 CEDARTOWN, GA 30125	PHYSICIAN CLINIC
25 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 106 HOSPITAL DRIVE CHATSWORTH, GA 30705	PHYSICIAN CLINIC
26 ADVENTHEALTH MEDICAL GROUP PHY CLINIC 815 CURTIS PARKWAY SE CALHOUN, GA 30701	PHYSICIAN CLINIC

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

Schedule H (Form 990)

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

Part VI Supplemental Information (Continuation)

HEALTH CARE FOR EMERGENCY AND NON-ELECTIVE PATIENTS SHOULD BE ACCESSIBLE TO ALL, REGARDLESS OF AGE, GENDER, GEOGRAPHIC LOCATION, CULTURAL BACKGROUND, PHYSICIAN MOBILITY, OR ABILITY TO PAY. THE FILING ORGANIZATION TREATS EMERGENCY AND NON-ELECTIVE PATIENTS REGARDLESS OF THEIR ABILITY TO PAY OR THE AVAILABILITY OF THIRD-PARTY COVERAGE. BY PROVIDING HEALTH CARE TO ALL WHO REQUIRE EMERGENCY OR NON-ELECTIVE CARE IN A NON-DISCRIMINATORY MANNER, THE FILING ORGANIZATION IS PROVIDING HEALTH CARE TO THE BROAD COMMUNITY IT SERVES.

AS A 501(C)(3) HOSPITAL ORGANIZATION, THE FILING ORGANIZATION MAINTAINS 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

Part VI Supplemental Information (Continuation)

MADE BASED UPON INFORMATION SUPPLIED BY THE INDIVIDUAL. IN THIS CASE, A PATIENT'S PORTION OF A BILL THAT REMAINS UNPAID FOR A CERTAIN STIPULATED TIME PERIOD IS WHOLLY OR PARTIALLY CLASSIFIED AS BAD DEBT.

BAD DEBTS ASSOCIATED WITH PATIENTS WHO HAVE RECEIVED CARE THROUGH THE FILING ORGANIZATION'S EMERGENCY DEPARTMENT SHOULD BE CONSIDERED COMMUNITY BENEFIT AS CHARITABLE HOSPITALS EXIST TO PROVIDE SUCH CARE IN PURSUIT OF THEIR PURPOSE OF MEETING THE NEED FOR EMERGENCY MEDICAL CARE SERVICES AVAILABLE TO ALL IN THE COMMUNITY.

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:

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

RATIONALE FOR INCLUDING A MEDICARE SHORTFALL AS COMMUNITY BENEFIT:

Part VI Supplemental Information (Continuation)

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

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

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

Part VI Supplemental Information (Continuation)

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

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

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Part VI Supplemental Information (Continuation)

FINANCIAL ASSISTANCE APPLICATION PROCESS.

IF AN INDIVIDUAL SUBMITS AN INCOMPLETE FAA FORM DURING THE 240-DAY PERIOD FOLLOWING THE DATE ON WHICH THE FIRST POST-DISCHARGE BILLING STATEMENT WAS SENT TO THE INDIVIDUAL, THE HOSPITAL FILING ORGANIZATION SUSPENDS ANY REPORTING TO CONSUMER CREDIT REPORTING AGENCIES/BUREAUS (OR CEASES ANY OTHER ECA'S) AND PROVIDES A WRITTEN NOTICE TO THE INDIVIDUAL DESCRIBING WHAT ADDITIONAL INFORMATION OR DOCUMENTATION IS NEEDED TO COMPLETE THE FAA FORM. THIS WRITTEN NOTICE CONTAINS CONTACT INFORMATION INCLUDING THE TELEPHONE NUMBER AND PHYSICAL LOCATION OF THE HOSPITAL FACILITY'S OFFICE OR DEPARTMENT THAT CAN PROVIDE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY, AS WELL AS CONTACT INFORMATION OF THE HOSPITAL FACILITY'S OFFICE OR DEPARTMENT THAT CAN PROVIDE ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS OR, ALTERNATIVELY, A NONPROFIT ORGANIZATION OR GOVERNMENTAL AGENCY THAT CAN PROVIDE ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS IF THE HOSPITAL FACILITY IS UNABLE TO DO SO. IF AN INDIVIDUAL SUBMITS A COMPLETE FAA FORM WITHIN A REASONABLE TIME-PERIOD AS SET FORTH IN THE NOTICE DESCRIBED ABOVE, THE HOSPITAL FILING ORGANIZATION WILL SUSPEND ANY ADVERSE REPORTING TO CONSUMER CREDIT REPORTING AGENCIES/BUREAUS UNTIL A FINANCIAL ASSISTANCE POLICY ELIGIBILITY DETERMINATION CAN BE MADE.

SUPPLEMENTAL SCHEDULE TO SCHEDULE H, PART III, SECTION B RECONCILIATION OF SCHEDULE H REPORTED MEDICARE SURPLUS/(SHORTFALL) TO UNREIMBURSED MEDICARE COSTS ASSOCIATED WITH THE PROVISION OF SERVICES TO ALL MEDICARE BENEFICIARIES:

THE MEDICARE REVENUE AND ALLOWABLE COSTS OF CARE REPORTED IN SECTION B

Part VI Supplemental Information (Continuation)

OF PART III OF SCHEDULE H ARE BASED UPON THE AMOUNTS REPORTED IN THE FILING ORGANIZATION'S MEDICARE COST REPORT IN ACCORDANCE WITH THE IRS INSTRUCTIONS FOR SCHEDULE H. ON AN ANNUAL BASIS, THE FILING ORGANIZATION ALSO DETERMINES ITS TOTAL UNREIMBURSED COSTS ASSOCIATED WITH PROVIDING SERVICES TO ALL MEDICARE PATIENTS. UNREIMBURSED COSTS ARE CONSIDERED A COMMUNITY BENEFIT TO THE ELDERLY AND ARE COMBINED INTO AN ANNUAL COMMUNITY BENEFIT STATEMENT PREPARED BY ADVENTHEALTH.

THE PRIMARY RECONCILING ITEMS BETWEEN THE MEDICARE SURPLUS/(SHORTFALL) SHOWN ON LINE 7 OF SECTION B OF PART III OF SCHEDULE H AND THE FILING ORGANIZATION'S UNREIMBURSED COSTS OF SERVICES PROVIDED TO MEDICARE PATIENTS AS REPORTED IN THE AHS COMMUNITY BENEFIT REPORT ARE AS FOLLOWS:

- MEDICARE SURPLUS/(SHORTFALL) SHOWN ON LINE 7 OF SECTION B OF SCHEDULE H:	\$ (538,436)
- DIFFERENCE IN COSTING METHODOLOGY:	(10,058,631)
- UNREIMBURSED COSTS INCURRED FOR SERVICES PROVIDED TO MEDICARE PATIENTS THAT ARE NOT INCLUDED IN THE ORGANIZATION'S MEDICARE COST REPORT:	(14,533,446)
<hr/>	
TOTAL SURPLUS/(SHORTFALL) COSTS OF SERVING ALL MEDICARE PATIENTS PER THE FILING ORGANIZATION'S COMMUNITY BENEFIT REPORTING:	\$(25,130,513)

AS INDICATED ABOVE, THE PRIMARY DIFFERENCES BETWEEN THE MEDICARE

Part VI Supplemental Information (Continuation)

SURPLUS/(SHORTFALL) REPORTED ON SCHEDULE H, PART III, SECTION B, LINE 7 AND THE FILING ORGANIZATION'S PORTION OF THE COMPANY'S ANNUAL COMMUNITY BENEFIT STATEMENT IS DUE TO A DIFFERENCE IN THE COSTING METHODOLOGY AND DIFFERENCES IN THE POPULATION OF MEDICARE PATIENTS WITHIN THE CALCULATION.

THE COST METHODOLOGY UTILIZED IN CALCULATING ANY MEDICARE SURPLUS/(SHORTFALL) FOR PURPOSES OF THE ANNUAL COMMUNITY BENEFIT REPORTING IS BASED UPON THE COST-TO-CHARGE RATIO OUTLINED IN WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS. THE SAME COST-TO-CHARGE RATIO IS USED TO DETERMINE THE COSTS ASSOCIATED WITH SERVICES PROVIDED TO CHARITY CARE PATIENTS AND MEDICAID PATIENTS AS REPORTED IN SCHEDULE H, PART I, LINE 7.

IN ADDITION, THE MEDICARE COST REPORT EXCLUDES SERVICES PROVIDED TO MEDICARE PATIENTS FOR PHYSICIAN SERVICES, SERVICES PROVIDED TO PATIENTS ENROLLED IN MEDICARE HMOs, AND CERTAIN SERVICES PROVIDED BY OUTPATIENT DEPARTMENTS OF THE FILING ORGANIZATION THAT ARE REIMBURSED ON A FEE SCHEDULE. THE COMPANY'S OWN COMMUNITY BENEFIT STATEMENT CAPTURES THE UNREIMBURSED COST OF PROVIDING SERVICES TO ALL MEDICARE BENEFICIARIES THROUGHOUT THE ORGANIZATION.

PART VI, LINE 2:

THE HOSPITAL CONDUCTS COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) EVERY THREE YEARS. ITS 2022 CHNA WAS ADOPTED BY ITS GOVERNING BOARD BY DECEMBER 31, 2022, THE END OF THE HOSPITAL'S TAXABLE YEAR IN WHICH IT CONDUCTED THE CHNA. THE HOSPITAL'S 2022 CHNA COMPLIED WITH THE GUIDANCE SET FORTH BY

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

THE IRS IN FINAL REGULATION SECTION 1.501(R)-3. IN ADDITION TO THE CHNA DISCUSSED ABOVE, A VARIETY OF PRACTICES AND PROCESSES ARE IN PLACE TO ENSURE THAT THE FILING ORGANIZATION IS RESPONSIVE TO THE HEALTH NEEDS OF ITS COMMUNITY.

SUCH PRACTICES AND PROCESSES INVOLVE THE FOLLOWING:

1. A HOSPITAL OPERATING/COMMUNITY BOARD COMPOSED OF INDIVIDUALS BROADLY REPRESENTATIVE OF THE COMMUNITY, COMMUNITY LEADERS, AND THOSE WITH SPECIALIZED MEDICAL TRAINING AND EXPERTISE;
2. POST-DISCHARGE PATIENT FOLLOW-UP RELATED TO THE ON-GOING CARE AND TREATMENT OF PATIENTS WHO SUFFER FROM CHRONIC DISEASES;
3. SPONSORSHIP AND PARTICIPATION IN COMMUNITY HEALTH AND WELLNESS ACTIVITIES THAT REACH A BROAD SPECTRUM OF THE FILING ORGANIZATION'S COMMUNITY; AND
4. COLLABORATION WITH OTHER LOCAL COMMUNITY GROUPS TO ADDRESS THE HEALTH CARE NEEDS OF THE FILING ORGANIZATION'S COMMUNITY.

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

Part VI Supplemental Information (Continuation)

WITH LIMITED PROFICIENCY IN ENGLISH THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE MEMBERS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY (REFERRED TO BELOW AS LEP DEFINED POPULATIONS). SIGNAGE IS DISPLAYED IN PUBLIC LOCATIONS OF THE FILING ORGANIZATION'S HOSPITAL FACILITY, INCLUDING AT ALL POINTS OF ADMISSION AND REGISTRATION AND THE EMERGENCY DEPARTMENT. THE SIGNAGE CONTAINS THE HOSPITAL FACILITY'S WEBSITE ADDRESS WHERE THE FAP, FAA FORM, AND PLS CAN BE ACCESSED AND THE TELEPHONE NUMBER AND PHYSICAL LOCATION THAT INDIVIDUALS CAN CALL OR VISIT TO OBTAIN COPIES OF THE FAP, FAA FORM AND PLS OR TO OBTAIN MORE INFORMATION ABOUT THE HOSPITAL FACILITY'S FAP, FAA FORM AND PLS. PAPER COPIES OF THE HOSPITAL FACILITY'S FAP, FAA FORM AND PLS ARE AVAILABLE UPON REQUEST AND WITHOUT CHARGE, BOTH IN PUBLIC LOCATIONS IN THE HOSPITAL FACILITY AND BY MAIL. PAPER COPIES ARE MADE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGES OF ANY LEP DEFINED POPULATIONS.

THE FILING ORGANIZATION'S HOSPITAL FACILITY'S FINANCIAL COUNSELORS SEEK TO PROVIDE PERSONAL FINANCIAL COUNSELING TO ALL INDIVIDUALS ADMITTED TO THE HOSPITAL FACILITY WHO ARE CLASSIFIED AS SELF-PAY DURING THE COURSE OF THEIR HOSPITAL STAY OR AT TIME OF DISCHARGE TO EXPLAIN THE FAP AND FAA FORM AND TO PROVIDE INFORMATION CONCERNING OTHER SOURCES OF ASSISTANCE THAT MAY BE AVAILABLE, SUCH AS MEDICAID. A PAPER COPY OF THE HOSPITAL FACILITY'S PLS WILL BE OFFERED TO EVERY PATIENT AS A PART OF THE INTAKE OR DISCHARGE PROCESS. A CONSPICUOUS WRITTEN NOTICE IS INCLUDED ON ALL BILLING STATEMENTS SENT TO PATIENTS THAT NOTIFIES AND INFORMS RECIPIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE UNDER THE FILING ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, INCLUDING THE FOLLOWING: 1) THE TELEPHONE NUMBER OF THE HOSPITAL FACILITY'S OFFICE OR DEPARTMENT THAT CAN PROVIDE INFORMATION ABOUT THE FAP AND THE FAA FORM; AND 2) THE WEBSITE

Part VI Supplemental Information (Continuation)

ADDRESS WHERE COPIES OF THE FAP, FAA FORM AND PLS MAY BE OBTAINED.
REASONABLE ATTEMPTS ARE MADE TO INFORM INDIVIDUALS ABOUT THE HOSPITAL FACILITY'S FAP IN ALL ORAL COMMUNICATIONS REGARDING THE AMOUNT DUE FOR THE INDIVIDUAL'S CARE. COPIES OF THE PLS ARE DISTRIBUTED TO MEMBERS OF THE COMMUNITY IN A MANNER REASONABLY CALCULATED TO REACH THOSE MEMBERS OF THE COMMUNITY WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE.

PART VI, LINE 4:

ADVENTHEALTH GORDON OPERATES AS A 69-BED ACUTE CARE FACILITY. ADVENTHEALTH GORDON OFFERS MULTIPLE SERVICES FOR THE RESIDENTS OF NORTH GEORGIA. THESE INCLUDE: 24-HOUR EMERGENCY CENTER, AMBULANCE SERVICE, REHABILITATION SERVICES, INTENSIVE AND PROGRESSIVE CARE UNITS, RADIOLOGY, WOMEN'S DIAGNOSTIC CENTER, GENERAL AND CANCER SURGERY, HOME HEALTH SERVICES, ONCOLOGY SERVICES AND RADIATION THERAPY, URGENT CARE CENTERS, UROLOGY SERVICES, NEW BEGINNINGS MATERNITY CENTER, ORTHOPEDIC SURGERY, OPHTHALMOLOGY SURGERY, DIAGNOSTIC CARDIAC CATHETERIZATION LAB, SLEEP DISORDERS CENTER, WOUND CARE CENTER, AND PASTORAL CARE.

IN ADDITION, ADVENTHEALTH GORDON OPERATES THE FOLLOWING SATELLITE ADVENTHEALTH MEDICAL GROUP FACILITIES: URGENT CARE CALHOUN, NORTH GEORGIA EYE CARE, ONCOLOGY, UROLOGY, NORTHWEST GEORGIA ORTHOPEDICS AND SPORTS MEDICINE, HOME CARE, LABORATORY, NORTHWEST GEORGIA OB/GYN, PRIMARY CARE, ADULT & PEDIATRIC MEDICAL ASSOCIATES, INTERNAL AND FAMILY MEDICINE, OWASA FAMILY MEDICINE, PAIN MEDICINE, NORTH GEORGIA CANCER CENTER, HEALTH DEPOT, EAR NOSE AND THROAT, ENDOCRINOLOGY, AND COOK FAMILY PRACTICE IN CHATSWORTH, GEORGIA.

ADVENTHEALTH GORDON DEFINED ITS COMMUNITY AS ITS PRIMARY SERVICE AREA

Part VI Supplemental Information (Continuation)

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

DURING 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 71.1% OF THE HOSPITAL'S IN-PATIENTS WERE ADMITTED THROUGH THE HOSPITAL'S EMERGENCY DEPARTMENT.

- MEDICARE PATIENTS	45.1%
- MEDICAID PATIENTS	12.6%
- SELF-PAY PATIENTS	7.6%

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

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

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

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

Part VI Supplemental Information (Continuation)

THERAPY, PHYSICAL THERAPY, SPORTS MEDICINE AND SURGICAL SERVICES.

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

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

DURING 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 98.0% OF THE HOSPITAL'S IN-PATIENTS WERE ADMITTED THROUGH THE HOSPITAL'S EMERGENCY DEPARTMENT.

- MEDICARE PATIENTS	42.3%
- MEDICAID PATIENTS	18.4%
- SELF-PAY PATIENTS	11.0%

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

- POPULATION	109,689
- POPULATION OVER 65	14.9%
- POVERTY (BELOW 100% FPL)	16.9%
- HIGH SCHOOL GRADUATION RATE	69.7%

Part VI Supplemental Information (Continuation)

- FOOD INSECURITY RATE	16.1%
- POP. WITH LOW FOOD ACCESS	40.2%

PART VI, LINE 5:

THE PROVISION OF COMMUNITY BENEFIT IS CENTRAL TO THE FILING ADVENTIST HEALTH SYSTEM GEORGIA, INC.'S MISSION OF SERVICE AND COMPASSION. RESTORING AND PROMOTING THE HEALTH AND QUALITY OF LIFE OF THOSE IN THE COMMUNITIES SERVED BY THE HOSPITAL IS A FUNCTION OF "EXTENDING THE HEALING MINISTRY OF CHRIST" AND EMBODIES THE HOSPITAL'S COMMITMENT TO ITS VALUES AND PRINCIPLES. THE HOSPITAL COMMITS SUBSTANTIAL RESOURCES TO PROVIDE A BROAD RANGE OF SERVICES TO BOTH THE UNDERPRIVILEGED AS WELL AS THE BROADER COMMUNITY.

IN ADDITION TO THE COMMUNITY BENEFIT AND COMMUNITY BUILDING INFORMATION PROVIDED IN PARTS I, II AND III OF THIS SCHEDULE H, THE HOSPITAL CAPTURES AND REPORTS THE BENEFITS PROVIDED TO ITS COMMUNITY THROUGH FAITH-BASED CARE. EXAMPLES OF SUCH BENEFITS INCLUDE THE COST ASSOCIATED WITH CHAPLAINCY CARE PROGRAMS AND MISSION PEER REVIEWS AND MISSION CONFERENCES. DURING THE CURRENT YEAR, THE HOSPITAL PROVIDED \$257,428 OF BENEFIT WITH RESPECT TO THE FAITH-BASED AND SPIRITUAL NEEDS OF THE COMMUNITY IN CONJUNCTION WITH ITS OPERATION OF A COMMUNITY HOSPITAL.

THE HOSPITAL ALSO PROVIDES BENEFITS TO ITS COMMUNITY'S INFRASTRUCTURE BY INVESTING IN CAPITAL IMPROVEMENTS TO ENSURE THAT FACILITIES AND TECHNOLOGY PROVIDE THE BEST POSSIBLE CARE TO THE COMMUNITY. DURING THE CURRENT YEAR, THE HOSPITAL EXPENDED \$7,635,207 IN NEW CAPITAL IMPROVEMENTS.

AS A FAITH-BASED MISSION-DRIVEN COMMUNITY HOSPITAL, THE HOSPITAL IS

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

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.

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:

THE FILING ORGANIZATION DOES NOT FILE AN ANNUAL COMMUNITY BENEFIT

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

REPORT WITH ANY STATE AGENCIES.

Multiple horizontal lines for supplemental information.

**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 **ADVENTIST HEALTH SYSTEM GEORGIA, INC.** Employer identification number **58-1425000**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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
ADVENTHEALTH FOUNDATION DBA ADVENTHEALTH GORDON FOUNDATION - 1035 RED BUD ROAD - CALHOUN, GA 30701	59-2219301	501(C)(3)	0.	193,567.	COST	GENERAL ADMINISTRATIVE SUPPORT	PROVISION OF GENERAL ADMINISTRATIVE SUPPORT
NORTHWEST GEORGIA REGIONAL CANCER COALITION, INC. - 111 BRIDGEPOINT PLAZA, NO. 120 - ROME, GA 30161	02-0657616	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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

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

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

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

Employer identification number

58-1425000

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input 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) STYPEREK, ROBERT CARDIOLOGIST	(i)	507,204.	25,584.	2,721,879.	17,727.	7,893.	3,280,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HARRISON, JASON NEUROLOGY PHYSICIAN	(i)	261,578.	161,767.	2,764,330.	17,727.	8,116.	3,213,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) COWAN, JR., JOHN NEUROLOGY PHYSICIAN	(i)	262,284.	239,029.	2,479,268.	11,127.	3,007.	2,994,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JACKSON, CHARLES CARDIOLOGIST	(i)	382,235.	40,404.	2,172,495.	17,727.	7,230.	2,620,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MYERS, GEORGE CARDIOLOGIST	(i)	374,258.	0.	2,114,048.	11,883.	8,345.	2,508,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THOMPSON, MICHAEL REG. CEO/DIR/CHAIRMAN (BEGAN 02/2023)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	695,764.	212,727.	434,610.	106,792.	37,262.	1,487,155.	71,411.
(7) MURRILL, MICHAEL REG. CEO/DIR/CHAIRMAN (ENDED 01/2023)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	401,055.	141,291.	878,131.	17,727.	36,894.	1,475,098.	283,054.
(8) BOX, MD, J. BRENT DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	733,407.	193,550.	163,656.	131,867.	24,542.	1,247,022.	80,777.
(9) GUYTON, ALAN DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	448,324.	64,895.	65,564.	84,318.	32,583.	695,684.	40,107.
(10) AHN, DANIEL DIRECTOR (BEGAN 01/2023)	(i)	396,954.	248,391.	7,658.	17,727.	17,321.	688,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NUDD, BRANDON FORMER COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	446,931.	77,776.	24,148.	84,315.	33,014.	666,184.	0.
(12) SELF, CHRISTOPHER CEO/DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	372,701.	65,433.	68,665.	52,879.	31,921.	591,599.	21,063.
(13) JOYAVE, MD, JOSEPH CO-CMO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	376,598.	48,526.	91,766.	41,649.	19,989.	578,528.	28,625.
(14) JORDON, AMELIA FORMER CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	322,666.	40,131.	24,732.	66,686.	18,217.	472,432.	0.
(15) YAMAMOTO, MD, CHRISTOPHER DIRECTOR/CHIEF OF STAFF	(i)	234,909.	147,742.	30,918.	17,727.	32,403.	463,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) STEELY, KAREN FORMER COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	283,931.	35,589.	18,045.	17,727.	28,496.	383,788.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) GOTSHALL, STEPHEN CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	222,201.	24,472.	18,261.	13,035.	33,376.	311,345.	0.
(18) BELL, KAREN CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	218,406.	28,141.	17,810.	11,637.	32,088.	308,082.	0.
(19) REEVES, CORY FORMER CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	243,707.	0.	0.	243,707.	0.
(20) PARROTT, MD, MAX FORMER CO-CMO	(i)	91,071.	14,478.	28,337.	5,975.	10,466.	150,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE FILING ORGANIZATION IS A PART OF THE SYSTEM OF HEALTHCARE ORGANIZATIONS KNOWN AS ADVENTHEALTH. MEMBERS OF THE FILING ORGANIZATION'S EXECUTIVE MANAGEMENT TEAM THAT HOLD THE POSITION OF VICE-PRESIDENT OR ABOVE ARE COMPENSATED BY AND ON THE PAYROLL OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC), THE PARENT ORGANIZATION OF THE HEALTHCARE SYSTEM KNOWN AS ADVENTHEALTH. AHSSHC IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3). THE FILING ORGANIZATION REIMBURSES AHSSHC FOR THE SALARY AND BENEFIT COST OF THOSE EXECUTIVES LISTED IN PART VII THAT ARE ON THE PAYROLL OF AHSSHC. AT THE DIRECTION OF AHSSHC, AND IN ACCORDANCE WITH THE RESERVED POWERS IN THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, THE EXECUTIVE TEAM LISTED ON PART VII PROVIDES SERVICES TO THE FILING ORGANIZATION.

FIRST-CLASS OR CHARTER TRAVEL: PURSUANT TO THE ADVENTHEALTH SYSTEM-WIDE GENERAL POLICY REGARDING BUSINESS TRAVEL, NO REIMBURSEMENT WILL BE PROVIDED FOR ANY ADDITIONAL COST INCURRED WITH RESPECT TO FIRST-CLASS OR CHARTER AIR TRAVEL BEYOND THE COST OF A REGULAR COACH AIRFARE. AS A MEANS OF PROVIDING ADDITIONAL BUSINESS TRAVEL REIMBURSEMENT FOR THOSE MEMBERS OF THE AHSSHC

Part III Supplemental Information

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

SENIOR EXECUTIVE MANAGEMENT TEAM THAT TRAVEL FREQUENTLY ON BEHALF OF ADVENTHEALTH, A SPECIAL ANNUAL TRAVEL ALLOWANCE IS PROVIDED FOR THOSE EXECUTIVES. AS ADVENTHEALTH OPERATES 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). A REGIONAL CEO FOR ADVENTHEALTH IS A MEMBER OF THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION. THE REGIONAL CEO IS CONSIDERED A COMMON LAW EMPLOYEE OF AND IS ON THE PAYROLL

Part III Supplemental Information

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

OF AHSSHC. WHILE THE SPECIAL TRAVEL ALLOWANCE BENEFIT IS AN AHSSHC
COMPENSATION POLICY AND PRACTICE, THE COST OF PROVIDING THIS BENEFIT IS
ALLOCATED TO AND EITHER WHOLLY OR PARTIALLY REIMBURSED BY THE FILING
ORGANIZATION. ACCORDINGLY, THE FILING ORGANIZATION HAS CHECKED THE BOX IN
SCHEDULE J, PART I, LINE 1A FOR FIRST-CLASS OR CHARTER TRAVEL SINCE IT HAS
WHOLLY OR PARTIALLY PAID FOR THE COST OF PROVIDING THIS BENEFIT.

THOSE EXECUTIVES WHO RECEIVE THE SPECIAL TRAVEL ALLOWANCE ARE RESPONSIBLE
FOR TRACKING THE EXPENSES REIMBURSABLE UNDER THE SPECIAL TRAVEL ALLOWANCE
AND MUST SUBMIT SUCH EXPENSES ON THEIR ACCOUNTABLE PLAN EXPENSE REPORT. A
REPORT ON CHARTER TRAVEL IS PROVIDED TO THE AHSSHC BOARD COMPENSATION
COMMITTEE AT EACH MEETING. ANY TAXABLE REIMBURSEMENTS MADE TO EXECUTIVES
UNDER THE SPECIAL TRAVEL ALLOWANCE ARRANGEMENT ARE TREATED AS TAXABLE
COMPENSATION TO THE EXECUTIVE.

TRAVEL FOR COMPANIONS: AHSSHC HAS A CORPORATE EXECUTIVE POLICY THAT
PROVIDES A BENEFIT TO ALLOW FOR A TRAVELING AHSSHC EXECUTIVE TO HAVE HIS OR
HER SPOUSE ACCOMPANY THE EXECUTIVE ON CERTAIN BUSINESS TRIPS EACH YEAR.
TYPICALLY, REIMBURSEMENT IS ONLY PROVIDED TO CERTAIN EXECUTIVE LEADERS AND

Part III Supplemental Information

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

IS USUALLY LIMITED TO ONE BUSINESS TRIP PER YEAR BEYOND THE ANNUAL ADVENTHEALTH PRESIDENT'S COUNCIL BUSINESS MEETING AND OTHER MEETINGS WHERE THE SPOUSE IS SPECIFICALLY INVITED. THE AHSSHC CORPORATE EXECUTIVE SPOUSAL TRAVEL POLICY WAS ORIGINALLY APPROVED AND REVIEWED BY THE AHSSHC BOARD COMPENSATION COMMITTEE, AN INDEPENDENT BODY OF THE AHSSHC BOARD OF DIRECTORS. ALL SPOUSAL TRAVEL COSTS REIMBURSED TO THE EXECUTIVE ARE CONSIDERED TAXABLE COMPENSATION TO THE EXECUTIVE.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: ADVENTHEALTH HAS A SYSTEM-WIDE POLICY ADDRESSING GROSS-UP PAYMENTS PROVIDED IN CONNECTION WITH EMPLOYER-PROVIDED BENEFITS/OTHER TAXABLE ITEMS. UNDER THE POLICY, CERTAIN TAXABLE BUSINESS-RELATED REIMBURSEMENTS (I.E. TAXABLE BUSINESS-RELATED MOVING EXPENSES, TAXABLE ITEMS PROVIDED IN CONNECTION WITH EMPLOYMENT) PROVIDED TO ANY EMPLOYEE MAY BE GROSSED-UP AT A 25% RATE UPON APPROVAL BY THE FILING ORGANIZATION'S CEO AND CFO. ADDITIONALLY, EMPLOYEES AT THE DIRECTOR LEVEL AND ABOVE ARE ELIGIBLE FOR GROSS-UP PAYMENTS ON GIFTS RECEIVED FOR BOARD OF DIRECTOR SERVICES.

DISCRETIONARY SPENDING ACCOUNT: OCCASIONAL DISCRETIONARY SPENDING AMOUNTS

Part III Supplemental Information

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

ARE PERIODICALLY PROVIDED TO ELIGIBLE EXECUTIVES WHO ATTEND ANNUAL BUSINESS MEETINGS SUCH AS THE ADVENTHEALTH PRESIDENT'S COUNCIL, CFO CONFERENCE OR THE CMO/CNO BUSINESS MEETING. PAYMENTS PROVIDED TO EACH EXECUTIVE ARE CONSIDERED TAXABLE COMPENSATION TO THE EXECUTIVE.

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 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, TWO EXECUTIVES LISTED IN PART VII RECEIVED

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.

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
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

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.

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 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

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.

AND COMPLEXITY TO ADVENTHEALTH AND EACH OF ITS AFFILIATED ENTITIES. THE FOLLOWING PRINCIPLES GUIDE THE ESTABLISHMENT OF INDIVIDUAL EXECUTIVE COMPENSATION:

- THE SALARY OF THE PRESIDENT/CEO OF ADVENTHEALTH WILL NOT EXCEED THE 50TH PERCENTILE OF COMPARABLE SALARIES PAID BY SIMILARLY SITUATED ORGANIZATIONS;
- AND
- OTHER EXECUTIVE SALARIES SHALL BE ESTABLISHED USING MARKET MEDIANS.

THE COMPENSATION PHILOSOPHY, POLICIES, AND PRACTICES OF AHSSHC ARE CONSISTENT WITH THE ORGANIZATION'S FAITH-BASED MISSION AND CONFORM TO APPLICABLE LAWS, REGULATIONS, AND BUSINESS PRACTICES. AS A FAITH-BASED ORGANIZATION SPONSORED BY THE SEVENTH-DAY ADVENTIST CHURCH (THE CHURCH), AHSSHC'S PHILOSOPHY AND PRINCIPLES WITH RESPECT TO ITS EXECUTIVE COMPENSATION PRACTICES REFLECT THE CONSERVATIVE APPROACH OF THE CHURCH'S MISSION OF SERVICE AND WERE DEVELOPED IN COUNSEL WITH THE CHURCH'S LEADERSHIP.

PART I, LINES 4A-B:

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.

DURING THE YEAR ENDING DECEMBER 31, 2023, CORY REEVES AND MICHAEL MURRILL RECEIVED SEVERANCE PAYMENTS IN THE AMOUNTS OF \$223,641 AND \$373,237, RESPECTIVELY . PURSUANT TO THE AHSSHC CORPORATE EXECUTIVE POLICY GOVERNING EXECUTIVE SEVERANCE, SEVERANCE AGREEMENTS FOR EXECUTIVES OPERATING AT THE VICE PRESIDENT LEVEL AND ABOVE ARE ENTERED INTO UPON ELIGIBILITY TO FACILITATE THE TRANSITION TO SUBSEQUENT EMPLOYMENT FOLLOWING AN INVOLUNTARY SEPARATION FROM EMPLOYMENT WITH ADVENTHEALTH.

AS DISCUSSED IN LINE 1A ABOVE, EXECUTIVES ON THE FILING ORGANIZATION'S MANAGEMENT TEAM THAT HOLD THE POSITION OF VICE-PRESIDENT OR ABOVE ARE COMPENSATED BY AND ON THE PAYROLL OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC), THE PARENT ORGANIZATION OF 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

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 II PLAN, THE EXECUTIVE FLEX BENEFIT PROGRAM PLAN, AND THE SENIOR EXECUTIVE DEATH BENEFIT PLAN FOR QUALIFIED EXECUTIVES EXCEPT FOR CERTAIN GRANDFATHERED EXECUTIVE EMPLOYEES.

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

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.

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

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

Part III Supplemental Information

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

PLAN, BENEFITS ARE PROVIDED TO QUALIFYING EXECUTIVE PARTICIPANTS ON A PRO-RATA SCHEDULE BEGINNING WITH 20 YEARS OF SERVICE AS AN EMPLOYEE OF ADVENTHEALTH AND/OR ANOTHER HOSPITAL OR HEALTH CARE INSTITUTION CONTROLLED BY THE SEVENTH-DAY ADVENTIST CHURCH AND WHO SATISFY CERTAIN OTHER QUALIFYING CRITERIA. ELIGIBLE EMPLOYEES ARE RESTRICTED TO THOSE EXECUTIVES WHO, AS OF JANUARY 1, 2020, SATISFIED, OR IF EMPLOYMENT CONTINUES, WILL SATISFY THE ELIGIBILITY REQUIREMENTS OF SERP II PRIOR TO DECEMBER 31, 2027. THIS SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP II) WAS DESIGNED TO PROVIDE ELIGIBLE EXECUTIVES WITH THE ECONOMIC EQUIVALENT OF AN ANNUAL INCOME BEGINNING AT NORMAL RETIREMENT AGE EQUAL TO 60% OF THE AVERAGE OF 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.

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.

FLEX PLAN: THE FLEX PLAN WAS ORIGINALLY DESIGNED TO PROVIDE ELIGIBLE EXECUTIVES AN OPPORTUNITY TO SELECT FROM AMONG A VARIETY OF SUPPLEMENTAL BENEFITS, INCLUDING A SPLIT DOLLAR LIFE INSURANCE POLICY AND LONG-TERM CARE INSURANCE, TO INDIVIDUALLY TAILOR A BENEFITS PROGRAM APPROPRIATE TO EACH EXECUTIVE'S NEEDS. IN 2020, THE FLEX PLAN WAS AMENDED TO EXCLUDE EMPLOYED EXECUTIVES WHO ARE HIRED OR PROMOTED AFTER A CERTAIN DATE FROM BEING ELIGIBLE TO PARTICIPATE IN THE FLEX PLAN EXCEPT FOR CERTAIN INSURANCE COVERAGE FEATURES OF THE PLAN. THE FLEX PLAN PROVIDES ELIGIBLE PARTICIPANTS A PRE-DETERMINED BENEFITS ALLOWANCE CREDIT THAT IS EQUAL TO A PERCENTAGE OF THE EXECUTIVE'S BASE PAY FROM WHICH THE COST OF MANDATORY AND 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

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.

PAID IMMEDIATELY TO THE PARTICIPANT AND ANY FUTURE EMPLOYER CONTRIBUTIONS ARE MADE QUARTERLY FROM THE PLAN DIRECTLY TO THE PARTICIPANT. THE PLAN PROVIDES FOR A CLASS YEAR VESTING SCHEDULE (2 YEARS FOR EACH CLASS YEAR) WITH RESPECT TO AMOUNTS ACCUMULATED IN THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT. DISTRIBUTIONS COULD ALSO BE MADE FROM THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT UPON ATTAINMENT OF AGE 65 OR UPON AN INVOLUNTARY SEPARATION. THE ACCOUNT WILL BE FORFEITED BY THE EXECUTIVE UPON A VOLUNTARY SEPARATION.

WITH RESPECT TO GRANDFATHERED PARTICIPANTS, THE FLEX PLAN DOCUMENTS DEFINE 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.

	FLEX PLAN	FLEX PLAN	SERP II	SERP III	SERP III
	CONTR.	DISTR.*	CONTR./DISTR.	CONTR.	DISTR.*
THOMPSON, MICHAEL	\$111,565	\$ 72,543	\$291,806	\$ 0	\$ 0
MURRILL, MICHAEL	\$ 0	\$ 0	\$ 0	\$ 25,962	\$303,568

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.

BOX, MD, J. BRENT	\$ 136,640	\$ 82,057	\$ 0	\$ 0	\$ 0
GUYTON, ALAN	\$ 50,558	\$ 40,742	\$ 0	\$ 16,033	\$ 0
NUDD, BRANDON	\$ 0	\$ 0	\$ 0	\$ 66,588	\$ 0
SELF, CHRISTOPHER	\$ 35,542	\$ 21,397	\$ 0	\$ 22,109	\$ 0
JOYAVE, JOSEPH	\$ 46,422	\$ 29,078	\$ 0	\$ 11,114	\$ 11,114
JORDON, AMELIA	\$ 0	\$ 0	\$ 0	\$ 48,959	\$ 0

* INCLUDING INVESTMENT EARNINGS

PART I, LINE 6:

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

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

Part III Supplemental Information

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

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

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons

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

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NORTHWEST GEORGIA MEDICA	45% OWNED BY INTERE	774,753.	LEASE AGREE		X
(2) STEPHANIE LARSEN	RELATIVE OF BOARD M	125,447.	EMPLOYEE CO		X
(3) DENISE RUSTAD	RELATIVE OF BOARD M	27,043.	EMPLOYEE CO		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

45% OWNED BY INTERESTED PERSONS

(C) AMOUNT OF TRANSACTION \$ 774,753.

(D) DESCRIPTION OF TRANSACTION: LEASE AGREEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STEPHANIE LARSEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 125,447.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DENISE RUSTAD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 27,043.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

Part V Supplemental Information

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

Multiple horizontal lines for supplemental information.

**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

ADVENTIST HEALTH SYSTEM GEORGIA, INC.

Employer identification number

58-1425000

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

THE HOSPITAL AND HEALTHCARE SYSTEM WHOSE PARENT IS ADVENTIST HEALTH
SYSTEM SUNBELT HEALTHCARE CORPORATION IS KNOWN AS ADVENTHEALTH.

ADVENTHEALTH SEEKS TO BE WIDELY RESPECTED AS A CONSUMER-FOCUSED

ORGANIZATION THAT ENGAGES INDIVIDUALS IN THEIR HEALTH BY DELIVERING

WHOLISTIC, BEST PRACTICE CARE ACROSS A CONNECTED, COMPREHENSIVE

CONTINUUM OF SERVICES. WITH CHRIST AS OUR EXAMPLE, ADVENTHEALTH CARES

FOR AND NURTURES PEOPLE: OUR EMPLOYEES, OUR COMMUNITIES, OUR HEALTHCARE

PROFESSIONALS, AND THOSE WHO TRUST US FOR CARE AND HEALING.

FORM 990, PART V, LINE 1A

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

SYSTEM GEORGIA, INC. IS ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE

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

THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE

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

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

SUBSIDIARY ORGANIZATIONS.

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

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

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

PAYOR SUBJECT TO THE INFORMATION REPORTING REQUIREMENTS OF SECTION

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

PAYOR ON BEHALF OF ITS SUBSIDIARY ORGANIZATIONS IN A SHARED SERVICE

ENVIRONMENT, WILL HAVE SUFFICIENT MANAGEMENT AND OVERSIGHT IN

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 ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
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CONNECTION WITH THE SUBSIDIARY ORGANIZATIONS' PAYMENTS TO MEET THE STANDARD SET FORTH IN TREAS. REG. SECTION 1.6041-1(E). AHSSHC WILL NOT MERELY BE MAKING PAYMENTS AT THE DIRECTION OF ITS SUBSIDIARY ORGANIZATIONS. ACCORDINGLY, AHSSHC IS CONSIDERED THE PAYOR SUBJECT TO THE INFORMATION REPORTING REQUIREMENTS OF SECTION 6041.

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

BRENT BOX AND MAX PARROTT - BUSINESS RELATIONSHIP

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

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

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

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

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

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

Name of the organization ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
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- A) TO APPROVE AND DISAPPROVE THE EXECUTIVE AND/OR ADMINISTRATIVE LEADERSHIP OF THE FILING ORGANIZATION, AND THEIR SALARIES;
- B) TO ADOPT, AMEND, RESTATE, AND REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS OF THE FILING ORGANIZATION, AND THE MEDICAL STAFF BYLAWS;
- C) TO SET LIMITS AND TERMS FOR THE BORROWING OF FUNDS;
- D) TO APPROVE OR DISAPPROVE MAJOR BUILDING PROGRAMS AND/OR PURCHASE OR SALE OF PERSONAL PROPERTY OR REAL PROPERTY EQUAL TO OR IN EXCESS OF ONE MILLION DOLLARS;
- E) TO APPROVE OR DISAPPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE FILING ORGANIZATION;
- F) TO DIRECT THE PLACEMENT OF FUNDS AND CAPITAL OF THE FILING ORGANIZATION;
- G) TO ESTABLISH GENERAL GUIDING POLICIES, TO IMPLEMENT QUALITY ASSESSMENT, IMPROVEMENT AND UTILIZATION REVIEW PROGRAMS;
- H) TO APPROVE THE APPOINTMENT OF AN AUDITING FIRM AND ELECTION OF THE FISCAL YEAR FOR THE FILING ORGANIZATION; AND
- I) TO ESTABLISH A PROCESS FOR ADDRESSING PATIENT GRIEVANCES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FILING ORGANIZATION'S CURRENT YEAR FORM 990 WAS REVIEWED BY THE BOARD CHAIRMAN, BOARD FINANCE COMMITTEE CHAIR, CEO AND BY THE CFO PRIOR TO ITS FILING WITH THE IRS. THE REVIEW CONDUCTED BY THE BOARD CHAIRMAN, BOARD FINANCE COMMITTEE CHAIR, CEO AND THE CFO DID NOT INCLUDE THE REVIEW OF ANY SUPPORTING WORKPAPERS THAT WERE USED IN PREPARATION OF THE CURRENT YEAR FORM 990 BUT DID INCLUDE A REVIEW OF THE ENTIRE FORM 990 AND ALL SUPPORTING SCHEDULES.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
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THE CONFLICT OF INTEREST POLICY OF THE FILING ORGANIZATION APPLIES TO MEMBERS OF ITS BOARD OF DIRECTORS AND ITS PRINCIPAL OFFICERS (TO BE KNOWN AS INTERESTED PERSONS). IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION OR ANY PRINCIPAL OFFICER OF THE FILING ORGANIZATION (I.E. INTERESTED PERSONS) MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST WITH THE FILING ORGANIZATION AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS CONCERNING THE FINANCIAL INTEREST/ARRANGEMENT TO THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION OR TO ANY MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS THAT IS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. SUBSEQUENT TO ANY DISCLOSURE OF ANY FINANCIAL INTEREST/ARRANGEMENT AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE RELEVANT BOARD MEMBER OR PRINCIPAL OFFICER, THE REMAINING MEMBERS OF THE BOARD OF DIRECTORS OR COMMITTEE WITH BOARD DELEGATED POWERS SHALL DISCUSS, ANALYZE, AND VOTE UPON THE POTENTIAL FINANCIAL INTEREST/ARRANGEMENT TO DETERMINE IF A CONFLICT OF INTEREST EXISTS. ACCORDING TO THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY, AN INTERESTED PERSON MAY MAKE A PRESENTATION TO THE BOARD OF DIRECTORS (OR COMMITTEE WITH BOARD DELEGATED POWERS), BUT AFTER SUCH PRESENTATION, SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN A CONFLICT OF INTEREST.

EACH INTERESTED PERSON, AS DEFINED UNDER THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY, SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE FILING ORGANIZATION IS A CHARITABLE ORGANIZATION THAT MUST PRIMARILY ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS

Name of the organization ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
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EXEMPT PURPOSES. THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY ALSO REQUIRES THAT PERIODIC REVIEWS SHALL BE CONDUCTED TO ENSURE THAT THE FILING ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15:

THE FILING ORGANIZATION'S CEO, OTHER OFFICERS AND KEY EMPLOYEES ARE NOT COMPENSATED BY THE FILING ORGANIZATION. SUCH INDIVIDUALS ARE COMPENSATED BY THE RELATED TOP-TIER PARENT ORGANIZATION OF THE FILING ORGANIZATION. PLEASE SEE THE DISCUSSION CONCERNING THE PROCESS FOLLOWED BY THE RELATED TOP-TIER PARENT ORGANIZATION IN DETERMINING EXECUTIVE COMPENSATION IN OUR RESPONSE TO SCHEDULE J, LINE 3.

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

THE FILING ORGANIZATION IS A PART OF THE SYSTEM OF HEALTHCARE ORGANIZATIONS KNOWN AS ADVENTHEALTH. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADVENTHEALTH AND OF THE ADVENTHEALTH "OBLIGATED GROUP" ARE FILED ANNUALLY WITH THE MUNICIPAL SECURITIES RULEMAKING BOARD (MSRB). THE "OBLIGATED GROUP" IS A GROUP OF AHSSHC SUBSIDIARIES THAT ARE JOINTLY AND SEVERALLY LIABLE UNDER A MASTER TRUST INDENTURE THAT SECURES DEBT PRIMARILY ISSUED ON A TAX-EXEMPT BASIS. UNAUDITED QUARTERLY FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) ARE ALSO FILED WITH MSRB FOR ADVENTHEALTH ON A CONSOLIDATED BASIS AND FOR THE GROUPING OF ADVENTHEALTH SUBSIDIARIES COMPRISING THE "OBLIGATED GROUP". THE FILING ORGANIZATION DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

PART VII, SECTION A

Name of the organization ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
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FOR THOSE BOARD OF DIRECTOR MEMBERS (NOT INCLUDING PHYSICIAN MEMBERS OF THE BOARD), OFFICER(S) AND KEY EMPLOYEES WHO DEVOTE LESS THAN FULL-TIME TO THE FILING ORGANIZATION (BASED UPON THE AVERAGE NUMBER OF HOURS PER WEEK SHOWN IN COLUMN (B) ON PAGE 7 OF THE RETURN) THE COMPENSATION AMOUNTS SHOWN IN COLUMNS (E) AND (F) ON PAGE 7 WERE PROVIDED IN CONJUNCTION WITH THAT PERSON'S RESPONSIBILITIES AND ROLES IN SERVING IN AN EXECUTIVE LEADERSHIP POSITION AS AN EMPLOYEE OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION. PHYSICIAN MEMBERS OF THE BOARD OF DIRECTORS RECEIVED COMPENSATION FROM RELATED ORGANIZATIONS AS A RESULT OF PROVIDING VARIOUS MEDICAL SERVICES TO THOSE RELATED ENTITIES.

PART VIII, LINES 7A, B AND C:

THE 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	8,795,177.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,795,177.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	8,102,802.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,102,802.

Name of the organization ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
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PURCHASED MEDICAL SERVICES:

PROGRAM SERVICE EXPENSES	3,198,769.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,198,769.

ENVIRONMENTAL SERVICES:

PROGRAM SERVICE EXPENSES	1,349,586.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,349,586.

TRANSCRIPTION SERVICES:

PROGRAM SERVICE EXPENSES	72,036.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	72,036.

RECRUITING:

PROGRAM SERVICE EXPENSES	136,488.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	136,488.

MISCELLANEOUS PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	199,017.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 199,017.

ADVENTHEALTH MANAGEMENT FEES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 5,009,527.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,009,527.

BILLING & COLLECTION SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 4,828,185.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,828,185.

ADVENTHEALTH SHARED SERVICE FEE:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 2,493,635.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,493,635.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 34,185,222.

PART X, LINE 2

THE AMOUNTS SHOWN ON LINE 2 OF PART X OF THIS RETURN INCLUDE THE FILING ORGANIZATION'S INTEREST IN A CENTRAL INVESTMENT POOL MAINTAINED BY ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION, THE FILING ORGANIZATION'S TOP-TIER PARENT. THE INVESTMENTS IN THE CENTRAL INVESTMENT POOL ARE RECORDED AT MARKET VALUE.

Name of the organization ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER FROM TAX-EXEMPT AFFILIATES	755.
TRANSFER TO TAX-EXEMPT PARENT	-2,291,326.
TRANSFER FROM RELATED FOUNDATION	19,355.
RESTRICTED GIFTS	949,874.
TRANSFERS FOR OPERATIONS	-112,858.
ROUNDING	1.
TOTAL TO FORM 990, PART XI, LINE 9	-1,434,199.

PART XII, LINE 3B:

ALTHOUGH THE TAXPAYER IS NOT REQUIRED TO UNDERGO AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133, THE TAXPAYER IS PART OF A CONTROLLED GROUP OF ORGANIZATIONS THAT COMPRISE A CONSOLIDATED FINANCIAL STATEMENT AUDIT. THE CONTROLLED GROUP'S PARENT IS ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC), A 501(C)(3) ORGANIZATION. THE SYSTEM OF HEALTHCARE ENTITIES OWNED AND CONTROLLED BY AHSSHC IS KNOWN AS ADVENTHEALTH. FOR THE YEAR ENDED DECEMBER 31, 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 **ADVENTIST HEALTH SYSTEM GEORGIA, INC.** Employer identification number **58-1425000**

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	

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						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	

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						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	

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						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	

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						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	

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						Yes	No
REDMOND PARK HOSPITAL, LLC - 58-1123037 501 REDMOND ROAD NW ROME, GA 30165	OPERATION OF HOSPITAL & RELATED SERVICES	GEORGIA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
RESOURCE PERSONNEL, INC. - 20-8040875 485 NORTH KELLER ROAD, #250 MAITLAND, FL 32751	PROVIDE ADMINISTRATIVE SUPPORT TO TAX EXEMPT NURSING HOMES	FLORIDA	501(C)(3)	LINE 12B, II	SUNBELT HLTH CARE CENTERS, INC.	X	
ROCKY MOUNTAIN ADVENTIST HLTHCARE FOUNDATION - 84-0745018, 950 E. HARVARD AVENUE, STE 230, DENVER, CO 80210	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	COLORADO	501(C)(3)	LINE 7	N/A		X
ROLLINS BROOK COMMUNITY CARE CORP - 46-1656773, 2201 S. CLEAR CREEK ROAD, KILLEEN, TX 76549	SUPPORT OPERATION OF HOSPITAL	TEXAS	501(C)(3)	LINE 12A, I	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
SAN MARCOS NURSING & REHAB CENTER, INC. - 20-5782224, 1900 MEDICAL PARKWAY, SAN MARCOS, TX 78666	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	

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						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,	SURGERY CENTER	FL	N/A	N/A	N/A	N/A	X		N/A	X		N/A
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

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	
KISSIMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION, INC. - 59-3539564, 201 HILDA STREET, SUITE 30, KISSIMEE, 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	

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

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

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

	Yes	No
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) FLETCHER HOSPITAL, INC.	P	249,154.	COST
(2) FLETCHER HOSPITAL, INC.	Q	4,330,298.	COST
(3) ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	B	2,291,326.	AMOUNT GIVEN
(4) ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	M	2,097,031.	% OF FACILITIES OPERATING EXPENSE
(5) ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORP DBA AH INFO TECHNOLOGY	M	7,026,162.	% OF FACILITIES OPERATING EXPENSE
(6) ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION - SHARED SERVICES	M	2,493,635.	% OF FACILITIES OPERATING EXPENSE

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	P	16,830,395.	COST
(8) ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORP DBA AH INFO TECHNOLOGY	P	1,449,764.	COST
(9) ADVENTHEALTH FOUNDATION, INC. DBA ADVENTHEALTH GORDON FOUNDATION	B	193,567.	AMOUNT GIVEN
(10) ADVENTHEALTH FOUNDATION, INC. DBA ADVENTHEALTH GORDON FOUNDATION	C	226,103.	AMOUNT RECEIVED
(11) METROPLEX ADVENTIST HOSPITAL, INC. DBA ADVENTHEALTH CENTRAL TEXAS	G	77,522.	ACTUAL AMOUNT RECEIVED
(12) METROPLEX ADVENTIST HOSPITAL, INC. DBA ADVENTHEALTH CENTRAL TEXAS	Q	81,177.	COST
(13) FLORIDA HOSPITAL MEDICAL GROUP, INC.	S	93,869.	AMOUNT RECEIVED
(14) MEMORIAL HOSPITAL, INC.	L	109,526.	COST
(15) MEMORIAL HOSPITAL, INC.	Q	1,370,914.	COST
(16) REDMOND PARK HOSPITAL, LLC	K	238,895.	AMOUNT GIVEN
(17) REDMOND PARK HOSPITAL, LLC	L	24,524,366.	AMOUNT RECEIVED
(18) REDMOND PARK HOSPITAL, LLC	P	1,244,934.	COST
(19) REDMOND PARK HOSPITAL, LLC	Q	121,464,343.	COST
(20) SHAWNEE MISSION MEDICAL CENTER, INC.	P	536,248.	COST
(21) SHAWNEE MISSION MEDICAL CENTER, INC.	Q	246,947.	COST
(22) SHAWNEE MISSION MEDICAL CENTER, INC.	S	86,888.	AMOUNT RECEIVED
(23) SURGICARE OF ROME, INC.	Q	2,882,746.	COST
(24) SURGICARE OF ROME, INC.	R	102,913.	AMOUNT GIVEN

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) UNIVERSITY COMMUNITY HOSPITAL, INC.	M	59,033.	COST
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

IRS E-file Signature Authorization for a Tax Exempt Entity

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

2023

Department 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 **ADVENTIST HEALTH SYSTEM GEORGIA, INC.** EIN or SSN **58-1425000**

Name and title of officer or person subject to tax **LYNN C. ADDISCOTT
ASSISTANT SECRETARY**

Part I Type of Return and Return Information

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

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
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 checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____ 0.
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**

Department of the Treasury
Internal Revenue Service

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

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 <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Taxpayer identification number (TIN) 58-1425000
	Number, street, and room or suite no. If a P.O. box, see instructions. 1035 RED BUD ROAD NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CALHOUN, GA 30701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

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 **STEVE GOTSHALL**
1035 RED BUD ROAD NE - CALHOUN, GA 30701
 Telephone No. **(706) 602-7800** Fax No. **(706) 629-2895**

- 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	\$ 2,000.
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.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section A-F containing organization name, address, EIN, and other identifying information.

Form header section G-L containing organization type, filing status, and other tax-related details.

Table for Part I: Total Unrelated Business Taxable Income, with rows 1-11 and columns for description and amount.

Table for Part II: Tax Computation, with rows 1-7 and columns for description and amount.

Table for Part III: Tax and Payments, with rows 1a-5 and columns for description and amount.

Part III Tax and Payments (continued)			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	2,000.
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	2,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	2,000.
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 2,000. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ <u>181,536.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	621500	\$ 49,878.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	ASSISTANT SECRETARY Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN
	Firm's name		Firm's EIN	
	Firm's address		Phone no.	

May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

<u>CORPORATION'S NAME</u>	<u>IDENTIFYING NO</u>
ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	59-2170012

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 2

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
12/31/09	19,571.	1,532.	18,039.	18,039.
12/31/10	5,065.	0.	5,065.	5,065.
12/31/11	1,792.	0.	1,792.	1,792.
12/31/12	777.	0.	777.	777.
12/31/13	9,790.	0.	9,790.	9,790.
12/31/14	10,244.	0.	10,244.	10,244.
12/31/15	47,014.	0.	47,014.	47,014.
12/31/16	87,915.	0.	87,915.	87,915.
12/31/17	900.	0.	900.	900.
NOL CARRYOVER AVAILABLE THIS YEAR			181,536.	181,536.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2023

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ADVENTIST HEALTH SYSTEM GEORGIA, INC.	B Employer identification number 58-1425000
C Unrelated business activity code (see instructions) 621500	D Sequence: 1 of 1

E Describe the unrelated trade or business **LAB SERVICES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>72,503.</u>				
b Less returns and allowances _____ c Balance	1c	72,503.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	72,503.		72,503.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	72,503.		72,503.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages	2			34,930.
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			10,858.
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) SEE STATEMENT 3	14			30,303.
15 Total deductions. Add lines 1 through 14	15			76,091.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-3,588.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-3,588.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)		0.	0.	0.	0.
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION	AMOUNT
SUPPLIES	30,303.
TOTAL TO SCHEDULE A, PART II, LINE 14	30,303.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	158.	0.	158.	158.
12/31/20	1,044.	0.	1,044.	1,044.
12/31/21	15,899.	0.	15,899.	15,899.
12/31/22	32,777.	0.	32,777.	32,777.
NOL CARRYOVER AVAILABLE THIS YEAR			49,878.	49,878.

**SCHEDULE O
(Form 1120)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Employer identification number 58-1425000
--	---

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on DECEMBER 31, 2023, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Part II Apportionment (See instructions)

(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment		
		(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1 ADVENTIST HEALTH SYSTEM GEORGIA, INC. 58-1425000	23-12			
2 ADVENTHEALTH AT OVERLAND PARK-COLLEGE MOB CONDOMINIUM ASSOC. 87-4353752	23-12			
3 ADVENTHEALTH CITY CENTER NORTH OWNERS' ASSOCIATION, INC. (6/5-12/31/23) 99-1471046	23-12			
4 ADVENTHEALTH POLK NORTH, INC. 84-1793121	23-12			
5 ADVENTHEALTH POLK SOUTH, INC. 83-4672945	23-12			
6 ADVENTHEALTH PRIMARY CARE, INC. FKA AH NORTH POLK 59-3231322	23-12			
7 ADVENTHEALTH RANSOM MEMORIAL, INC. 83-0976641	23-12			
8 ADVENTHEALTH VALUE BASED BUNDLE MGMT LLC 87-3487910	23-12			
9 ADVENTIST HEALTH SYSTEM GEORGIA, INC. 58-1425000	23-12			
10 ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION 59-2170012	23-12			
Total		150,000.	1,000,000.	

Schedule O (Form 1120) (Rev. 12-2018)

Part II Apportionment (See instructions)

(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment			
		(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other	
1 ADVENTIST HEALTH SYSTEM/ SUNBELT, INC.	59-1479658	23-12	150,000.	1,000,000.	
2 APOPKA MEDICAL PLAZA CONDOMINIUM ASSOC. INC. (1/1/23-12/31/23)	59-3000857	23-12			
3 BATTLE CREEK ADVENTIST HOSPITAL	38-1359189	23-12			
4 FLETCHER HOSPITAL, INC.	56-0543246	23-12			
5 FLORIDA HOSPITAL FLAGLER MEDICAL OFFICES ASSOCIATION, INC.	26-2158309	23-12			
6 FLORIDA HOSPITAL HEALTH VILLAGE PROPERTY OWNER'S ASSOCIATION, INC.	82-1748255	23-12			
7 FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC.	59-3215680	23-12			
8 FLORIDA HOSPITAL MEDICAL GRO	59-3214635	23-12			
9 FLORIDA HOSPITAL OCALA, INC.	82-4372339	23-12			
10 FLORIDA HOSPITAL WATERMAN, INC.	59-3140669	23-12			
Total					

Schedule O (Form 1120) (Rev. 12-2018)

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1	FLORIDA HOSPITAL ZEPHYRHILLS, INC. 59-2108057	23-12			
2	FLORIDA MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC. 59-2855791	23-12			
3	MEMORIAL HEALTH SYSTEMS, INC. 59-0973502	23-12			
4	MEMORIAL HOSPITAL FLAGLER, INC. 59-2951990	23-12			
5	MEMORIAL HOSPITAL - WEST VOLUSIA, INC. 59-3256803	23-12			
6	MEMORIAL HOSPITAL, INC. 61-0594620	23-12			
7	MIDWEST MANAGEMENT SERVICES, INC. 48-0901551	23-12			
8	NORTH AMERICAN HEALTH SERVICES, INC. & SUB 62-1041820	23-12			
9	PARK RIDGE PROPERTY OWNER'S ASSOCIATION, INC. 03-0380531	23-12			
10	PASCO-PINELLAS HILLSBOROUGH COMMUNITY HEALTH SYSTEM, INC. 20-8488713	23-12			
Total					

Schedule O (Form 1120) (Rev. 12-2018)

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1	PORTERCARE ADVENTIST HEALTH SYSTEM 84-0438224	23-12			
2	REDMOND PARK HOSPITAL, LLC 58-1123037	23-12			
3	REDMOND PARK HEALTH SERVICES, INC. 62-1330078	23-12			
4	SHAWNEE MISSION MEDICAL CENTER, INC. 48-0637331	23-12			
5	SOUTHEAST VOLUSIA HEALTHCARE CORPORATION 47-3793197	23-12			
6	SOUTHWEST VOLUSIA HEALTHCARE CORPORATION 59-3149293	23-12			
7	SUNBELT HEALTH CARE CENTERS, INC. 58-1473135	23-12			
8	SURGICARE OF ROME, INC. 20-0376307	23-12			
9	TARPON SPRINGS HOSPITAL FOUNDATION, INC. 59-0898901	23-12			
10	THE GARDEN RETIREMENT COMMUNITY, INC. 59-3414055	23-12			
Total					

Schedule O (Form 1120) (Rev. 12-2018)

Electronic Filing PDF Attachment

Adventist Health System Georgia, Inc.
EIN: 58-1425000
Form 990-T
2023

Section 1.263(a)-1(f) de minimis Safe Harbor Election

The above taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f) with respect to its unrelated business income activities.

**Tax on Base Erosion Payments of Taxpayers With
Substantial Gross Receipts**

For tax year beginning January 1, 2023, and ending December 31 2023

Go to www.irs.gov/Form8991 for instructions and the latest information.

See instructions.

Name <u>Adventist Health System Georgia, Inc.</u>	Employer identification number (EIN) <u>58-1425000</u>
--	---

Part I Applicable Taxpayer Determination

Check box if this form is being filed by a taxpayer with which another taxpayer has been aggregated under Regulations section 1.59A-2(c). . . .
If the above box is checked, attach a statement listing the names and EINs of all separate taxpayers taken into account in the determination of "1 person" under Regulations section 1.59A-2(c).

	(a) First Preceding Tax Year	(b) Second Preceding Tax Year	(c) Third Preceding Tax Year
1a Gross receipts of the taxpayer (see instructions)	234087280	253053348	196950585
b Gross receipts from partnerships.	0	0	0
c Gross receipts of all other persons treated as 1 person pursuant to Regulations section 1.59A-2(c).	18841729267	17436084831	13253885289
d Gross receipts. Combine lines 1a through 1c	19075816547	17689138179	13450835874
e Gross receipts of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 1d			1e 50215790600
f 3-year average annual gross receipts (see instructions).			1f 16738596867
g Is line 1f \$500 million or more? <input checked="" type="checkbox"/> Yes. Continue to line 2. <input type="checkbox"/> No. STOP here and attach this form to your tax return.			
2a Base erosion tax benefit (from Schedule A, line 15, column (a-2))			2a 0
b Amount of deductions allowed under chapter 1 of the Internal Revenue Code			2b 151142016
c Base erosion tax benefits resulting from reductions in insurance premiums reported on Schedule A, line 8, column (a-2)	2c 0		
d Base erosion tax benefits resulting from reductions in gross receipts reported on Schedule A, line 10, column (a-2)	2d 0		
e Add lines 2c and 2d			2e 0
f Total deductions for amounts paid or accrued for services to which the exception under Regulations section 1.59A-3(b)(3)(i) applies (from Schedule A, line 5b).	2f 0		
g Qualified derivative payments excepted by Regulations section 1.59A-6(b)	2g		
h Total deductions allowed under sections 172, 245A, and 250 for the tax year	2h		
i Does the taxpayer elect to waive deductions in accordance with Regulations section 1.59A-3(c)(6)(i)? <input type="checkbox"/> Yes. Complete Schedule B. Enter the amount from line 15 of Schedule B. <input checked="" type="checkbox"/> No. Enter -0-.	2i 0		
j Deductions for exchange losses from section 988 transactions described in Regulations section 1.59A-2(e)(3)(ii)(D)	2j		
k Deductions for TLAC securities and foreign TLAC securities described in Regulations section 1.59A-2(e)(3)(ii)(E)	2k		
l Reinsurance losses incurred and claims payments described in Regulations section 1.59A-2(e)(3)(ii)(F)	2l		
m Combine lines 2f through 2l			2m 0
n Total deductions. Subtract line 2m from the sum of line 2b and line 2e			2n 151142016
o Base erosion percentage. Divide line 2a by line 2n			2o 0.00 %
p Is the taxpayer's base erosion percentage on line 2o 3% or higher (2% or higher for a bank or securities dealer)? <input type="checkbox"/> Yes. Continue to Part II. <input checked="" type="checkbox"/> No. STOP after completing Part I, Part V, and Schedule A (and, if necessary, Schedule B) and attach this form to your tax return.			

For Paperwork Reduction Act Notice, see separate instructions.

Schedule A Base Erosion Payments and Base Erosion Tax Benefits (see instructions)

Type of Base Erosion Payments	(Check all applicable boxes in columns (c), (d), and (e) below)						
	(a-1) Aggregate Group's Base Erosion Payments	(a-2) Aggregate Group's Base Erosion Tax Benefits	(b-1) Taxpayer's Base Erosion Payments	(b-2) Taxpayer's Base Erosion Tax Benefits	(c) Any 25% Owner of the Taxpayer	(d) Person Related Under Section 267(b) or 707(b)(1) to the Taxpayer or Any 25% Owner of the Taxpayer	(e) Any Person Related Within the Meaning of Section 482 to the Taxpayer
1 Reserved for future use							
2 Reserved for future use							
3 Purchase or creations of property rights for intangibles (patents, trademarks, etc.).							
4 Rents, royalties, and license fees							
5a Compensation/consideration paid for services NOT excepted by Regulations section 1.59A-3(b)(3)(i)							
b Compensation/consideration paid for services excepted by Regulations section 1.59A-3(b)(3)(i) \$ _____							
6 Interest expense							
7 Payments for the purchase of tangible personal property							
8 Premiums and/or other considerations paid or accrued for insurance and reinsurance as covered by Regulations section 1.59A-3(b)(1)(iii)							

Schedule A Base Erosion Payments and Base Erosion Tax Benefits (see instructions) (continued from page 3)

Type of Base Erosion Payments	(Check all applicable boxes in columns (c), (d), and (e) below)						
	(a-1) Aggregate Group's Base Erosion Payments	(a-2) Aggregate Group's Base Erosion Tax Benefits	(b-1) Taxpayer's Base Erosion Payments	(b-2) Taxpayer's Base Erosion Tax Benefits	(c) Any 25% Owner of the Taxpayer	(d) Person Related Under Section 267(b) or 707(b)(1) to the Taxpayer or Any 25% Owner of the Taxpayer	(e) Any Person Related Within the Meaning of Section 482 to the Taxpayer
9a Nonqualified derivative payments							
b Qualified derivative payments excepted by Regulations section 1.59A-6(b) \$ _____							
10 Payments reducing gross receipts made to surrogate foreign corporation							
11 Other payments - specify							
12 Combine lines 3 through 11	0	0	0	0			
13 Base erosion tax benefits related to payments reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at 30% statutory withholding tax rate							
14 Portion of base erosion tax benefits reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at reduced withholding rate pursuant to income tax treaty. Multiply ratio of percentage withheld divided by 30% (0.30) times tax benefit. See instructions							
15 Total base erosion tax benefits. Subtract the sum of line 13 and line 14 from line 12. Enter the amount from column (a-2) on Part I, line 2a. Enter the amount from column (b-2) on Part II, line 3b		0		0			

Form 8991**Part I, Applicable Taxpayer Aggregation Information****Tax Year Ending December 31, 2023**

Name	EIN
AdventHealth at Overland Park-College MOB Condominium Assoc.	87-4353752
AdventHealth Asheville, Inc.	92-1144574
AdventHealth City Center North Owners' Association, Inc. (6/5-12/31/23)	99-1471046
AdventHealth Family Medicine Rural Health Clinics, Inc.	27-1858033
AdventHealth Foundation, Inc.	59-2219301
AdventHealth Home Care East Florida, LLC.	83-3768458
AdventHealth Hospice Care East Florida, Inc.	83-3748461
AdventHealth Kansas City Foundation	48-0868859
AdventHealth Palm Coast Parkway, Inc.	88-2288563
AdventHealth Polk North, Inc.	84-1793121
AdventHealth Polk South, Inc.	83-4672945
AdventHealth Primary Care, Inc. fka AH North Polk, Inc.	59-3231322
AdventHealth Primary Care Network, Inc. (6/30-12/31/23)	93-2208118
AdventHealth Ransom Memorial, Inc.	83-0976641
AdventHealth Riverview, Inc.	87-0901094
AdventHealth Senior Care, Inc.	84-1817046
AdventHealth South Overland Park, Inc.	36-4595806
AdventHealth University, Inc	59-3069793
AdventHealth Value Based Bundle Management, LLC (6/1-12/31/22)	87-3487910
AdventHealth West FL Ambulatory Svcs, Inc.	47-1881744
AdventHealth West Florida Imaging, Inc.	84-3225135
Adventist Care Centers - Courtland, Inc.	20-5774723
Adventist Hlth Mid-America, Inc.	52-1347407
Adventist Hlth System Georgia, Inc.	58-1425000
Adventist Hlth System Sunbelt Healthcare Corp	59-2170012
Adventist Hlth System/Sunbelt, Inc.	59-1479658
Adventist Hlth System/Texas, Inc.	74-2578952
AHS Midwest Management, Inc.	36-3354567
Altamonte Medical Plaza Condominium Association, Inc.	59-2855792
Apopka Health Care Properties, Inc.	51-0605694
Apopka Medical Plaza Condominium Association, Inc.	59-3000857
Battle Creek Adventist Hospital	38-1359189
Burleson Nursing & Rehab Center, Inc.	20-5782243
Chickasaw Health Care Properties, Inc.	51-0605681
Chippewa Valley Hospital & Oakview Care Center, Inc.	39-1365168
Coalition For Physician Well-Being, Inc.	46-3477012
Courtland Health Care Properties, Inc.	51-0605682
Dairy Road Hlth Care Properties, Inc.	51-0605684
East Orlando Hlth & Rehab Center, Inc.	20-5774748
Fletcher Hospital, Inc.	56-0543246
FLNC, Inc.	20-5774761
Florida Hospital Dade City, Inc.	82-2567308
Florida Hospital Flagler Medical Offices Association, Inc.	26-2158309
Florida Hospital Health Village Property Owner's Assoc., Inc.	82-1748255

Name	EIN
Florida Hospital Healthcare Partners, Inc.	46-2354804
Florida Hospital Healthcare System, Inc.	59-3215680
Florida Hospital Medical Group, Inc.	59-3214635
Florida Hospital Ocala, Inc.	82-4372339
Florida Hospital Physician Group, Inc.	46-2021581
Florida Hospital Waterman, Inc.	59-3140669
Florida Hospital Zephyrhills, Inc.	59-2108057
Florida Medical Plaza Condominium Association, Inc.	59-2855791
Florida Radiology Imaging at Lake Mary, LLC	55-0789387
Fountain Inn Nursing & Rehab Center, Inc.	47-2180518
Hospice of the Comforter, Inc.	59-2935928
Kissimmee Multispecialty Clinic Condominium Association, Inc.	59-3539564
Lake County Health Care Properties, Inc.	81-3923985
Memorial Health Systems, Inc.	59-0973502
Memorial Hospital - West Volusia, Inc.	59-3256803
Memorial Hospital Flagler, Inc.	59-2951990
Memorial Hospital, Inc.	61-0594620
Metroplex Adventist Hospital, Inc.	74-2225672
Metroplex Clinic Physicians, Inc.	11-3762050
Midwest Management Services, Inc.	48-0901551
Mission Strategies of Georgia, Inc.	90-0866024
North American Health Services, Inc. & Sub.	62-1041820
Ormond Prof Associates Condo Association, Inc.	59-2694434
Osceola Health Care Properties, Inc.	81-3165729
Overland Park Nursing & Rehab Center, Inc.	20-5774821
PAHS Service Corporation (4/9 -12/31/23)	92-3398616
Park Ridge Property Owner's Association, Inc.	03-0380531
Park Ridge Condominium #1 Unit Owners Association, Inc.	01-0584623
Pasco-Pinellas Hillsborough Community Health System, Inc.	20-8488713
Portercare Adventist Hlth System	84-0438224
Princeton Homecare Services, LLC (8/1 - 12/31/22)	81-4196648
Princeton Professional Services, Inc.	59-1191045
Quality Circle for Healthcare, Inc.	26-3789368
Redmond Park Health Services, Inc.	62-1330078
Redmond Park Hospital, LLC	58-1123037
Resource Personnel, Inc.	20-8040875
Rocky Mountain Adventist Hlthcare Foundation (6/30 YE)	84-0745018
Rollins Brook Community Care Corp	46-1656773
San Marcos Nursing & Rehab Center, Inc.	20-5782224
Shawnee Mission Health Care Properties, Inc.	81-3914908
Shawnee Mission Health Care, Inc.	48-0952508
Shawnee Mission Medical Center, Inc.	48-0637331
South Pasco Health Care Properties, Inc.	51-0605679
Southeast Volusia Healthcare Corp	47-3793197
Southwest Volusia Health Services, Inc.	59-3281591
Southwest Volusia Healthcare Corp	59-3149293
Sunbelt Health & Rehab Center - Apopka, Inc.	20-5774856
Sunbelt Health Care Centers, Inc.	58-1473135

Name	EIN
Surgicare of Rome, Inc.	20-0376307
Tarpon Springs Hospital Foundation, Inc.	59-0898901
Tarrant County Health Care Properties, Inc.	51-0605677
The Comforter Health Care Group, Inc.	27-1857940
The Garden Retirement Community, Inc.	59-3414055
Tri-County Nursing and Rehab Center, Inc.	47-2219363
University Community Hospital, Inc.	59-1113901
West Florida Health Home Care, Inc.	59-3686109
Winter Park Medical Office Building I Condo Assoc, Inc.	45-2228478
Zephyr Haven Health & Rehab Center, Inc.	20-5774930
Zephyrhills Health & Rehab Center, Inc.	20-5774967

CONSOLIDATED FINANCIAL STATEMENTS,
SUPPLEMENTARY INFORMATION, AND REPORTS
AND SCHEDULE REQUIRED BY THE UNIFORM
GUIDANCE

AdventHealth
Years Ended December 31, 2023 and 2022
With Reports of Independent Auditors

Ernst & Young LLP



AdventHealth

Consolidated Financial Statements, Supplementary Information, and Reports and Schedule Required by the Uniform Guidance

Years Ended December 31, 2023 and 2022

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Consolidated Balance Sheets

December 31, 2023
and 2022

<i>(dollars in thousands)</i>	<u>2023</u>	<u>2022</u>
ASSETS		
Current Assets		
Cash and cash equivalents	\$ 2,230,710	\$ 602,891
Investments	6,036,304	6,090,304
Current portion of assets whose use is limited	473,224	450,606
Patient accounts receivable	1,370,051	1,394,202
Due from brokers	239,626	77,907
Estimated settlements from third parties	510,586	335,797
Other receivables	863,183	863,786
Inventories	321,469	321,835
Prepaid expenses and other current assets	<u>158,645</u>	<u>185,882</u>
	12,203,798	10,323,210
Property and Equipment	8,633,707	8,433,791
Operating Lease Assets	372,081	326,651
Assets Whose Use is Limited, net of current portion	435,280	398,803
Other Assets	<u>1,770,464</u>	<u>1,764,502</u>
	<u>\$ 23,415,330</u>	<u>\$ 21,246,957</u>
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 2,179,632	\$ 1,863,931
Estimated settlements to third parties	201,456	195,130
Due to brokers	269,645	103,659
Other current liabilities	723,650	665,635
Short-term financings	566,160	727,256
Current maturities of long-term debt	<u>79,839</u>	<u>125,633</u>
	4,020,382	3,681,244
Long-Term Debt, net of current maturities	3,370,855	3,146,598
Operating Lease Liabilities, net of current portion	341,893	270,325
Other Noncurrent Liabilities	<u>601,740</u>	<u>644,529</u>
	8,334,870	7,742,696
Net Assets		
Net assets without donor restrictions	14,803,298	13,241,885
Net assets with donor restrictions	<u>227,861</u>	<u>217,604</u>
	15,031,159	13,459,489
Noncontrolling interests	<u>49,301</u>	<u>44,772</u>
	15,080,460	13,504,261
Commitments and Contingencies	<u>\$ 23,415,330</u>	<u>\$ 21,246,957</u>

AdventHealth

The accompanying notes are an integral part of these consolidated financial statements.

Consolidated Statements of Operations and Changes in Net Assets

For the years ended
December 31, 2023
and 2022

<i>(dollars in thousands)</i>	<u>2023</u>	<u>2022</u>
Revenue		
Net patient service revenue	\$ 16,003,402	\$ 15,021,739
Other	<u>790,254</u>	<u>678,689</u>
Total operating revenue	16,793,656	15,700,428
Expenses		
Employee compensation	8,608,753	8,558,161
Supplies	2,569,786	2,474,928
Purchased services	1,186,228	1,142,819
Professional fees	1,086,115	1,163,105
Other	1,383,921	1,154,358
Interest	109,956	98,516
Depreciation and amortization	<u>824,471</u>	<u>824,790</u>
Total operating expenses	15,769,230	15,416,677
Income from Operations	1,024,426	283,751
Nonoperating Gains (Losses)		
Investment return	528,635	(1,159,315)
Gain on extinguishment of debt	<u>82</u>	<u>31,929</u>
Total nonoperating gains (losses)	528,717	(1,127,386)
Excess (deficiency) of revenue and gains over expenses and losses	1,553,143	(843,635)
Noncontrolling interests	<u>(2,876)</u>	<u>5,714</u>
Excess (Deficiency) of Revenue and Gains over Expenses and Losses Attributable to Controlling Interest	1,550,267	(837,921)

Continued on following page.

Consolidated Statements of Operations and Changes in Net Assets (continued)

For the years ended
December 31, 2023
and 2022

<i>(dollars in thousands)</i>	<u>2023</u>	<u>2022</u>
CONTROLLING INTEREST		
Net Assets Without Donor Restrictions		
Excess (deficiency) of revenue and gains over expenses and losses	\$ 1,550,267	\$ (837,921)
Net assets released from restrictions for purchase of property and equipment	11,569	11,539
Change in unrealized gains and losses on assets whose use is limited	6,027	(5,812)
Other	<u>(6,450)</u>	<u>11,732</u>
Increase (decrease) in net assets without donor restrictions	1,561,413	(820,462)
Net Assets With Donor Restrictions		
Gifts and grants	28,513	50,813
Net assets released from restrictions for purchase of property and equipment or use in operations	(25,569)	(25,820)
Investment return	1,977	(154)
Other	<u>5,336</u>	<u>(28,554)</u>
Increase (decrease) in net assets with donor restrictions	10,257	(3,715)
NONCONTROLLING INTERESTS		
Net Assets Without Donor Restrictions		
Excess (deficiency) of revenue and gains over expenses and losses	2,876	(5,714)
Distributions	(2,639)	(2,478)
Other	<u>4,292</u>	<u>(432)</u>
Increase (decrease) in noncontrolling interests	<u>4,529</u>	<u>(8,624)</u>
Increase (Decrease) in Net Assets		
Net assets, beginning of year	1,576,199	(832,801)
Net assets, end of year	<u>13,504,261</u>	<u>14,337,062</u>
	<u>\$ 15,080,460</u>	<u>\$ 13,504,261</u>

Consolidated Statements of Cash Flows

For the years ended
December 31, 2023
and 2022

<i>(dollars in thousands)</i>	2023	2022
Operating Activities		
Increase (decrease) in net assets	\$ 1,576,199	\$ (832,801)
Depreciation and amortization	824,471	824,790
Amortization of deferred financing costs and original issue discounts and premiums	(26,060)	(27,610)
Gain on sale of entities	(64,383)	(67,589)
Gain on sale of property, equipment, and other assets	(2,066)	(40,839)
Gain on extinguishment of debt	(82)	(31,929)
Net realized and unrealized (gains) losses on investments	(376,016)	1,269,977
Unrealized (gains) losses on assets whose use is limited	(24,114)	67,170
Reclass of restricted gifts and grants and investment return	(30,490)	(50,659)
(Income) loss from equity method investments	(30,990)	50,390
Distributions from equity method investments	9,832	53,043
Changes in operating assets and liabilities:		
Patient accounts receivable	(1,205,090)	(1,349,815)
Other receivables	(11,990)	(62,500)
Other current assets	26,401	(49,274)
Other noncurrent assets	79,069	(20,295)
Accounts payable and accrued liabilities	296,690	(88,188)
Estimated settlements to third parties, net	(168,463)	(51,142)
Other current liabilities	159,502	(255,853)
Other noncurrent liabilities	(90,157)	29,176
Net cash provided by (used in) operating activities	942,263	(633,948)
Investing Activities		
Purchases of property and equipment	(1,080,845)	(1,018,508)
Proceeds from sale of property and equipment	62,547	11,506
Sales and maturities of investments	7,664,845	12,535,646
Purchases of investments	(7,234,829)	(12,179,504)
Due from brokers	(161,719)	47,837
Due to brokers	165,986	(21,065)
Sales, maturities, and uses of assets whose use is limited	989,532	1,035,041
Purchases of and additions to assets whose use is limited	(939,814)	(1,065,578)
Cash receipts on sold patient accounts receivable	1,241,834	1,070,040
Proceeds received for sale of entities, net	161,166	219,827
Return of capital from equity method investments	47,403	28,252
Consideration paid to acquire Health First, Inc. investment	(100,000)	–
Additional investment in Adventist Midwest Health, Inc.	(73,500)	–
Increase in other assets	(30,552)	(38,135)
Net cash provided by investing activities	712,054	625,359
Financing Activities		
Repayments of long-term borrowings	(126,118)	(492,202)
Proceeds from issuance of long-term borrowings	317,514	335,727
Repayments of short-term borrowings	(261,096)	(46,705)
Proceeds from issuance of short-term borrowings	100,000	252,721
Payment of deferred financing costs	(2,589)	(652)
Restricted gifts and grants and investment return	30,490	50,659
Net cash provided by financing activities	58,201	99,548
Increase in Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents	1,712,518	90,959
Cash, cash equivalents, restricted cash, and restricted cash equivalents at beginning of year	980,091	889,132
Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents at End of Year	<u>\$ 2,692,609</u>	<u>\$ 980,091</u>
Supplemental Noncash Investing Activity		
Beneficial interest obtained in exchange for patient accounts receivable	\$ (1,229,241)	\$ (1,078,880)

AdventHealth

The accompanying notes are an integral part of these consolidated financial statements.

Notes to Consolidated Financial Statements

*For the years ended
December 31, 2023
and 2022
(dollars in thousands)*

1. Significant Accounting Policies

Reporting Entity

Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth (Healthcare Corporation) is a not-for-profit healthcare corporation that owns and/or operates hospitals, physician offices, urgent care centers and other healthcare facilities, and a philanthropic foundation with various informal divisions (collectively referred to herein as the System). The System's 44 affiliated hospitals and related healthcare facilities are controlled through their by-laws, governing board appointments, or operating agreements. The System manages six additional hospitals within noncontrolled joint ventures. These 50 hospitals and the philanthropic foundation operate in 9 states – Colorado, Florida, Georgia, Illinois, Kansas, Kentucky, North Carolina, Texas, and Wisconsin.

AdventHealth Foundation, Inc. (Foundation) is a charitable foundation operated by Healthcare Corporation for the benefit of many of the hospitals that are divisions or controlled affiliates. Healthcare Corporation is the Foundation's member and appoints its board of managers. The Foundation engages in philanthropic activities.

Healthcare Corporation and the System are collectively controlled by the Lake Union Conference of Seventh-day Adventists, the Mid-America Union Conference of Seventh-day Adventists, the Southern Union Conference of Seventh-day Adventists, and the Southwestern Union Conference of Seventh-day Adventists.

Mission

The System exists solely to improve and enhance the local communities that it serves in harmony with Christ's healing ministry. All financial resources and excess of revenue and gains over expenses are used to benefit the communities in the areas of patient care, research, education, community service, and capital reinvestment.

Specifically, the System provides:

Benefit to the underprivileged, by offering services free of charge or deeply discounted to those who cannot pay, and by supplementing the unreimbursed costs of the government's Medicaid assistance program.

Benefit to the elderly, as provided through governmental Medicare funding, by subsidizing the unreimbursed costs associated with this care.

Benefit to the community's overall health and wellness through the cost of providing clinics and primary care services, health education and screenings, in-kind donations, extended education and research.

Benefit to the faith-based and spiritual needs of the community in accordance with its mission of extending the healing ministry of Christ.

Benefit to the community's infrastructure by investing in capital improvements to ensure the facilities and technology provide the best possible care to the community.

Notes to Consolidated Financial Statements

*For the years ended
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Principles of Consolidation

The accompanying consolidated financial statements include the accounts of affiliated organizations that are controlled by Healthcare Corporation. Any subsidiary or other operations owned and controlled by divisions or controlled affiliates of Healthcare Corporation are included in these consolidated financial statements. Investments in entities that Healthcare Corporation has a significant influence, but does not control are recorded under the equity method of accounting. Income from unconsolidated entities is included in other operating revenue in the accompanying consolidated statements of operations and changes in net assets. All significant intercompany accounts and transactions have been eliminated in consolidation. Partial ownership by another entity in the net assets and results of operations of a consolidated subsidiary is reflected as noncontrolling interests in the accompanying consolidated financial statements.

Use of Estimates

The preparation of these consolidated financial statements in conformity with accounting principles generally accepted in the United States (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

Recently Adopted Accounting Guidance

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. This ASU requires earlier recognition of credit losses on financing receivables and other financial assets in scope. For trade receivables, loans and held-to-maturity debt securities, entities will be required to estimate lifetime expected credit losses, resulting in earlier recognition of credit losses. For available-for-sale debt securities, entities will be required to recognize an allowance for credit losses rather than a reduction to the carrying value of the asset. In addition, entities will have to make more disclosures, including disclosures by year of origination for certain financing receivables. The System adopted the standard effective January 1, 2023, using a modified-retrospective approach. This standard did not have a material impact on the System's accompanying consolidated financial statements.

Recent Accounting Guidance Not Yet Adopted

In March 2023, the FASB issued ASU No. 2023-01, *Leases (Topic 842): Common Control Arrangements*. This ASU requires that leasehold improvements associated with arrangements between entities under common control, which are determined to be leases, be amortized by the lessee over the useful life of the leasehold improvements to the common control group as long as the lessee controls the use of the underlying asset through a lease. In addition, entities will be required to account for leasehold improvements associated with common control leases as a transfer through an adjustment to net assets when the lessee no longer controls the use of the underlying asset. This ASU will be effective for the System beginning in 2024. Management does not anticipate this guidance will have a material impact to the System's consolidated financial statements.

Net Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration the System expects to be due from patients and third-party payors in exchange for providing patient care. Providing patient care services is considered a single

Notes to Consolidated Financial Statements

*For the years ended
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(dollars in thousands)*

performance obligation, satisfied over time, in both the inpatient and outpatient settings. Generally, the System bills the patients and third-party payors several days after services are performed or the patient is discharged from the facility.

Revenue for inpatient acute care services is recognized based on actual charges incurred in relation to total expected, or actual, charges. The System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge.

As all the System's performance obligations relate to contracts with a duration of less than one year, the System is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially satisfied at the end of the reporting period, which are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

For patients covered by third-party payors, the System determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to those third-party payors. The System determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. The System is subject to retroactive revenue adjustments due to future audits, reviews, and investigations. Additionally, the System participates in certain state programs that provide supplemental Medicaid funding to partially offset unreimbursed Medicaid costs. These programs include a combination of intergovernmental transfers and federal matching dollars. They are typically approved by governmental agencies on an annual basis and, as such, funding for future years is not certain and subject to change. Contracts the System has with commercial payors also provide for retroactive audit and review of claims. Settlements with third-party payors for retroactive adjustments are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence with the payor, and the System's historical settlement activity, attempting to ensure that a significant revenue reversal will not occur when the final amounts are subsequently determined. Estimated settlements are adjusted in future periods as new information becomes available, or as years are settled or are no longer subject to such audits, reviews, and investigations. Net adjustments for prior-year cost reports and related valuation allowances, principally related to Medicare and Medicaid, resulted in increases to revenue of approximately \$112,000 and \$59,000 for the years ended December 31, 2023 and 2022, respectively.

Generally, patients covered by third-party payors are responsible for related deductibles and coinsurance, which is referred to as the patient portion. The System also provides services to uninsured patients and offers those uninsured patients a discount from standard charges in accordance with its policies.

Consistent with the System's mission, care is provided to patients regardless of their ability to pay. Therefore, the System has determined that it has provided implicit price concessions to uninsured patients and patients with other uninsured balances such as copays and deductibles. The difference between amounts billed to patients

Notes to Consolidated Financial Statements

*For the years ended
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(dollars in thousands)*

and the amounts the System expects to collect based on its collection history with those patients is recorded as implicit price concessions, or as a direct reduction to net patient service revenue. Subsequent adjustments that are determined to be the result of an adverse change in the patient's or payor's ability to pay are recognized as bad debt expense. Bad debt expense for the years ended December 31, 2023 and 2022 was not material for the System, and is included within other expense in the accompanying consolidated statements of operations and changes in net assets, rather than as a deduction to arrive at revenue.

The System estimates the transaction price for the patient portion and services provided to the uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions.

The composition of net patient service revenue by primary payor is as follows:

	Year Ended December 31,			
	2023		2022	
	Amount	%	Amount	%
Managed Care	\$ 8,652,597	54%	\$ 7,837,129	52%
Medicare	2,419,455	15	2,504,454	17
Managed Medicare	2,843,810	18	2,485,974	16
Medicaid	458,025	3	576,351	4
Managed Medicaid	932,349	6	910,994	6
Self-pay	175,925	1	130,719	1
Other	521,241	3	576,118	4
	<u>\$ 16,003,402</u>	<u>100%</u>	<u>\$ 15,021,739</u>	<u>100%</u>

Charity Care

The System's patient acceptance policy is based on its mission statement and its charitable purposes and, as such, the System accepts patients in immediate need of care, regardless of their ability to pay. Patients that qualify for charity care are provided services for which no payment is due for all or a portion of the patient's bill. Therefore, charity care is excluded from net patient service revenue and the cost of providing such care is recognized within operating expenses.

The cost of charity care is calculated by applying a cost to gross charges ratio to uncompensated charges associated with providing charity care to patients and totaled \$469,352 and \$442,754 for the years ended December 31, 2023 and 2022, respectively. The System also receives certain funds to offset or subsidize charity care services provided. These funds are primarily received from various state sponsored programs. Funds received to offset or subsidize charity care services (included in net patient service revenue) were \$157,979 and \$299,914 for the years ended December 31, 2023 and 2022, respectively.

Notes to Consolidated Financial Statements

For the years ended
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(dollars in thousands)

Excess of Revenue and Gains over Expenses

The consolidated statements of operations and changes in net assets include excess of revenue and gains over expenses as the performance indicator, which is analogous to net income of a for-profit enterprise. Changes in net assets without donor restrictions that are excluded from the performance indicator may include transfers of net assets released from restrictions for the purpose of acquiring long-lived assets and other changes in net assets.

Contributed Resources

Resources restricted by donors for specific operating purposes or a specified time period are held as net assets with donor restrictions until expended for the intended purpose or until the specified time restrictions are met, at which time they are reported as other revenue. Resources restricted by donors for additions to property and equipment are held as net assets with donor restrictions until the assets are placed in service, at which time they are reported as transfers to net assets without donor restrictions. Gifts, grants, and bequests not restricted by donors are reported as other revenue.

Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents

Cash equivalents represent all highly liquid investments, including certificates of deposit and commercial paper with maturities not in excess of three months when purchased. Interest income on cash equivalents is included in investment return.

The following table provides a reconciliation of cash, cash equivalents, restricted cash, and restricted cash equivalents reported within the consolidated balance sheets that sum to the total of the same such amounts shown in the statements of cash flows. Restricted cash and cash equivalents consist of funds included in assets whose use is limited. Certain of the System's investments are limited as to use through the terms of trust agreements, internal designation, under the terms of bond indentures, or the provisions of other contractual agreements.

	December 31,	
	2023	2022
Cash and cash equivalents	\$ 2,230,710	\$ 602,891
Restricted cash and restricted cash equivalents included in assets whose use is limited	461,899	377,200
Total cash, cash equivalents, restricted cash, and restricted cash equivalents shown in the statements of cash flows	<u>\$ 2,692,609</u>	<u>\$ 980,091</u>

Investments

Investments include marketable securities and other investments. Investments in debt and equity securities with readily determinable fair values are reported at fair value, based on quoted market prices, and are primarily designated as trading securities. The cost of securities sold is based on the average cost method.

Other investments include alternative investments, such as hedge funds, commingled funds, and private market funds, which determine fair value using net asset values (NAV). The value of such investments is estimated, and those estimates may change in the near term. The financial statements of the funds are audited annually by independent auditors. The System's risk is limited to its investment in the fund. Private market funds generally require capital commitments over an initial period of time and capital is returned as monetization events occur, outside of which invested funds

Notes to Consolidated Financial Statements

*For the years ended
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(dollars in thousands)*

generally cannot be redeemed. Unfunded commitments related to private market funds were approximately \$1,283,000 and \$892,000 as of December 31, 2023 and 2022, respectively. Investments in private market funds are used to gain market exposure within private equity, credit, real estate, and infrastructure markets. Commingled funds are used to obtain the desired exposure targets within the investment portfolio. Hedge funds and commingled funds have redemption terms that range from daily to quarterly. The System does not presently intend to sell these investments in a secondary market prior to the end of the fund term.

Other investments may also include exchange-traded and over-the-counter derivative instruments that are held for trading purposes and act as economic hedges to manage the risk of the investment portfolio. These instruments, which primarily include futures, foreign currency exchange contracts, options, and swaps, are used to gain broad market exposure and additional exposure to equity markets, adjust the fixed-income portfolio duration, provide an economic hedge against fluctuations in foreign exchange rates, and generate investment returns. These derivative instruments are not designated as hedging instruments.

Investment return includes realized gains and losses, interest, dividends, and net change in unrealized gains and losses. The investment return on investments restricted by donor or law is recorded as increases or decreases to net assets with donor restrictions. Investment return earned on the System's self-insurance trust funds and employee benefits funds is recorded in other operating revenue.

Assets Whose Use is Limited

Certain of the System's investments are limited as to use through the terms of trust agreements, internal designation, or the provisions of other contractual arrangements. These investments are classified as assets whose use is limited in the accompanying consolidated balance sheets.

Sale of Patient Accounts Receivable

The System and certain of its member affiliates maintain a program for the continuous sale of certain patient accounts receivable to the Highlands County, Florida, Health Facilities Authority (Highlands) on a nonrecourse basis. Highlands has partially financed the purchase of the patient accounts receivable through the issuance of private placement, tax-exempt, variable-rate bonds (Bonds). Highlands had Bonds outstanding of \$200,000 as of December 31, 2023 and 2022. The Bonds had an original put date of December 2022 and a final maturity date of November 2027. On February 1, 2022, the put date of the Bonds was extended to the final maturity date of November 2027. The System is the servicer of the receivables under this arrangement and is responsible for performing all accounts receivable administrative functions.

As of December 31, 2023 and 2022, the estimated net realizable value, as defined in the underlying agreements, of patient accounts receivable sold by the System and removed from the accompanying consolidated balance sheets was \$805,773 and \$818,366, respectively. The patient accounts receivable sold consist primarily of amounts due from government programs and commercial insurers. The proceeds received from Highlands consist of cash from the Bonds, a note on a subordinated basis with the Bonds, and a note on a parity basis with the Bonds. The note on a subordinated basis with the Bonds is in an amount to provide the required over-collateralization of the Bonds and was \$50,000 at December 31, 2023 and 2022. The note on a parity basis with the Bonds is the excess of eligible accounts receivable sold over the sum of cash received and the subordinated note and was \$555,773 and \$568,366 at December 31, 2023 and 2022, respectively. These notes are included in other receivables in the accompanying consolidated balance sheets. Due to the nature

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of the patient accounts receivable sold, collectability of the subordinated and parity notes is not significantly impacted by credit risk.

The notes on a parity and subordinated basis represent the System's beneficial interest in the receivables subsequent to the sale. Cash received at the time of sale is recognized within the consolidated statement of cash flows as part of operating activities. Any subsequent cash received on the beneficial interest is recognized within the consolidated statement of cash flows as part of investing activities.

Inventories

Inventories (primarily pharmaceuticals and medical supplies) are stated at the lower of cost or net realizable value using the first-in, first-out (FIFO) method of valuation, or a methodology that closely approximates FIFO.

Property and Equipment

Property and equipment are reported on the basis of cost, except for those assets donated, impaired, or acquired under a business combination, which are recorded at fair value. Expenditures that materially increase values, change capacities, or extend useful lives are capitalized. Depreciation is computed primarily utilizing the straight-line method over the expected useful lives of the assets. Amortization of capitalized leased assets is included in depreciation expense and allowances for depreciation.

Goodwill

Goodwill represents the excess of the purchase price and related costs over the value assigned to the net tangible and identifiable intangible assets of the business acquired. These amounts are included in other assets (noncurrent) in the accompanying balance sheets and are evaluated for impairment when there is an indicator of impairment. Goodwill consists of the following:

	December 31,	
	2023	2022
Goodwill	\$ 746,975	\$ 744,677
Less: accumulated amortization	(207,253)	(133,046)
Goodwill, net	<u>\$ 539,722</u>	<u>\$ 611,631</u>

Goodwill is amortized over a period of ten years. Amortization expense for goodwill was \$74,249 and \$75,175 for the years ended December 31, 2023 and 2022, respectively, and is included in depreciation and amortization in the accompanying consolidated statements of operations and changes in net assets.

Interest in the Net Assets of Unconsolidated Foundations

Interest in the net assets of unconsolidated foundations represents contributions received on behalf of the System or its member affiliates by independent fund-raising foundations. As the System cannot influence the foundations to the extent that it can determine the timing and amount of distributions, the System's interest in the net assets of the foundations is included in other assets and changes in that interest are included in net assets with donor restrictions.

Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable. Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets. Where impairment is indicated, the carrying amount of these long-lived assets is reduced to fair value based on discounted net cash flows or other estimates of fair value.

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Deferred Financing Costs

Direct financing costs are included as a reduction to the carrying amount of the related debt liability and are deferred and amortized over the remaining lives of the financings using the effective interest method.

Bond Discounts and Premiums

Bonds payable, including related original issue discounts and/or premiums, are included in long-term debt. Discounts and premiums are being amortized over the life of the bonds using the effective interest method.

Income Taxes

Healthcare Corporation and its affiliated organizations, other than North American Health Services, Inc. and its subsidiary (NAHS), are exempt from state and federal income taxes. Accordingly, Healthcare Corporation and its tax-exempt affiliates are not subject to federal, state, or local income taxes except for any net unrelated business taxable income.

NAHS is a wholly owned, for-profit subsidiary of Healthcare Corporation. NAHS and its subsidiary are subject to federal and state income taxes. NAHS files a consolidated federal income tax return and, where appropriate, consolidated state income tax returns. 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.

Reclassifications

Certain reclassifications were made to the 2022 consolidated financial statements to conform to the classifications used in 2023. These reclassifications had no impact on the consolidated excess of revenue and gains over expenses, changes in net assets, or cash flows previously reported.

2. Organizational Changes

Illinois Market Changes

Effective April 1, 2022, the System and Ascension finalized the unwinding of their AMITA Health partnership, the joint operating company serving the healthcare needs of residents of the greater Chicago area. The change did not have a material impact on the System's accompanying consolidated financial statements.

In September 2022, the System entered into an affiliation agreement with The University of Chicago Medical Center (UCMC), an unrelated third party, that became effective December 31, 2022 (Affiliation). UCMC is an integrated academic health system that includes hospitals, outpatient clinics, and physician practices throughout the Chicago metropolitan area, suburbs, and Northwest Indiana. The transaction resulted in UCMC holding a controlling, 51% membership interest in Adventist Midwest Health, Inc. which owns the System's four Illinois hospitals and related

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facilities (Illinois Entities) as of December 31, 2022. The System continues to own a noncontrolling, 49% membership interest and manages Adventist Midwest Health, Inc. The System accounted for the transaction as a deconsolidation under ASC 810, *Consolidation*, as it ceased holding a controlling interest as of the transaction date. Net cash consideration of \$219,827 was received by the System for the partial sale and the net carrying amount of the Illinois Entities' assets and liabilities sold, totaling \$392,434, was deconsolidated. The System's remaining noncontrolling interest in Adventist Midwest Health, Inc. was measured at fair value totaling \$240,196, represented noncash consideration, and is recognized as an equity method investment within other assets in the accompanying consolidated balance sheets. The fair value of the noncontrolling interest was estimated using a combination of the income approach and a market approach. This fair value measurement is based on significant inputs that are not observable in the market and thus represents a Level 3 measurement as defined in ASC 820, *Fair Value Measurement* (ASC 820). The resulting gain of \$67,589 was recognized within other revenue in the accompanying consolidated statement of operations and changes in net assets for the year ended December 31, 2022. The portion of the gain attributable to the fair value measurement of the System's noncontrolling interest in the Illinois Entities totaled approximately \$46,686. In January 2023, the System and UCMC contributed an aggregate \$150,000 to Adventist Midwest Health, Inc. to fund additional working capital needs, of which the System contributed \$73,500. In connection with the transaction, effective November 1, 2022, the Illinois Entities withdrew from the System's Obligated Group, as more fully described in Note 8.

Colorado Market Changes

In February 2023, the System and CommonSpirit Health (Sponsors) announced plans to end their joint operating agreement whereby Centura Health Corporation (Centura), a co-owned management company, managed the Sponsors' healthcare facilities in Colorado and Western Kansas (the Disaffiliation). The Disaffiliation was effective July 31, 2023. Following the Disaffiliation, the System operates its five hospitals and certain related healthcare facilities in Colorado and continues to control and consolidate those facilities. In accordance with the Disaffiliation, on August 1, 2023, the System received a payment from CommonSpirit of \$46,327 in exchange for its membership interest in Centura. The Disaffiliation did not have a material impact on the System's consolidated financial statements. In connection with the Disaffiliation, the System is evaluating its ownership interest in another CommonSpirit Health related joint venture, the outcome of which is not expected to have a material impact to the System's consolidated financial statements.

Divestiture

In March 2023, the System sold its two skilled nursing facilities in Texas and Kansas. Net cash consideration of \$15,426 was received by the System for the sale and the net carrying amount of the assets and liabilities sold, totaling \$9,517, was deconsolidated. The resulting gain of \$5,909 was recognized within other revenue in the accompanying consolidated statement of operations and changes in net assets for the year ended December 31, 2023.

In June 2023, the System sold its remaining skilled nursing facilities in Florida. Net cash consideration of \$145,740 was received for the sale and the net carrying amount of the assets and liabilities sold, totaling \$100,363, was deconsolidated. The resulting gain of \$45,377 was recognized as other revenue in the accompanying consolidated statement of operations and changes in net assets for the year ended December 31, 2023. In connection with the sale, the System exercised its right to terminate a lease for a skilled nursing facility operated in Florida, recognizing a loss on disposal of the associated leasehold improvements and equipment. The loss on disposal along with

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other related transaction costs totaled \$18,393 and were recognized as other expense in the accompanying consolidated statement of operations and changes in net assets for the year ended December 31, 2023.

3. Investments and Assets Whose Use is Limited

Investments and assets whose use is limited are comprised of the following:

	December 31,	
	2023	2022
Debt securities		
U.S. government agencies and sponsored entities	\$ 1,903,447	\$ 3,104,617
Foreign government agencies and sponsored entities	239,776	185,143
Corporate bonds	49,175	52,761
Mortgage backed	145,887	38,079
Other asset backed	35,057	27,075
Short-term investments	495,490	35,424
Accrued interest	12,725	16,969
	<u>2,881,557</u>	<u>3,460,068</u>
Domestic equity securities	43	48,981
Exchange traded and mutual funds		
Domestic equity	642,359	779,259
Foreign equity	7,984	322,579
Fixed income	1,024,713	680,093
	<u>1,675,056</u>	<u>1,781,931</u>
Investments at NAV		
Hedge funds	1,154,466	747,082
Private market funds	403,312	208,866
Commingled funds	368,475	315,585
	<u>1,926,253</u>	<u>1,271,533</u>
Cash and cash equivalents – assets whose use is limited	461,899	377,200
	<u>6,944,808</u>	<u>6,939,713</u>
Less: assets whose use is limited	(908,504)	(849,409)
Investments	<u>\$ 6,036,304</u>	<u>\$ 6,090,304</u>

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Investment Derivatives

The fair value of investment derivative instruments and the associated notional amounts, presented gross, were as follows:

	December 31, 2023			
	Notional		Fair Value	
	Long	Short	Assets	Liabilities
Equity options	\$ —	\$ (63)	\$ 216	\$ (729)
Interest rate swaps	38,478	(27,926)	17,178	(10,422)
Futures	3,981,039	(442,077)	—	—
Foreign currency exchange contracts	268,551	(270,560)	1,646	(3,655)
Total derivative instruments, gross	<u>\$ 4,288,068</u>	<u>\$ (740,626)</u>	<u>\$ 19,040</u>	<u>\$ (14,806)</u>
	December 31, 2022			
	Notional		Fair Value	
	Long	Short	Assets	Liabilities
Equity options	\$ 201	\$ (582)	\$ 201	\$ (582)
Interest rate swaps	10,994	(21,452)	10,994	(21,452)
Futures	1,352,920	(235,312)	—	—
Foreign currency exchange contracts	39,476	(259,017)	1,297	(6,098)
Total derivative instruments, gross	<u>\$ 1,403,591</u>	<u>\$ (516,363)</u>	<u>\$ 12,492</u>	<u>\$ (28,132)</u>

The System posted collateral related to investment derivative instruments totaling \$101,317 and \$40,904 as of December 31, 2023 and 2022, respectively. Collateral is included in either cash and cash equivalents or investments in the accompanying consolidated balance sheets, depending on the type of collateral posted. The System had investment return related to investment derivative instruments of \$68,933 and \$(137,760) for the years ended December 31, 2023 and 2022, respectively.

Assets Whose Use is Limited

Assets whose use is limited includes investments held under trust agreements for settling payments under the professional and general liability program, and internally designated investments for employee retirement plans. Amounts to be used for the payment of current liabilities are classified as current assets.

A summary of the major limitations as to the use of assets whose use is limited consists of the following:

	December 31,	
	2023	2022
Self-insurance trust funds	\$ 435,627	\$ 421,917
Employee benefits funds	260,148	292,748
Other	212,729	134,744
	908,504	849,409
Less: amounts to pay current liabilities	(473,224)	(450,606)
	<u>\$ 435,280</u>	<u>\$ 398,803</u>

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Investment Return and Unrealized Gains and Losses

Investment return from cash and cash equivalents, investments, and certain assets whose use is limited in the accompanying consolidated statements of operations and changes in net assets consisted of the following:

	Year Ended December 31,	
	2023	2022
Interest and dividend income	\$ 164,720	\$ 238,758
Net realized losses	(87,648)	(136,594)
Net change in unrealized gains (losses)	451,563	(1,261,479)
	<u>\$ 528,635</u>	<u>\$(1,159,315)</u>

4. Liquidity and Available Resources

The System's primary cash requirements consist of paying operating expenses, servicing debt, incurring capital expenditures related to the expansion and renovation of existing facilities, and acquisitions. Cash in excess of near-term working capital needs is invested as described in Notes 1 and 3. Primary cash sources are cash flows from operating and investing activities. Additionally, the System has access to public and private debt markets and maintains a revolving credit agreement and commercial paper program, as described in Note 8.

The System had 203 and 181 days cash and investments on hand at December 31, 2023 and 2022, respectively. Days cash and investments on hand is calculated as unrestricted cash and cash equivalents, investments, and due to brokers, net, divided by daily operating expenses (excluding depreciation and amortization expense). An adjustment was made for same store activity to remove the daily operating expenses of the Illinois Entities (Note 2) that were deconsolidated as of December 31, 2022 and the skilled nursing facilities that were divested during the first and second quarter of 2023 (Note 2).

Unrestricted cash and cash equivalents, investments, and due to brokers, net consist of the following:

	December 31,	
	2023	2022
Cash and cash equivalents	\$ 2,230,710	\$ 602,891
Investments	6,036,304	6,090,304
Due to brokers, net	(30,019)	(25,752)
	<u>\$ 8,236,995</u>	<u>\$ 6,667,443</u>
Adjusted unrestricted days cash and investments on hand	<u>203</u>	<u>181</u>

The System's financial assets also consist of patient accounts receivable totaling \$1,370,051 and \$1,394,202 as of December 31, 2023 and 2022, respectively. Other receivables, totaling \$863,183 and \$863,786 as of December 31, 2023 and 2022, respectively, are primarily comprised of the notes associated with the System's sale of patient accounts receivable, which is more fully described in Note 1. The System's financial assets are available as its general expenditures, liabilities, and other obligations come due.

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Certain assets whose use is limited are to be used for current liabilities for self-insured programs and employee benefit funds and are more fully described in Note 3.

5. Property and Equipment

Property and equipment consist of the following:

	December 31,	
	2023	2022
Land and improvements	\$ 1,072,127	\$ 1,093,314
Buildings and improvements	7,192,977	6,946,339
Equipment	<u>7,270,863</u>	<u>6,796,035</u>
	15,535,967	14,835,688
Less: accumulated depreciation	<u>(7,654,091)</u>	<u>(7,034,526)</u>
	7,881,876	7,801,162
Construction in progress	<u>751,831</u>	<u>632,629</u>
	<u>\$ 8,633,707</u>	<u>\$ 8,433,791</u>

Certain hospitals have entered into construction contracts or other commitments for which costs have been incurred and are included in construction in progress. These and other committed projects will be financed through operations and proceeds of borrowings. The estimated costs to complete these projects approximated \$487,600 at December 31, 2023.

The System capitalizes the cost of acquired software for internal use. Any internal costs incurred in the process of developing and implementing software are expensed or capitalized, depending primarily on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage. Capitalized software costs and estimated amortization expense in the table below exclude software in progress of approximately \$43,200 and \$61,500 at December 31, 2023 and 2022, respectively. The System implemented Epic, an electronic clinical and billing system, throughout 2022 and 2023. As the first locations went live with Epic in March 2022, the System began amortizing the project implementation costs, which totaled \$52,905 and \$27,500 as of December 31, 2023 and 2022, respectively, and are included in depreciation and amortization expense. Capitalized software costs and accumulated amortization expense, which are included in property and equipment in the accompanying consolidated balance sheets, were as follows:

	December 31,	
	2023	2022
Capitalized software costs	\$ 666,523	\$ 698,252
Less: accumulated amortization	<u>(347,434)</u>	<u>(350,093)</u>
Capitalized software costs, net	<u>\$ 319,089</u>	<u>\$ 348,159</u>

Estimated amortization expense related to capitalized software costs for the next five years and thereafter is as follows:

2024	\$ 40,386
2025	33,592
2026	30,380
2027	21,038
2028	21,017
Thereafter	172,676

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During periods of construction and periods of developing software, interest costs are capitalized. Interest capitalized approximated \$8,400 and \$8,800 for the years ended December 31, 2023 and 2022, respectively.

6. Other Assets

Other assets consist of the following:

	December 31,	
	2023	2022
Investments in unconsolidated entities	\$ 1,033,291	\$ 970,452
Goodwill	539,722	611,631
Interests in net assets of unconsolidated foundations	62,534	59,114
Notes and other receivables	71,500	60,445
Other noncurrent assets	63,417	62,860
	<u>\$ 1,770,464</u>	<u>\$ 1,764,502</u>

The System's ownership interest and carrying amounts of investments in unconsolidated entities consist of the following:

	Ownership Interest	December 31,	
		2023	2022
Health First, Inc.	27%	\$ 363,010	\$ 336,056
Adventist Midwest Health, Inc.	49%	320,076	240,196
Texas Health Huguley, Inc.	49%	213,155	204,437
Centura Health Corporation	– %	–	68,439
Other	5% – 50%	137,050	121,324
		<u>\$1,033,291</u>	<u>\$ 970,452</u>

Income or loss from unconsolidated entities totaled \$30,990 and \$(50,390) for the years ended December 31, 2023 and 2022, respectively, and is included in other operating revenue in the accompanying consolidated statements of operations and changes in net assets.

As described in Note 2, effective July 31, 2023, with the Disaffiliation, the System no longer holds an ownership interest in Centura Health Corporation. Prior to the Disaffiliation, the System held a 35% ownership interest in Centura Health Corporation.

As described in Note 2, effective December 31, 2022, the System sold a controlling interest in its Illinois Entities to UCMC. Its remaining noncontrolling interest in Adventist Midwest Health, Inc. is accounted for as an equity method investment.

On January 3, 2020, the System acquired a noncontrolling interest in Health First, Inc. (Health First). Health First is a community based not-for-profit healthcare system located in Brevard County, Florida and includes hospitals, insurance plans, a multi-specialty medical group, and outpatient and wellness services. The total consideration for the 27% noncontrolling interest acquired was \$350,000. The System paid \$125,000 at closing and a second payment of \$125,000 was made in June 2021. The final payment of \$100,000 was made in June 2023.

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7. Leases

The System's leases primarily consist of real estate and medical equipment. The System determines whether an arrangement is a lease at contract inception. Lease assets and lease liabilities are recognized based on the present value of the lease payments over the lease term at the commencement date. Because most of the System's leases do not provide an implicit rate of return, the System uses a risk-free rate based on the daily treasury yield curve at lease commencement in determining the present value of lease payments. Lease assets exclude lease incentives received.

Most leases include one or more options to renew, with renewal terms that can extend the lease term from three months to thirty years. The exercise of such lease renewal options is at the System's sole discretion. For purposes of calculating lease liabilities, lease terms include options to extend or terminate the lease when it is reasonably certain that the System will exercise that option. Certain leases also include options to purchase the leased asset. The depreciable life of assets and leasehold improvements is limited by the expected lease term, unless there is a transfer of title or purchase option reasonably certain of exercise.

The System does not separate lease and non-lease components except for certain medical equipment leases. Leases with a lease term of 12 months or less at commencement are not recorded on the consolidated balance sheets. Lease expense for these arrangements is recognized on a straight-line basis over the lease term.

Operating and finance leases consist of the following:

	December 31,	
	2023	2022
Operating Leases		
Operating lease assets	<u>\$ 372,081</u>	<u>\$ 326,651</u>
Other current liabilities	\$ 66,807	\$ 75,436
Operating lease liabilities, net of current portion	<u>341,893</u>	<u>270,325</u>
Total operating lease liabilities	<u>\$ 408,700</u>	<u>\$ 345,761</u>
Finance Leases		
Property and equipment	<u>\$ 29,326</u>	<u>\$ 16,729</u>
Current maturities of long-term debt	\$ 9,955	\$ 7,452
Long-term debt, net of current maturities	<u>16,132</u>	<u>10,749</u>
Total finance lease liabilities	<u>\$ 26,087</u>	<u>\$ 18,201</u>

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Lease expense for lease payments is recognized on a straight-line basis over the lease term. The components of lease expense were as follows:

	December 31,	
	2023	2022
Operating lease expense	\$ 122,386	\$ 103,198
Variable lease expense	33,074	30,470
Short-term lease expense	18,117	48,202
Finance lease expense		
Amortization of lease assets	9,418	6,630
Interest on lease liabilities	902	400
Total lease expense	<u>\$ 183,897</u>	<u>\$ 188,900</u>

Lease term and discount rate were as follows:

	December 31,	
	2023	2022
Weighted-average remaining lease term:		
Operating leases	10.0 years	8.1 years
Finance leases	9.3 years	12.0 years
Weighted-average discount rate:		
Operating leases	3.0%	2.0%
Finance leases	3.1%	1.3%

The following table summarizes the maturity of lease liabilities under finance and operating leases for the next five years and the years thereafter, as of December 31, 2023:

	Operating Leases	Finance Leases	Total
2024	\$ 83,474	\$ 10,975	\$ 94,449
2025	70,040	4,074	74,114
2026	58,681	4,097	62,778
2027	50,836	3,635	54,471
2028	43,583	2,388	45,971
Thereafter	184,673	4,826	189,499
Total lease payments	<u>491,287</u>	<u>29,995</u>	<u>\$ 521,282</u>
Less: imputed interest	82,587	3,908	
Total lease liabilities	<u>\$ 408,700</u>	<u>\$ 26,087</u>	

Supplemental cash flow information related to leases was as follows:

	December 31,	
	2023	2022
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$ 98,100	\$ 107,746
Operating cash flows from finance leases	1,007	485
Financing cash flows from finance leases	9,396	8,047
Lease assets obtained in exchange for new operating lease liabilities	128,302	4,305
Lease assets obtained in exchange for new finance lease liabilities	15,799	801

AdventHealth

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8. Debt Obligations

Long-term debt consisted of the following:

	December 31,	
	2023	2022
Fixed-rate hospital revenue bonds, interest rates from 2.15% to 5.00%, payable through 2058	\$ 3,202,185	\$ 3,033,610
Other notes payable	6,414	7,537
Finance leases payable	26,087	18,201
Unamortized original issue premium, net	235,774	231,999
Deferred financing costs	<u>(19,766)</u>	<u>(19,116)</u>
	3,450,694	3,272,231
Less: current maturities	<u>(79,839)</u>	<u>(125,633)</u>
	<u>\$ 3,370,855</u>	<u>\$ 3,146,598</u>

Master Trust Indenture

Long-term debt has been issued primarily on a tax-exempt basis. Substantially all bonds are secured under a Master Trust Indenture (MTI), which provides for, among other things, the deposit of revenue with the master trustee in the event of certain defaults, pledges of accounts receivable, pledges not to encumber property, and limitations on additional borrowings. Certain affiliates controlled by Healthcare Corporation comprise the AdventHealth Obligated Group (Obligated Group). Members of the Obligated Group are jointly and severally liable under the MTI to make all payments required with respect to obligations under the MTI. The MTI requires certain covenants and reporting requirements be met by the System and the Obligated Group. At December 31, 2023 and 2022, the Obligated Group had total net assets of approximately \$14,086,000 and \$12,791,000, respectively.

Variable-Rate Bonds and Sources of Liquidity

Certain variable-rate bonds, totaling \$466,160 and \$474,535 as of December 31, 2023 and 2022, respectively, are classified as short-term financings in the accompanying consolidated balance sheets, and may be put to the System at the option of the bondholder. The variable-rate bond indentures generally provide the System the option to remarket the obligations at the then prevailing market rates for periods ranging from one day to the maturity dates. The obligations have been primarily marketed for seven-day periods during 2023, with annual interest rates ranging from 1.58% to 4.64%. Additionally, the System paid fees, such as remarketing fees, on variable-rate bonds during 2023.

The System has various sources of liquidity, including a revolving credit agreement (Revolving Note) with a syndicate of banks and a commercial paper program (CP Program). The Revolving Note is available for letters of credit, liquidity facilities, and general corporate needs, including working capital, capital expenditures, and acquisitions and has certain prime rate and SOFR-based pricing options. In October 2022, the System increased the capacity of its Revolving Note from \$500,000 to \$750,000 and extended the maturity date from December 2023 to October 2027. At December 31, 2023 and 2022, the System had approximately \$3,500 committed to letters of credit under the Revolving Note. The System's CP Program allows for up to \$500,000 of taxable, commercial paper notes (CP Notes) to be issued for general corporate purposes at an interest rate to be determined at the time of issuance.

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2023 Debt Transactions

As of December 31, 2022, \$152,721 was outstanding under the CP Program. During 2023, the System made draws and repayments under the CP Program which resulted in an overall repayment of amounts outstanding under the CP Program. The draws on the CP Program during the year had interest rates ranging from 4.92% to 5.35% and were used to finance certain costs of the acquisition, construction, and equipping of certain facilities. No amounts were outstanding under the CP Program as of December 31, 2023.

In July 2023, the System issued \$227,075 of tax-exempt, fixed-rate put bonds at a premium with final maturity dates of 2057 and 2058 and a stated interest rate of 5.00%. The System used the bond proceeds for reimbursement of prior capital expenditures and acquisitions, some of which had been previously financed under the CP Program. In August 2023, the System issued \$58,210 of tax-exempt, fixed-rate bonds at a premium with a final maturity date of 2036 and a stated interest rate of 5.00%. The System used the proceeds from the August 2023 bond issuance to refund a portion of previously issued put bonds which had a mandatory tender date in November 2023. There were immaterial impacts to the financial statements as a result of the early extinguishment of debt. As of December 31, 2023, the System had \$100,000 outstanding under the Revolving Note, which is classified as short-term financings in the accompanying consolidated balance sheet.

2022 Debt Transactions

During the second quarter of 2022, the System issued fixed-rate bonds with par amounts totaling \$335,007, final maturity dates ranging from 2029 to 2037, and stated interest rates ranging from 2.52% to 2.79%. The System used \$296,007 of bond proceeds, along with other available funds, for repayment of fixed-rate and put bonds, which resulted in a gain on extinguishment of debt totaling \$15,217 and is included in the accompanying consolidated statement of operations and changes in net assets for the year ended December 31, 2022. The System used the remaining \$39,000 of bond proceeds to finance or refinance certain costs of the acquisition, construction, and equipping of certain facilities.

In connection with the Affiliation (Note 2), certain bonds were retired during the third and fourth quarters of 2022. As such, the System drew \$152,721 under the CP Program. The System used \$54,917 of CP Program proceeds for open market repurchases of fixed-rate bonds, \$36,090 for repayment of variable-rate bonds and deposited \$61,100 of CP Program proceeds, along with other available funds, into an irrevocable trust for the advance repayment of fixed-rate bonds and the related interest obligations through the respective call or put dates. These open market repurchases and advance payments resulted in an aggregate gain on extinguishment of debt totaling \$16,712 and is included in the accompanying consolidated statement of operations and changes in net assets for the year ended December 31, 2022. Effective November 1, 2022, the Illinois Entities withdrew from the Obligated Group. As of December 31, 2022, \$152,721 was outstanding under the CP Program with an interest rate of 4.68%, which was included in short-term financings in the accompanying consolidated balance sheet.

As of December 31, 2022, \$100,000 was outstanding under the Revolving Note, which was classified as short-term financings in the accompanying consolidated balance sheet. The outstanding balance under the Revolving Note was subsequently repaid in January 2023.

Notes to Consolidated Financial Statements

*For the years ended
December 31, 2023
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Debt Maturities

The following represents the maturities of long-term debt, excluding finance leases disclosed in Note 7, for the next five years and the years thereafter:

2024	\$	79,839
2025		146,556
2026		329,400
2027		85,117
2028		288,827
Thereafter		2,278,860

Cash paid for interest, net of amounts capitalized, approximated \$133,000 and \$126,000 during the years ended December 31, 2023 and 2022, respectively.

9. Retirement Plans

Defined Contribution Plans

The System participates with other Seventh-day Adventist healthcare entities in a defined contribution retirement plan (Plan) that covers substantially all full-time employees who are at least 18 years of age. The Plan is exempt from the Employee Retirement Income Security Act of 1974 (ERISA). The Plan provides, among other things, that the employer contribute 2.6% of wages, plus additional amounts for highly compensated employees. Additionally, the Plan provides that the employer match 50% of an employee's contributions up to 4% of the contributing employee's wages, resulting in a maximum available match of 2% of the contributing employee's wages each year.

Contributions to the Plan are included in employee compensation in the accompanying consolidated statements of operations and changes in net assets in the amount of \$230,858 and \$215,809 for the years ended December 31, 2023 and 2022, respectively.

Defined Benefit Plan – Multiemployer Plan

Prior to January 1, 1992, certain of the System's entities participated in a multiemployer, noncontributory, defined benefit retirement plan, the Seventh-day Adventist Hospital Retirement Plan Trust (Old Plan) sponsored and administered by the North American Division of the General Conference of Seventh-day Adventists that is exempt from ERISA. The employer identification number of the Old Plan is 52-2000393. The risks of participating in multiemployer plans are different from single-employer plans in that: (a) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; (b) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and (c) if an entity chooses to stop participating in the multiemployer plan, it may be required to pay the plan an amount based on the underfunded status of the plan, referred to as withdrawal liability.

During 1992, the Old Plan was frozen, and the Plan was established. The System, along with the other participants in the Old Plan, may be required to make future contributions to the Old Plan to fund any difference between the present value of the Old Plan benefits and the fair value of the Old Plan assets. Future funding amounts and the funding time periods have not been determined by the Old Plan

Notes to Consolidated Financial Statements

*For the years ended
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administrators. Based on the most recently available unaudited estimate of the funding shortfall, future funding requirements are probable, but have not been requested by the Old Plan administrators. Management believes the impact of any such future funding requirements will not have a material adverse effect on the System's consolidated financial statements.

The System was not required to and did not make any contributions to the Old Plan for the years ended December 31, 2023 or 2022.

The most recent available plan assets and actuarially determined benefit obligation for the Old Plan, which includes all participating employers, is as of January 1, 2023, and is as follows:

Total plan assets	\$ 374,446
Actuarial present value of accumulated plan benefits (unaudited)	702,186
Funded status (unaudited)	53%

Defined Benefit Plan – Frozen Pension Plans

Certain of the System's entities sponsored noncontributory, defined benefit pension plans (Pension Plans) that have been frozen such that no new benefits accrue. The following table sets forth the remaining combined projected and accumulated benefit obligations and the assets of the Pension Plans at December 31, 2023 and 2022, the components of net periodic pension cost for the years then ended, and a reconciliation of the amounts recognized in the accompanying consolidated financial statements:

	Year Ended December 31, 2023	2022
Accumulated benefit obligation, end of year	<u>\$ 102,418</u>	<u>\$ 101,229</u>
Change in projected benefit obligation:		
Projected benefit obligation, beginning of year	\$ 101,229	\$ 142,168
Interest cost	5,559	4,092
Benefits paid	(8,914)	(9,279)
Actuarial losses (gains)	4,544	(35,752)
Projected benefit obligation, end of year	<u>102,418</u>	<u>101,229</u>
Change in plan assets:		
Fair value of plan assets, beginning of year	92,763	129,967
Actual return on plan assets	8,215	(27,925)
Benefits paid	(8,914)	(9,279)
Fair value of plan assets, end of year	<u>92,064</u>	<u>92,763</u>
Deficiency of fair value of plan assets over projected benefit obligation, included in other noncurrent liabilities	<u>\$ (10,354)</u>	<u>\$ (8,466)</u>

No plan assets are expected to be returned to the System during the fiscal year ended December 31, 2024.

Notes to Consolidated Financial Statements

*For the years ended
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Included in net assets without donor restrictions at December 31, 2023 and 2022 are unrecognized actuarial losses of \$16,595 and \$16,068, respectively, which have not yet been recognized in net periodic pension cost.

Changes in plan assets and benefit obligations recognized in net assets without donor restrictions include:

	Year Ended December 31, 2023	2022
Net actuarial (losses) gains	\$ (795)	\$ 1,499
Amortization of net actuarial losses	268	138
(Decrease) increase in net assets without donor restrictions	<u>\$ (527)</u>	<u>\$ 1,637</u>

The components of net periodic pension cost (benefit) were as follows:

	Year Ended December 31, 2023	2022
Interest cost	\$ 5,559	\$ 4,092
Expected return on plan assets	(4,466)	(6,328)
Recognized net actuarial losses	268	138
Net periodic pension cost (benefit)	<u>\$ 1,361</u>	<u>\$ (2,098)</u>

The assumptions used to determine the benefit obligation and net periodic pension cost for the Pension Plans are set forth below:

	Year Ended December 31, 2023	2022
Used to determine projected benefit obligation		
Weighted-average discount rate	5.25%	5.65%
Used to determine pension cost		
Weighted-average discount rate	5.65%	2.95%
Weighted-average expected long-term rate of return on plan assets	5.00%	5.00%

The Pension Plans' assets are invested in a portfolio designed to protect principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, with a reasonable and prudent level of risk. The Pension Plans' assets are managed solely in the interest of the participants and their beneficiaries. Diversification is achieved by allocating funds to various asset classes and investment styles and by retaining multiple investment managers with complementary styles, philosophies, and approaches.

During 2023, the weighted-average discount rate, which is determined using a cash flow matching approach, decreased to 5.25%, resulting in an actuarial loss of \$3,994. The expected long-term rate of return on the Pension Plans' assets is based on historical and projected rates of return for current and planned asset categories and the target allocation in the investment portfolio. As of December 31, 2023, the target investment allocation for the Pension Plans was 70% debt securities and 30% equity securities. As of December 31, 2022, the target investment allocation for the Pension Plans was 70% debt securities, 27% equity securities, and 3% alternative investments.

Notes to Consolidated Financial Statements

*For the years ended
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The following table presents the Pension Plans' financial instruments as of December 31, 2023, measured at fair value on a recurring basis by the valuation hierarchy defined in Note 12:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 2,196	\$ 2,196	\$ –	\$ –
Debt securities				
U.S. government agencies and sponsored entities	2,829	–	2,829	–
Corporate bonds	59,781	–	59,781	–
Equity securities				
Domestic equities	2,856	2,856	–	–
Foreign equities	1,494	1,494	–	–
Exchange traded funds				
Domestic equity	18,416	18,416	–	–
Foreign equity	4,492	4,492	–	–
Total plan assets	<u>\$ 92,064</u>	<u>\$ 29,454</u>	<u>\$ 62,610</u>	<u>\$ –</u>

The following table presents the Pension Plans' financial instruments as of December 31, 2022 measured at fair value on a recurring basis by the valuation hierarchy defined in Note 12:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 3,338	\$ 3,338	\$ –	\$ –
Debt securities				
U.S. government agencies and sponsored entities	26,523	–	26,523	–
Corporate bonds	37,312	–	37,312	–
Equity securities				
Domestic equities	2,986	2,986	–	–
Foreign equities	769	769	–	–
Exchange traded funds				
Domestic equity	14,476	14,476	–	–
Foreign equity	4,774	4,774	–	–
Alternative strategy mutual funds	2,585	2,585	–	–
Total plan assets	<u>\$ 92,763</u>	<u>\$ 28,928</u>	<u>\$ 63,835</u>	<u>\$ –</u>

Notes to Consolidated Financial Statements

*For the years ended
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The following represents the expected benefit plan payments for the next five years and the five years thereafter:

2024	\$ 7,122
2025	7,312
2026	7,451
2027	7,625
2028	7,675
2029-2033	38,191

10. General and Professional Liability Program

The System maintains a self-insured revocable trust that covers its subsidiaries and their respective employees for professional and general liability claims within a specified level. A self-insured retention of \$15,000 was established for the year ended December 31, 2003 and was increased to \$20,000 effective April 1, 2020. Claims above the self-insured retention are insured by claims-made coverage issued by Adhealth Limited (Adhealth), a Bermuda-domiciled captive insurance company. Adhealth has purchased reinsurance through commercial insurers for the excess limits of coverage.

The professional and general liability trust funds are recorded in the accompanying consolidated balance sheets as assets whose use is limited in the amount of \$435,627 and \$421,917 at December 31, 2023 and 2022, respectively. The related accrued claims are recorded in the accompanying consolidated balance sheets as other current liabilities in the amount of \$116,225 and \$118,173 and as other noncurrent liabilities in the amount of \$395,366 and \$394,214 at December 31, 2023 and 2022, respectively. These liabilities are based upon actuarially determined estimates using a discount rate of 3.75% at December 31, 2023 and 2022. The related estimated insurance recoveries are recorded as other assets in the amount of \$9,486 and \$9,501 in the accompanying consolidated balance sheets at December 31, 2023 and 2022, respectively.

11. Commitments and Contingencies

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. There is significant government activity within the healthcare industry with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Compliance with such laws and regulations can be subject to future review and interpretation, as well as regulatory actions unknown or unasserted at this time. Management assesses the probable outcome of unresolved litigation and investigations and records contingent liabilities reflecting estimated liability exposure.

In addition, certain of the System's affiliated organizations are involved in litigation and other regulatory investigations arising in the ordinary course of business. In the opinion of management, after consultation with legal counsel, these matters will be resolved without material adverse effect to the System's consolidated financial statements, taken as a whole.

Notes to Consolidated Financial Statements

*For the years ended
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See Note 14 for discussion of the COVID-19 pandemic and contingencies related to this significant event.

12. Fair Value Measurements

The System categorizes, for disclosure purposes, assets and liabilities measured at fair value, on a recurring basis, into a three-tier fair value hierarchy. Fair value is an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement, which should be determined based on assumptions that would be made by market participants.

In accordance with ASC 820, investments that are valued using NAV as a practical expedient are excluded from this three-tier hierarchy. For all other investments measured at fair value, the hierarchy prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). Level inputs are defined as follows:

Level 1 – based on unadjusted quoted prices for identical assets or liabilities in an active market that the System has the ability to access.

Level 2 – based on pricing inputs that are either directly observable or that can be derived or supported from observable data as of the reporting date. Level 2 inputs may include quoted prices for similar assets or liabilities in non-active markets or pricing models whose inputs are observable for substantially the full term of the asset or liability.

Level 3 – based on prices or valuation techniques that require inputs that are both significant to the fair value of the financial asset or liability and are generally less observable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value. The System has no financial assets or financial liabilities with significant Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Notes to Consolidated Financial Statements

For the years ended
December 31, 2023
and 2022
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Recurring Fair Value Measurements

The fair value of financial instruments measured at fair value on a recurring basis at December 31, 2023 was as follows:

	Total	Level 1	Level 2	Level 3
ASSETS				
<i>CASH AND CASH EQUIVALENTS</i>				
	\$ 2,230,710	\$ 1,721,376	\$ 509,334	\$ —
<i>INVESTMENTS AND ASSETS WHOSE USE IS LIMITED</i>				
Cash and cash equivalents				
	461,899	461,899	—	—
Debt securities				
U.S. government agencies and sponsored entities				
	1,903,447	—	1,903,447	—
Foreign government agencies and sponsored entities				
	239,776	—	239,776	—
Corporate bonds				
	49,175	—	49,175	—
Mortgage backed				
	145,887	—	145,887	—
Other asset backed				
	35,057	—	35,057	—
Short-term investments				
	495,490	—	495,490	—
Domestic equity securities				
	43	43	—	—
Exchange traded and mutual funds				
Domestic equity				
	642,359	642,359	—	—
Foreign equity				
	7,984	7,984	—	—
Fixed income				
	1,024,713	1,024,713	—	—
	<u>5,005,830</u>	<u>2,136,998</u>	<u>2,868,832</u>	<u>—</u>
Total	<u>\$ 7,236,540</u>	<u>\$ 3,858,374</u>	<u>\$ 3,378,166</u>	<u>\$ —</u>

Notes to Consolidated Financial Statements

For the years ended December 31, 2023 and 2022
(dollars in thousands)

The fair value of financial instruments measured at fair value on a recurring basis at December 31, 2022 was as follows:

	Total	Level 1	Level 2	Level 3
ASSETS				
<i>CASH AND CASH EQUIVALENTS</i>				
	\$ 602,891	\$ 588,407	\$ 14,484	\$ –
<i>INVESTMENTS AND ASSETS WHOSE USE IS LIMITED</i>				
Cash and cash equivalents				
	377,200	377,200	–	–
Debt securities				
U.S. government agencies and sponsored entities				
	3,104,617	–	3,104,617	–
Foreign government agencies and sponsored entities				
	185,143	–	185,143	–
Corporate bonds				
	52,761	–	52,761	–
Mortgage backed				
	38,079	–	38,079	–
Other asset backed				
	27,075	–	27,075	–
Short-term investments				
	35,424	–	35,424	–
Domestic equity securities				
	48,981	48,981	–	–
Exchange traded and mutual funds				
Domestic equity				
	779,259	779,259	–	–
Foreign equity				
	322,579	322,579	–	–
Fixed income				
	680,093	680,093	–	–
	<u>5,651,211</u>	<u>2,208,112</u>	<u>3,443,099</u>	<u>–</u>
Total	<u>\$ 6,254,102</u>	<u>\$ 2,796,519</u>	<u>\$ 3,457,583</u>	<u>\$ –</u>

The following tables represent a reconciliation of financial instruments at fair value to the accompanying consolidated balance sheets as follows:

	December 31,	
	2023	2022
Investments and assets whose use is limited measured at fair value	\$ 5,005,830	\$ 5,651,211
Hedge funds	1,154,466	747,082
Private market funds	403,312	208,866
Commingled funds	368,475	315,585
Accrued interest	12,725	16,969
Total	<u>\$ 6,944,808</u>	<u>\$ 6,939,713</u>
Investments	\$ 6,036,304	\$ 6,090,304
Assets whose use is limited:		
Current	473,224	450,606
Noncurrent	435,280	398,803
Total	<u>\$ 6,944,808</u>	<u>\$ 6,939,713</u>

Notes to Consolidated Financial Statements

For the years ended December 31, 2023 and 2022
(dollars in thousands)

The fair values of the securities included in Level 1 were determined through quoted market prices. The fair values of Level 2 financial assets were determined as follows:

Cash equivalents, U.S. and foreign government agencies and sponsored entities, corporate bonds, mortgage backed, other asset backed, and short-term investments – These Level 2 securities were valued through the use of third-party pricing services that use evaluated bid prices adjusted for specific bond characteristics and market sentiment.

13. Functional Expenses

The System's resources and activities are primarily related to providing healthcare services. Corporate services include certain administration, finance and accounting, human resources, legal, information technology, and other functions.

Additionally, the System implemented Epic, an electronic clinical and billing system, throughout 2022 and 2023. Certain of its locations went live with Epic in March 2022 and therefore, the System began expensing the project implementation costs, many of which are reflected as corporate services.

Expenses by functional classification for the year ended December 31, 2023 consist of the following:

	Healthcare Services	Corporate Services	Total
Employee compensation	\$ 8,080,578	\$ 528,175	\$ 8,608,753
Purchased services and professional fees	1,975,997	296,346	2,272,343
Supplies	2,565,918	3,868	2,569,786
Other	2,184,720	133,628	2,318,348
Total	<u>\$ 14,807,213</u>	<u>\$ 926,017</u>	<u>\$ 15,769,230</u>

Expenses by functional classification for the year ended December 31, 2022 consist of the following:

	Healthcare Services	Corporate Services	Total
Employee compensation	\$ 8,065,070	\$ 493,091	\$ 8,558,161
Purchased services and professional fees	1,952,120	353,804	2,305,924
Supplies	2,469,024	5,904	2,474,928
Other	1,954,839	122,825	2,077,664
Total	<u>\$ 14,441,053</u>	<u>\$ 975,624</u>	<u>\$ 15,416,677</u>

Notes to Consolidated Financial Statements

*For the years ended
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14. Significant Events

On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic. Patient volumes and the related revenue for most services were impacted beginning in mid-March 2020 through early 2022 as various policies were implemented by federal, state, and local governments such as suspension of elective procedures and as COVID-19 volumes surged. Since that time, there have been gradual improvements in volumes and related revenues.

In response to COVID-19, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted on March 27, 2020. The CARES Act authorizes funding to hospitals and other healthcare providers through the Public Health and Social Services Emergency Fund (Provider Relief Fund). Grant payments from the Provider Relief Fund are intended to reimburse healthcare providers for healthcare related expenses and/or lost revenue attributable to the COVID-19 pandemic. The System began receiving Provider Relief Funds in April 2020. During the year ended December 31, 2023, Provider Relief Funds recognized by the System were not material. During the year ended December 31, 2022, the System recognized approximately \$65,000 of Provider Relief Funds as other revenue in the accompanying consolidated statement of operations and changes in net assets. The System continues to monitor compliance with the terms and conditions of COVID-19 governmental funding as it relates to the System's ability to retain the distributions received to date.

The CARES Act provides for an expansion of the Medicare Accelerated and Advance Payment Program (Medicare Accelerated Payments), which allows inpatient acute care hospitals to request accelerated payments of up to 100% of their Medicare payment amount for a six-month period. In 2020, the System received approximately \$446,000 of Medicare Accelerated Payments. Consistent with the terms and conditions of the program, repayments began in April 2021. During 2022, the System began making early repayments and the remaining balance was fully repaid as of December 31, 2022.

On May 11, 2023, the public health emergency (PHE) declaration for COVID-19 expired. Waivers introduced as part of the PHE eased certain administrative requirements, expanded the flexibility for delivery of certain healthcare services, such as telehealth, and allowed for various financial support to healthcare providers during the PHE. These waivers were intended to help healthcare providers respond to the COVID-19 pandemic. The System will continue to monitor compliance with the regulatory requirements that have been reintroduced following the PHE expiration.

15. Subsequent Events

The System evaluated events and transactions occurring subsequent to December 31, 2023 through February 27, 2024, the date the accompanying consolidated financial statements were issued. During this period, there were no subsequent events that required recognition in the accompanying consolidated financial statements nor were there any additional nonrecognized subsequent events that required disclosure.

Notes to Consolidated Financial Statements

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16. Fourth Quarter Results of Operations (Unaudited)

The System's operating results for the three months ended December 31, 2023 are presented below:

Revenue	
Net patient service revenue	\$ 4,300,771
Other	228,401
Total operating revenue	<u>4,529,172</u>
Expenses	
Employee compensation	2,252,128
Supplies	690,315
Purchased services	331,621
Professional fees	271,077
Other	403,049
Interest	29,437
Depreciation and amortization	215,589
Total operating expenses	<u>4,193,216</u>
Income from Operations	335,956
Nonoperating Gains	
Investment return	<u>490,388</u>
Excess of revenue and gains over expenses	826,344
Noncontrolling interests	<u>(2,113)</u>
Excess of Revenue and Gains over Expenses Attributable to Controlling Interest	824,231
Other changes in net assets without donor restrictions, net	11,935
Decrease in net assets with donor restrictions, net	(7,072)
Increase in Net Assets	<u><u>\$ 829,094</u></u>



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Report of Independent Auditors

Chief Executive Officer
Chief Financial Officer
The Board of Directors
Adventist Health System Sunbelt Healthcare Corporation
d/b/a AdventHealth

Report on the Audit of the Financial Statements

Opinion

We have audited the consolidated financial statements of Adventist Health System Sunbelt Healthcare Corporation (the System), which comprise the consolidated balance sheets as of December 31, 2023 and 2022, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the consolidated financial position of the System at December 31, 2023 and 2022, and the results of its operations and changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. We have not performed any procedures with respect to the audited financial statements subsequent to February 27, 2024. The Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we also have issued our report dated February 27, 2024 on our consideration of the System's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the System's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the System's internal control over financial reporting and compliance.

Ernst + Young LLP

February 27, 2024, except for our report
on the Schedule of Expenditures of
Federal Awards for which the date is
September 27, 2024

Supplementary Information

AdventHealth

Schedule of Expenditures of Federal Awards

Fiscal Period January 1, 2023 – December 31, 2023

Federal Awarding Agency/Program Title	Federal Assistance Listing Number	Additional Award Identification	Name of Funder Pass-Through Entity	Identifying Number Assigned by Funder Pass-Through Entity	Total Amount Provided to Sub-Recipients	Federal Expenditures	Federal Program Total	Cluster Name	Cluster Total
DEPARTMENT OF DEFENSE									
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420		H. LEE MOFFITT CANCER CENTER	12-2196299-01-G1		\$11,430	\$11,430	R&D	\$6,392,558
TOTAL DEPARTMENT OF DEFENSE						\$11,430			
DEPARTMENT OF TREASURY									
COVID-19 CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS	21.027	COVID-19	ORANGE COUNTY, FLORIDA	N/A		\$10,415	\$10,415	N/A	\$0
TOTAL DEPARTMENT OF TREASURY						\$10,415			
DEPARTMENT OF HEALTH AND HUMAN SERVICES									
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE	93.243		COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT	CT FHLA 2022*0851		\$94,266	\$94,266	N/A	\$0
TRANS-NIH RESEARCH SUPPORT	93.310		BALL STATE	21-0124-002		\$1,007,432	\$1,007,432	R&D	\$6,392,558
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394		PUBLIC HEALTH INSTITUTE	AR60516		\$2,400	\$2,400	R&D	\$6,392,558
CANCER TREATMENT RESEARCH	93.395		BRIGHAM AND WOMEN'S HEALTH - ALLIANCE OF CLINICAL TRIALS IN ONCOLOGY FOUNDATION	Alliance Agreement (FL086)		\$94,036	\$133,300	R&D	\$6,392,558
CANCER TREATMENT RESEARCH	93.395		PUBLIC HEALTH INSTITUTE	AR02645		\$16,186	\$133,300	R&D	\$6,392,558
CANCER TREATMENT RESEARCH	93.395		UNIVERSITY OF PITTSBURGH	CNVA00061476 (131140-1)		\$23,078	\$133,300	R&D	\$6,392,558
CANCER CONTROL	93.399		CATHOLIC HEALTH INITIATIVES INSTITUTE FOR RESEARCH AND INNOVATION	SUG1CA189809-09		\$4,700	\$4,700	R&D	\$6,392,558
COVID-19 TESTING, TREATMENT, AND VACCINE ADMINISTRATION FOR THE UNINSURED	93.461	COVID-19				\$52,256	\$52,256	N/A	\$0
CONGRESSIONAL DIRECTIVES	93.493					\$659,091	\$659,091	N/A	\$0
COVID-19 PROVIDER RELIEF FUND AND AMERICAN RESCUE PLAN (ARP) RURAL DISTRIBUTION	93.498	COVID-19				\$64,451,227	\$64,451,227	N/A	\$0
COVID-19 CHILD CARE AND DEVELOPMENT BLOCK GRANT	93.575	COVID-19	KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES/CHILD CARE AWARE OF KANSAS	N/A		\$134,706	\$134,706	N/A	\$0
OPIOID STR	93.788					\$228,440	\$228,440	N/A	\$0
CARDIOVASCULAR DISEASES RESEARCH	93.837				\$64,054	\$553,901	\$734,633	R&D	\$6,392,558
CARDIOVASCULAR DISEASES RESEARCH	93.837		BROWN UNIVERSITY	1352		\$104,778	\$734,633	R&D	\$6,392,558
CARDIOVASCULAR DISEASES RESEARCH	93.837		THE UNIVERSITY OF CHICAGO	AWD100270 (SUB00000167)		\$11,900	\$734,633	R&D	\$6,392,558
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847				\$47,562	\$237,853	\$1,800,325	R&D	\$6,392,558
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847				\$59,997	\$466,670	\$1,800,325	R&D	\$6,392,558
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847				\$344,908	\$174,845	\$1,800,325	R&D	\$6,392,558
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847					\$165,629	\$1,800,325	R&D	\$6,392,558
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847		JAEB CENTER FOR HEALTH RESEARCH FOUNDATION, INC.	N/A		\$14,990	\$1,800,325	R&D	\$6,392,558
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847		THE PENNSYLVANIA STATE UNIVERSITY	AHSDK127384		\$184,206	\$1,800,325	R&D	\$6,392,558
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847		THE PENNSYLVANIA STATE UNIVERSITY	AHSDK127384-SUP		\$27,817	\$1,800,325	R&D	\$6,392,558
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847		THE UNIVERSITY OF TEXAS - MD ANDERSON CANCER CENTER	3001707440		\$19,421	\$1,800,325	R&D	\$6,392,558
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847		UNIVERSITY OF FLORIDA	SUB00002480		\$56,427	\$1,800,325	R&D	\$6,392,558
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865		CHILDREN'S RESEARCH INSTITUTE	30004438-18		\$9,050	\$9,050	R&D	\$6,392,558
AGING RESEARCH	93.866					\$94,883	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866				\$297,844	\$560,718	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866					\$200,972	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866				\$304,676	\$366,642	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866		CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE	280201015-S217		\$313,716	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866		PENNINGTON BIOMEDICAL RESEARCH CENTER	AG069476-AH01		\$87,735	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866		THE OHIO STATE UNIVERSITY	60070766		\$114,811	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866		UC DENVER	N/A		\$41,779	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866		UNIVERSITY OF ALABAMA AT BIRMINGHAM	AWD00000026 (132575-2)		\$115,569	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866		UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE	AWD-0001709		\$2,666	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866		UNIVERSITY OF PITTSBURGH	N/A		\$14,356	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866		UNIVERSITY OF PITTSBURGH	AWD00008083 (139451-1)		\$12,219	\$2,689,288	R&D	\$6,392,558
AGING RESEARCH	93.866		WAKE FOREST UNIVERSITY HEALTH SCIENCES	1144-33664-1100000326		\$160,702	\$2,689,288	R&D	\$6,392,558
TOTAL DEPARTMENT OF HEALTH AND HUMAN SERVICES						\$1,119,041	\$70,882,073		

AdventHealth

Schedule of Expenditures of Federal Awards

Fiscal Period January 1, 2023 – December 31, 2023

Federal Awarding Agency/Program Title	Federal Assistance Listing Number	Additional Award Identification	Name of Funder Pass-Through Entity	Identifying Number Assigned by Funder Pass-Through Entity	Total Amount Provided to Sub-Recipients	Federal Expenditures	Federal Program Total	Cluster Name	Cluster Total
DEPARTMENT OF HOMELAND SECURITY									
<i>DISASTER GRANTS - PUBLIC ASSISTANCE (PRESIDENTIALLY DECLARED DISASTERS)</i>	<i>97.036</i>	<i>COVID-19</i>	<i>WISCONSIN EMERGENCY MANAGEMENT AGENCY</i>	<i>DR4520-PW694150/ DR4520-PW697314/ DR4520-PW697427/ DR4520-PW697428/ DR4520-PW735653</i>		\$275,039	\$5,260,551	N/A	\$0
<i>DISASTER GRANTS - PUBLIC ASSISTANCE (PRESIDENTIALLY DECLARED DISASTERS)</i>	<i>97.036</i>	<i>COVID-19</i>	<i>KANSAS DEPARTMENT OF EMERGENCY MANAGEMENT</i>	<i>DR4504-PW697458</i>		\$35,036	\$5,260,551	N/A	\$0
<i>DISASTER GRANTS - PUBLIC ASSISTANCE (PRESIDENTIALLY DECLARED DISASTERS)</i>	<i>97.036</i>	<i>COVID-19</i>	<i>GEORGIA EMERGENCY MANAGEMENT AGENCY</i>	<i>DR4501-PW687290/ DR4501-PW693486/ DR4501-696810</i>		\$502,488	\$5,260,551	N/A	\$0
<i>DISASTER GRANTS - PUBLIC ASSISTANCE (PRESIDENTIALLY DECLARED DISASTERS)</i>	<i>97.036</i>	<i>COVID-19</i>	<i>ILLINOIS EMERGENCY MANAGEMENT AGENCY</i>	<i>DR4489-PW697052/ DR4489-PW699650/ DR4489-PW699658/ DR4489-PW699671/ DR4489-699678/ DR4489-PW701216/ DR4489-PW701218/ DR4489-PW701220/ DR4489-PW701222</i>		\$1,551,294	\$5,260,551	N/A	\$0
<i>DISASTER GRANTS - PUBLIC ASSISTANCE (PRESIDENTIALLY DECLARED DISASTERS)</i>	<i>97.036</i>	<i>COVID-19</i>	<i>TEXAS DEPARTMENT OF EMERGENCY MANAGEMENT (TDEM)</i>	<i>DR4485-PW682115/ DR4485-PW689567/ DR4485-PW696755/ DR4485-PW697433/ DR4485-PW697461/ DR4485-PW724252/ DR4484-PW734424/ DR4485-PW734427</i>		\$2,896,694	\$5,260,551	N/A	\$0
TOTAL DEPARTMENT OF HOMELAND SECURITY						\$5,260,551			
TOTAL EXPENDITURES OF FEDERAL AWARDS						\$77,283,510			

Please Note:

Italicized award lines indicate pass-through funding

See accompanying notes

AdventHealth

Notes to Schedule of Expenditures of Federal Awards

Year Ended December 31, 2023

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth (the System) under programs of the federal government for the year ended December 31, 2023. The information in the Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Expenditures reported on the Schedule are reported on the accrual basis of accounting. Because the Schedule presents only a selected portion of the operations of the System, it is not intended to and does not present the combined financial position, results of operations or cash flows of the System.

2. 10% De Minimis Cost Rate

The System has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

3. Reporting Entity

The System's reporting entity is defined in Note 1 to the System's consolidated financial statements. For the year ended December 31, 2023, federal expenditures related to the following entity was not included in the System's total federal expenditures reported in the Schedule. This entity has a separate financial statement audit, and, as such, its expenditures are subject to the requirements of the Uniform Guidance at that reporting level. The entity not included in the Schedule is as follows:

- Adventist University of Health Sciences, Inc. d/b/a AdventHealth University

4. Contingencies

Grant monies received and disbursed by the System are for specific purposes and are subject to audit by the grantor agencies. Such audits may result in requests for reimbursement due to disallowed expenditures. The System does not believe that such disallowances, if any, would have a material effect on the consolidated financial position of the System.

AdventHealth

Notes to Schedule of Expenditures of Federal Awards (continued)

**5. COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution
(Assistance Listing No. 93.498)**

The Schedule includes \$64,451,227 received from the Department of Health and Human Services (HHS) between January 1, 2022 through December 31, 2022, under the Provider Relief Fund (PRF) program of Assistance Listing No. 93.498. In accordance with guidance from HHS, \$11,469 in interest income earned on funds received from HHS has been included as a reportable PRF payment. These amounts are reported as Period 5 and Period 6 in the HHS PRF Reporting Portal. These amounts were recognized as other revenue and investment income in the System’s consolidated financial statements in the accompanying consolidated statements of operations and changes in net assets for the years ended December 31, 2023, and 2022.

The amount presented on the Schedule for PRF is for the year ended December 31, 2023. The amount presented reconciles to the PRF information reported to HHS as follows:

Name of Reporting Entity for HHS Reporting Periods 5 and 6 Provider Relief Fund Report	Reporting Entity Tax Identification Number (TIN)	Type of Distribution	Total Lost Revenues and Expenditures Reported
Florida Hospital Medical Group, Inc.	593214635	General	\$ 1,536,528
Metroplex Clinic Physicians, Inc.	113762050	General	16,104
AHP Specialty Care, NFP	811105774	General	7,319
AdventHealth Family Medicine Rural Health Clinics, Inc.	271858033	General	27,859
Fountain Inn Nursing & Rehab Center, Inc.	472180518	General	23,545
AdventHealth Polk North, Inc.	841793121	General	153,802
Adventist Health System/Sunbelt, Inc. DBA AdventHealth Orlando	590724459	General	53,296,558
AdventHealth Ransom Memorial, Inc.	830976641	General	59,095
University Community Hospital, Inc.	591113901	General	8,789,622
Tri-County Nursing and Rehab Center, Inc.	472219363	General	540,795
			<u>\$ 64,451,227</u>

AdventHealth

Notes to Schedule of Expenditures of Federal Awards (continued)

6. Disaster Grants - Public Assistance (Presidentially Declared Disasters) (Assistance Listing No. 97.036)

Expenditures for Disaster Grants from the U.S. Department of Homeland Security are recorded on the Schedule when the funds are obligated by the federal agency through the approval of the Project Worksheets and eligible expenditures have been incurred, and are presented net of estimated insurance recoveries, if any. Out of the total Disaster grant expenditures (\$5,260,551) included in the Schedule for the year ended December 31, 2023, expenditures that were incurred in prior fiscal years were \$5,253,912.

Reports and Schedule Required by the Uniform Guidance



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Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Chief Executive Officer
Chief Financial Officer
The Board of Directors
Adventist Health System Sunbelt Healthcare Corporation
d/b/a AdventHealth

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the consolidated financial statements of Adventist Health System Sunbelt Healthcare Corporation (the System), which comprise the consolidated balance sheet as of December 31, 2023, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes (collectively referred to as the “financial statements”), and have issued our report thereon dated February 27, 2024.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the System’s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the System’s internal control. Accordingly, we do not express an opinion on the effectiveness of the System’s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity’s financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

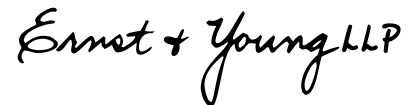
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the System’s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity’s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity’s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



February 27, 2024



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Report of Independent Auditors on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance

Chief Executive Officer
Chief Financial Officer
The Board of Directors
Adventist Health System Sunbelt Healthcare Corporation
d/b/a AdventHealth

Report of Independent Auditors on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Adventist Health System Sunbelt Healthcare Corporation's (the System) compliance with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget (OMB) Compliance Supplement that could have a direct and material effect on each of the System's major federal programs for the year ended December 31, 2023. The System's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the System complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the System and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on compliance for each major federal program. Our audit does not provide a legal determination of the System’s compliance with the compliance requirements referred to above.

Other Matter – Federal Expenditures Not Included in the Compliance Audit

The System’s consolidated financial statements include the operations of AdventHealth University, which expended \$22,262,795 in federal awards that is not included in the System’s schedule of expenditures of federal awards during the year ended December 31, 2023. Our compliance audit, described in the “Opinion on Each Major Federal Program” section, does not include the operations of AdventHealth University, because AdventHealth University engaged other auditors to perform an audit of compliance.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the System’s federal programs.

Auditor’s Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the System’s compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the System’s compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the System's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the System's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance, and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, as discussed below, we did identify a deficiency in internal control over compliance that we consider to be a significant deficiency.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance

requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the following deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs to be a significant deficiency.

Finding No.	Assistance Listing No.	Program or Cluster Name	Compliance Requirement
2023-001	Various	Research & Development Cluster	I. Procurement, Suspension and Debarment

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on the System’s response to the internal control over compliance findings identified in our audit described in the accompanying schedule of findings and questioned costs. The System’s response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Ernst & Young LLP

September 27, 2024

AdventHealth

Schedule of Findings and Questioned Costs

For the Year Ended December 31, 2023

Section I—Summary of Auditor’s Results

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:

Unmodified

Internal control over financial reporting:

Material weakness(es) identified?

 yes X no

Significant deficiency(ies) identified?

 yes X none reported

Noncompliance material to financial statements noted?

 yes X no

Federal Awards

Internal control over major federal programs:

Material weakness(es) identified?

 yes X no

Significant deficiency(ies) identified?

 X yes none reported

Type of auditor’s report issued on compliance for major federal programs

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

 X yes no

Identification of major federal programs:

Assistance Listing Numbers

Name of Federal Program or Cluster

93.498

Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution

97.036

Disaster Grants – Public Assistance (Presidentially Declared Disasters)

Various

Research and Development Cluster

Dollar threshold used to distinguish between Type A and Type B programs:

\$2,318,505

Auditee qualified as low-risk auditee?

 yes X no

AdventHealth

Schedule of Findings and Questioned Costs (continued)

Section II—Financial Statement Findings

None reported

AdventHealth

Schedule of Findings and Questioned Costs (continued)

Section III—Federal Award Findings and Questioned Costs

Finding 2023-001

Identification of the Federal Program:

Federal Grantor: United States Department of Health and Human Services and Department of Defense

Assistance Listing No.: Various; Research and Development Cluster

Period of Performance: January 1, 2023 – December 31, 2023

Criteria or Specific Requirement (Including Statutory, Regulatory or Other Citation):

2 CFR Section 200.303 of the Uniform Guidance states the following regarding internal control:

“The Non-Federal entity must establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States or the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

Condition:

We noted the following matters during our testing of suspension and debarment control processes:

- (a) AdventHealth utilizes a third-party service provider to perform on-going monitoring and screening of its vendors and suppliers for suspension and debarment. AdventHealth relied on the results of the suspension and debarment checks performed by the third-party service provider without having a validation control to ensure the results provided by the third-party service provider were accurate. The third-party service provider does not have a SOC 1 (System and Organization Controls) Report.

AdventHealth

Schedule of Findings and Questioned Costs (continued)

Section III—Federal Award Findings and Questioned Costs (continued)

- (b) AdventHealth does not receive a listing, from the third-party service provider, of all vendors and suppliers screened on a monthly basis. While AdventHealth does receive a listing of vendors and suppliers with a “match” or “potential match”, since the full listing of all vendors and suppliers screened was not available, it could not be determined whether all vendors and suppliers were appropriately screened by the third-party service provider. On an annual basis, AdventHealth did receive the full listing of all vendors and suppliers that were screened for suspension and debarment by the third-party service provider. However, a reconciliation between the vendor and supplier list provided by AdventHealth and the list that is received from the third-party service provider was not performed.

Cause:

AdventHealth did not add an additional validation control to ensure that the suspension and debarment checks performed by the third-party service provider aligned with the governmental suspension and debarment database when the search resulted in no match.

In addition, AdventHealth did not have policies and procedures in place to require that documentation is retained to support the reconciliations performed between the vendor and supplier list sent to the third-party service provider and the results provided by the third-party service provider.

Effect or Potential Effect:

AdventHealth’s screening for suspension and debarment through the third-party service provider may not be accurate.

By not performing a reconciliation between the vendor and supplier list in AdventHealth’s database and the results provided by the third-party service provider, there exists a risk that certain vendors and suppliers were not screened by the third-party service provider.

Questioned costs: None

AdventHealth

Schedule of Findings and Questioned Costs (continued)

Section III—Federal Award Findings and Questioned Costs (continued)

Context:

AdventHealth, as part of its internal control process, internally performs screening for all “new” vendors and suppliers prior to adding them in the database. We tested 40 new vendors that were added to the database in fiscal year 2023 and found no issues. As such, there exists a process to ensure that only valid and appropriately screened vendors and suppliers are contracted with. Since the issue relates to the on-going monitoring performed by the third-party service provider, for which appropriate controls were not put in place, this resulted in a deficiency in internal control process.

The federal portion of expenditures subject to suspension and debarment was approximately \$354,000, which represents approximately 5.5% of the total Research and Development Cluster federal expenditures.

The total amount reported on the SEFA for R&D cluster is \$6,392,558.

Identification as a repeat finding, if applicable: Not a repeat finding

Recommendation:

Management should add controls to validate the accuracy of the suspension and debarment search results performed by the third-party service provider when the search results in no match.

In addition, management should implement a process over the reconciliation of the vendor and supplier list to the third-party service provider list to ensure completeness of the suspension and debarment checks performed.

Views of Responsible Officials:

Management agrees with the finding. Management plans to add controls to validate the accuracy of the suspension and debarment search results performed by the third-party service provider when the search results in no match. In addition, management plans to implement a process over the reconciliation of the vendor and supplier list to the third-party service provider list to ensure completeness of the suspension and debarment checks performed.

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GOVERNMENT COPY

IRS E-file Signature Authorization for a Tax Exempt Entity

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

2023

Department 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 ADVENTIST HEALTH SYSTEM GEORGIA, INC.	EIN or SSN 58-1425000
Name and title of officer or person subject to tax LYNN C. ADDISCOTT ASSISTANT SECRETARY	

Part I Type of Return and Return Information

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

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
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 checked="" type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b <u>1,497,921.</u>
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)

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

Department of the Treasury
Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)
Go to www.irs.gov/Form4720 for instructions and the latest information.

2023

For calendar year 2023 or other tax year beginning _____, 2023, and ending _____,

Name of organization, entity, or person subject to tax ADVENTIST HEALTH SYSTEM GEORGIA, INC.	EIN or SSN 58-1425000
Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) 1035 RED BUD ROAD NE	Check box for type of annual return: <input checked="" type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input type="checkbox"/> Form 990-PF <input type="checkbox"/> Other <input type="checkbox"/> Form 5227
City or town, state or province, country, and ZIP or foreign postal code CALHOUN, GA 30701	

		Yes	No
A Is the organization a foreign private foundation within the meaning of section 4948(b)? Show conversion rate to U.S. dollars. See instructions _____			X
B Entity (other than the organization) or person subject to tax: Are you required to file Form 4720 with respect to more than one organization in the current tax year? See instructions _____ If "Yes," attach a list showing the name and EIN for each organization with respect to which you will file Form 4720 for the current tax year.			X

Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1 Tax on undistributed income - Schedule B, line 4	1	
2 Tax on excess business holdings - Schedule C, line 7	2	
3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (f)	3	
4 Tax on taxable expenditures - Schedule E, Part I, column (h)	4	
5 Tax on political expenditures - Schedule F, Part I, column (f)	5	
6 Tax on excess lobbying expenditures - Schedule G, line 4	6	
7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7	
8 Tax on premiums paid on personal benefit contracts	8	
9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9	
10 Tax on taxable distributions - Schedule K, Part I, column (f)	10	
11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12 Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	12	
13 Tax on excess executive compensation - Schedule N	13	1,497,921.
14 Tax on net investment income of private colleges and universities - Schedule O	14	
15 Total (add lines 1 - 14)	15	1,497,921.

Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person
(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code	Employer identification number	
1 Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)	1	
2 Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)	2	
3 Tax on taxable expenditures - Schedule E, Part II, column (d)	3	
4 Tax on political expenditures - Schedule F, Part II, column (d)	4	
5 Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)	5	
6 Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)	6	
7 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)	7	
8 Tax on taxable distributions - Schedule K, Part II, column (d)	8	
9 Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)	9	
10 Total - Add lines 1 through 9	10	

Part III Tax Payments

1 Total tax (Part I, line 15 or Part II, line 10)	1	1,497,921.
2 Total payments including amount paid with Form 8868 (see instructions)	2	
3 Tax due. If line 1 is larger than line 2, enter amount owed (see instructions)	3	1,497,921.
4 Overpayment. If line 1 is smaller than line 2, enter the difference. This is your refund	4	

SCHEDULE A - Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation					
(a) Act number	(b) Date of act	(c) Correction made?		(d) Description of act	
		Yes	No		
1					
2					
3					
4					
5					
(e) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VIII, applicable to the act		(f) Amount involved in act		(g) Initial tax on self-dealer (10% of col. (f))	(h) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (f))

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE B - Initial Tax on Undistributed Income (Section 4942)

1	Undistributed income for years before 2022 (from Form 990-PF for 2023, Part XII, line 6d)	1	
2	Undistributed income for 2022 (from Form 990-PF for 2023, Part XII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2023 and subject to tax under section 4942 (add lines 1 and 2)	3	
4	Tax - Enter 30% of line 3 here and on Part I, line 1	4	

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise	1		
2	Permitted holdings in business enterprise	2		
3	Value of excess holdings in business enterprise	3		
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4		
5	Taxable excess holdings in business enterprise - line 3 minus line 4	5		
6	Tax - Enter 10% of line 5	6		
7	Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7		

8	Did the organization dispose of excess holdings subject to tax reported on line 6? Attach a statement explaining (i) corrective action taken, or (ii) why corrective action has not been taken.	Yes	No
---	--	-----	----

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Correction made?		(d) Description of investment	(e) Amount of investment	(f) Initial tax on foundation (10% of col. (e))	(g) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (e))
		Yes	No				
1							
2							
3							
4							
5							

Total - Column (f). Enter here and on Part I, line 3
 Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Name and address of recipient
			Yes	No	
1					
2					
3					
4					
5					
(f) Description of expenditure and purposes for which made			(g) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the expenditure		(h) Initial tax imposed on foundation (20% of col. (b))
Total - Column (h). Enter here and on Part I, line 4					
Total - Column (i). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (i), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Part I Expenditures and Computation of Tax							
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Description of political expenditure	(f) Initial tax imposed on organization or foundation (10% of col. (b))	(g) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
			Yes	No			
1							
2							
3							
4							
5							
Total - Column (f). Enter here and on Part I, line 5							
Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 7					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers and Proration of Payments			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c) (see instructions))

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation				
(a) Transaction number	(b) Date of transaction	(c) Correction made?		(d) Description of transaction
		Yes	No	
1				
2				
3				
4				
5				
(e) Amount of excess benefit		(f) Initial tax on disqualified persons (25% of col. (e))		(g) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (e))

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) *Continued*

Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments			
(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments			
(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)

Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions)				
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction	
1				
2				
3				
4				
5				
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction?		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Yes	No			
Total - Column (h). Enter here and on Part I, line 9				

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I Prohibited Benefits and Tax Computation		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Fund Managers and Proration of Payments			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Part I Failures to Meet Section 501(r)(3)				
(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

Part II Computation of Tax	
1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) 1
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12 2

SCHEDULE N - Tax on Excess Executive Compensation (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1	SEE STATEMENT 1			
2				
3				
4				
5				
6	Attachment, if necessary. See instructions			
Total (add column (e) items 1 - 6)				7,132,956.
Tax. Enter 21% of the amount above here and on Part I, line 13				1,497,921.

SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities (Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary					
6	Total					
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14					

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 taxpayer) is based on all information of which preparer has any knowledge.

ASSISTANT SECRETARY

Sign Here

Signature of officer or trustee _____ Title _____ Date _____

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person _____ Date _____

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
----------------------------	----------------------	------	---	------

Firm's name	Firm's EIN
-------------	------------

Firm's address	Phone no.
----------------	-----------

FORM 4720

SCHEDULE N - TAX ON EXECUTIVE COMPENSATION

STATEMENT 1

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE
1	STYPEREK, ROBERT

(C) EXCESS REMUNERATION
1,671,520.

(D) EXCESS PARACHUTE PAYMENT
-

(E) TOTAL
1,671,520.

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE
2	HARRISON, JASON

(C) EXCESS REMUNERATION
1,756,979.

(D) EXCESS PARACHUTE PAYMENT
-

(E) TOTAL
1,756,979.

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE
3	COWAN, JR., JOHN

(C) EXCESS REMUNERATION
1,473,397.

(D) EXCESS PARACHUTE PAYMENT
-

(E) TOTAL
1,473,397.

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE
4	JACKSON, CHARLES

(C) EXCESS REMUNERATION
1,142,009.

(D) EXCESS PARACHUTE PAYMENT
-

(E) TOTAL
1,142,009.

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE	(C) EXCESS REMUNERATION	(D) EXCESS PARACHUTE PAYMENT	(E) TOTAL
5	MYERS, GEORGE	1,089,051.		1,089,051.
TOTAL EXCESS EXECUTIVE COMPENSATION				7,132,956.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY



Mailing Address:
 Georgia Department of Revenue
 Processing Center
 PO Box 740397
 Atlanta, Georgia 30374-0397

Page 1

Amended Amended due to IRS Audit Address Change UET Annualization Exception attached

For the taxable year beginning				01/01/2023		and ending		12/31/2023		
Name of Organization				Name of Fiduciary				Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.) 58-1425000		
ADVENTIST HEALTH SYSTEM G										
Number and Street				Number and Street				NAICS Code		
1035 RED BUD ROAD NE										
City or Town				City or Town				Date of current exemption letter.		
CALHOUN										
State		ZIP Code		State		ZIP Code		IRS code section for which you are exempt. 501C3		
GA		30701								
Georgia Unrelated Business Taxable Income								SCHEDULE 1		
1. Unrelated business taxable income from Federal Form 990-T (attach copy)								1.		0
2. Additions								2.		
3. Total (add Line 1 and Line 2)								3.		
4. Subtractions								4.		
5. Adjusted unrelated business taxable income (Line 3 less Line 4)								5.		
6. Income allocated everywhere								6.		
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6)								7.		
8. Apportionment ratio (Attach Computation Schedule)								8.		1.000000
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8)								9.		0
10. Income allocated to Georgia (Attach Schedule)								10.		
11. Total of Lines 9 and 10								11.		0
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation)								12.		
13. Georgia unrelated business taxable income (Line 11 less Line 12)								13.		



2201615025

Name ADVENTIST HEALTH SYSTEM G

FEIN 58-1425000

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX	SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	1.
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.
3. Less: Payments	3.
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.
5. Schedule 3B Refundable tax credits	5.
6. Balance of tax due OR overpayment	6. 0
7. Interest due (See Instructions)	7.
8. Underestimated tax penalty	8.
9. Other penalties due (See Instructions)	9.
10. Balance of tax, interest and penalties due with return	10.
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on _____	
Estimated Tax ▶	Refunded ▶

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.
 DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

LYNN C. ADDISCOTT
 Signature of Officer

 Signature of Individual or Firm Preparing Return

ASST. SECRETARY
 Title

 Date

 Employee ID or Social Security Number



2201615035

Name **ADVENTIST HEALTH SYSTEM G**

FEIN **58-1425000**

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3

1. **Complete a separate schedule for each Credit Code.**
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply. Exempt organizations are only eligible for tax credits to the extent they apply to unrelated trade or business income from Georgia sources (note not all credits apply to 600T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number, if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9)		10.
11. Credit Used this tax year (enter here and on Line 2, Schedule 2)		11.
12. Potential carryover to next tax year (Line 10 less Line 11)		12.

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

Department of the Treasury
Internal Revenue Service

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

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	Name of exempt organization, employer, or other filer, see instructions. ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Taxpayer identification number (TIN) 58-1425000
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1035 RED BUD ROAD NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CALHOUN, GA 30701	

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 **STEVE GOTSHALL**
1035 RED BUD ROAD NE - CALHOUN, GA 30701
 Telephone No. **(706) 602-7800** Fax No. **(706) 629-2895**

- 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.

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

Department of the Treasury
Internal Revenue Service

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

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	Name of exempt organization, employer, or other filer, see instructions. ADVENTIST HEALTH SYSTEM GEORGIA, INC.	Taxpayer identification number (TIN) 58-1425000
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1035 RED BUD ROAD NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CALHOUN, GA 30701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

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 **STEVE GOTSHALL**
1035 RED BUD ROAD NE - CALHOUN, GA 30701
 Telephone No. **(706) 602-7800** Fax No. **(706) 629-2895**

- 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	\$	2,000.
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.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 279,786,555, D Employer identification number 58-1425000, E Group exemption number 1071, F Check box if an amended return.

Form header section containing: G Check organization type 501(c) corporation, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes, L The books are in care of STEVE GOTSHALL Telephone number (706) 602-7800

Table for Part I: Total Unrelated Business Taxable Income. Rows include Total of unrelated business taxable income computed from all unrelated trades or businesses (0), Charitable contributions (0), Total unrelated business taxable income before net operating losses, Deduction for net operating loss (1,000), Total deductions (1,000), and Unrelated business taxable income (0).

Table for Part II: Tax Computation. Rows include Organizations taxable as corporations (0), Trusts taxable at trust rates, Proxy tax, Other tax amounts, Alternative minimum tax, Tax on noncompliant facility income, and Total tax (0).

Table for Part III: Tax and Payments. Rows include Foreign tax credit, Other credits, General business credit, Credit for prior-year minimum tax, Total credits, Amounts due from various forms (3a-3e), Total amounts due (3f), Total tax (4), and Current net 965 tax liability paid (5).

Part III Tax and Payments <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	2,000.
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	2,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	2,000.
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 2,000. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ <u>181,536.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	621500	\$ 49,878.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	ASSISTANT SECRETARY Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name			Firm's EIN
	Firm's address			Phone no.

May the IRS discuss this return with the preparer shown below (see instructions)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2023

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ADVENTIST HEALTH SYSTEM GEORGIA, INC.	B Employer identification number 58-1425000
C Unrelated business activity code (see instructions) 621500	D Sequence: 1 of 1

E Describe the unrelated trade or business **LAB SERVICES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>72,503.</u>				
b Less returns and allowances _____ c Balance	1c	72,503.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	72,503.		72,503.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	72,503.		72,503.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			34,930.
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			10,858.
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) SEE STATEMENT 3	14			30,303.
15 Total deductions. Add lines 1 through 14	15			76,091.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-3,588.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-3,588.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)		0.	0.	0.	0.
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

CORPORATION'S NAME	IDENTIFYING NO
ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	59-2170012

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/09	19,571.	1,532.	18,039.	18,039.
12/31/10	5,065.	0.	5,065.	5,065.
12/31/11	1,792.	0.	1,792.	1,792.
12/31/12	777.	0.	777.	777.
12/31/13	9,790.	0.	9,790.	9,790.
12/31/14	10,244.	0.	10,244.	10,244.
12/31/15	47,014.	0.	47,014.	47,014.
12/31/16	87,915.	0.	87,915.	87,915.
12/31/17	900.	0.	900.	900.
NOL CARRYOVER AVAILABLE THIS YEAR			181,536.	181,536.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
SUPPLIES	30,303.
TOTAL TO SCHEDULE A, PART II, LINE 14	30,303.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	158.	0.	158.	158.
12/31/20	1,044.	0.	1,044.	1,044.
12/31/21	15,899.	0.	15,899.	15,899.
12/31/22	32,777.	0.	32,777.	32,777.
NOL CARRYOVER AVAILABLE THIS YEAR			49,878.	49,878.