

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

Form 990 header section A-M containing organization name, address, EIN, and tax-exempt status.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue, expenses, and net assets.

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.

Signature block section for officer and preparer, including signature lines and identification fields.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO INSPIRE PHILANTHROPY THAT WILL TRANSFORM THE LIVES OF OUR PATIENTS, OUR DONORS, AND OUR COMMUNITY THROUGH THE HEALING MISSION OF SHAWNEE MISSION MEDICAL CENTER, INC.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 9,191,442. including grants of \$ 9,083,060. ) (Revenue \$ 16,695. ) ACHIEVEMENTS TO SUPPORT SHAWNEE MISSION MEDICAL CENTER, INC. AND HEALTH CARE NEEDS OF THE COMMUNITY, INCLUDING FUNDRAISING ACTIVITIES AND GRANT REQUEST MONITORING.

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 9,191,442.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 27		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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 **MAIRILISE POTHIN - (913)676-2151**  
**9100 W. 74TH STREET, SHAWNEE MISSION, KS 66204**

**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 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 and/or Box 7 of Form 1099-MISC) 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HUENERGARDT, SAM DIR/PRESIDENT	2.00 50.00	X						0.	740,023.	156,852.
(2) MCCORMACK, LAURIE EXECUTIVE DIR (BEG 01/19)	40.00 10.00			X				0.	177,253.	31,275.
(3) RODGERS, TIMOTHY DIRECTOR	2.00 1.00	X						0.	300.	0.
(4) CUSICK, BARBARA DIRECTOR/CHAIRMAN	3.00 1.00	X						0.	300.	0.
(5) PISHNY, LYLE DIRECTOR	0.20 1.00	X						0.	300.	0.
(6) BICHLMEIER MD, FRANKLIN DIR/EMERITUS (END 01/19)	0.20 0.00	X						0.	0.	0.
(7) BOND, RICHARD DIR/EMERITUS	0.20 0.00	X						0.	0.	0.
(8) BUBB MD, STEPHEN DIRECTOR	0.20 0.00	X						0.	0.	0.
(9) BUTLER JR., JAMES DIRECTOR	0.20 0.00	X						0.	0.	0.
(10) CARLSEN ED.D., CHARLES DIRECTOR	0.20 0.00	X						0.	0.	0.
(11) COLE JR., MARTIN DIR/SECRETARY	2.00 0.00	X						0.	0.	0.
(12) CRABLE, JENNIFER DIRECTOR	0.20 0.00	X						0.	0.	0.
(13) CRIPPIN, KENT DIR/EMERITUS	0.20 0.00	X						0.	0.	0.
(14) DARLING, HARRIET DIR/EMERITUS	0.20 0.00	X						0.	0.	0.
(15) ENSMINGER, KEVIN DIRECTOR (END 12/19)	0.20 0.00	X						0.	0.	0.
(16) GAFNEY, TODD DIRECTOR	0.20 0.00	X						0.	0.	0.
(17) GILMAN, MARK DIR/EMERITUS	0.20 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Highbarger, Greg DIRECTOR	0.20 0.00	X						0.	0.	0.
(19) Holland, James DIRECTOR	0.20 0.00	X						0.	0.	0.
(20) Jackson MD, Robert DIRECTOR/CHAIR ELECT	2.00 0.00	X						0.	0.	0.
(21) Kelly, Julie DIRECTOR/FORMER CHAIR	2.00 0.00	X						0.	0.	0.
(22) Mceachen, Richard DIRECTOR	0.20 0.00	X						0.	0.	0.
(23) McGrath MD, Barbara DIRECTOR	0.20 0.00	X						0.	0.	0.
(24) Migliazzo MD, Carl DIRECTOR/TREASURER	2.00 0.00	X						0.	0.	0.
(25) Newcomer IV, David DIRECTOR	0.20 0.00	X						0.	0.	0.
(26) Ridgway MD, Leah DIRECTOR	0.20 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	918,176.	188,127.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	918,176.	188,127.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	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		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	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		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
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS





**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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	867,977.				
	<b>d</b> Related organizations	<b>1d</b>	195,914.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	332,479.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 104,629.				
	<b>h Total.</b> Add lines 1a-1f			1,396,370.			
Program Service Revenue	<b>2 a</b> REVENUE FROM INFANT DEVELOPMENT C	<b>Business Code</b>					
		900099		16,695.	16,695.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			16,695.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			784,958.		784,958.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	297,368.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	0.				
	<b>c</b> Gain or (loss)	<b>7c</b>	297,368.				
<b>d</b> Net gain or (loss)			297,368.		297,368.		
<b>8 a</b> Gross income from fundraising events (not including \$ 867,977. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		282,318.				
			283,183.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			-865.		-865.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			2,494,526.	16,695.	0.	1,081,461.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,037,326.	9,037,326.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	6,979.	6,979.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	38,755.	38,755.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	67,900.			67,900.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	62,043.		62,043.	
<b>12</b> Advertising and promotion .....	48,064.		48,064.	
<b>13</b> Office expenses .....	30,148.	16,925.	13,223.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	40,379.	32,231.	8,148.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	39,940.		39,940.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PLEDGE WRITE-OFF</b>	37,232.	37,232.		
<b>b</b> <b>CAMP BLUEBIRD - CANCER</b>	11,212.	11,212.		
<b>c</b> <b>WOMEN'S HEALTH EXPENSES</b>	10,782.	10,782.		
<b>d</b> _____				
<b>e</b> All other expenses _____	47,963.		47,963.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	9,478,723.	9,191,442.	219,381.	67,900.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	5,581,792.	<b>2</b>	1,340,744.
	<b>3</b> Pledges and grants receivable, net .....	3,908,623.	<b>3</b>	1,422,658.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....	10,252,444.	<b>11</b>	11,937,486.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	804,084.	<b>15</b>	420,217.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	20,546,943.	<b>16</b>	15,121,105.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	61,590.	<b>25</b>	291,225.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	61,590.	<b>26</b>	291,225.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	374,561.	<b>27</b>	671,388.
	<b>28</b> Net assets with donor restrictions .....	20,110,792.	<b>28</b>	14,158,492.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	20,485,353.	<b>32</b>	14,829,880.
	<b>33</b> Total liabilities and net assets/fund balances .....	20,546,943.	<b>33</b>	15,121,105.

**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	2,494,526.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,478,723.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,984,197.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,485,353.
5	Net unrealized gains (losses) on investments	5	1,328,724.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,829,880.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4381361.	11405408.	6377643.	3459617.	1396370.	27020399.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4381361.	11405408.	6377643.	3459617.	1396370.	27020399.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6262334.
<b>6 Public support.</b> Subtract line 5 from line 4.						20758065.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	4381361.	11405408.	6377643.	3459617.	1396370.	27020399.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	362,620.	341,639.	515,758.	592,726.	784,958.	2597701.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	110,074.	195,220.	352,094.	34,280.	0.	691,668.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						30309768.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	58,165.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	68.49 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	68.15 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

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

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

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

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

ADVENTHEALTH FOUNDATION SHAWNEE MISSION

Employer identification number

48-0868859

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization  <b>ADVENTHEALTH FOUNDATION SHAWNEE MISSION</b>	Employer identification number  <b>48-0868859</b>
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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	GREATER KANSAS CITY COMMUNITY FOUNDATION  1055 BROADWAY BLVD. SUITE 130  KANSAS CITY, MO 64105	\$ 121,629.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TOM W OLOFSON FAMILY FOUNDATION  29670 HARVESTER ROAD  MALIBU, CA 90265	\$ 470,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	B.J. EDMONDS  9535 BIRCH STREET, APT 112  OVERLAND PARK, KS 66207	\$ 138,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DOUG SMITH  3610 W. 139TH STREET  LEAWOOD, KS 66224	\$ 49,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	DOUG SMITH  3611 W. 139TH STREET  LEAWOOD, KS 66225	\$ 63,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	IBEW LOCAL UNION NO. 124  301 EAST 103RD TERRACE  KANSAS CITY, MO 64114	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>ADVENTHEALTH FOUNDATION SHAWNEE MISSION</b>	Employer identification number  <b>48-0868859</b>
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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
7	NSA SPORTS MARKETING LLC DBA VIBRANCY 21  1133 S. CLINTON STREET  BALTIMORE, MD 21224	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	RICHARD G. SHULL  2100 W. 115TH STREET  LEAWOOD, KS 66211	\$ 15,283.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	RICHARD G. SHULL  2100 W. 115TH STREET  LEAWOOD, KS 66211	\$ 36,408.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ADVENTHEALTH FOUNDATION SHAWNEE MISSION</b>	Employer identification number <b>48-0868859</b>
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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
4	STOCK _____ _____ _____	\$ 49,480.	12/19/19
8	STOCK _____ _____ _____	\$ 15,283.	05/01/19
9	STOCK _____ _____ _____	\$ 36,408.	09/10/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>ADVENTHEALTH FOUNDATION SHAWNEE MISSION</b>	Employer identification number <b>48-0868859</b>
--	---

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

Name of the organization **ADVENTHEALTH FOUNDATION SHAWNEE MISSION** Employer identification number **48-0868859**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

**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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,271,423.	5,860,298.	5,595,145.	5,589,577.	5,652,373.
b Contributions	20,709.	28,013.	50,400.	20,495.	34,437.
c Net investment earnings, gains, and losses	303,206.	514,102.	462,625.	191,927.	231,458.
d Grants or scholarships					
e Other expenditures for facilities and programs	126,675.	130,990.	247,872.	206,825.	328,691.
f Administrative expenses				29.	
g End of year balance	6,468,663.	6,271,423.	5,860,298.	5,595,145.	5,589,577.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  30.00 %
  - b Permanent endowment  70.00 %
  - c Term endowment  .00 %
- 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  |     | X  |
| (ii) Related organizations   |     | X  |
| 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY LIABILITIES	73,451.
(3) DUE TO AFFILIATES	217,774.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	291,225.

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.

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

ADVENTHEALTH FOUNDATION SHAWNEE MISSION (THE FOUNDATION) IS A SUPPORTING ORGANIZATION OF SHAWNEE MISSION MEDICAL CENTER, INC. (SMMC) A RELATED TAX-EXEMPT HOSPITAL THAT IS ALSO EXEMPT UNDER IRC SECTION 501(C)(3). THE FOUNDATION'S ENDOWMENTS CONSISTS OF FUNDS ESTABLISHED TO PROVIDE SUPPORT FOR THE LEE ANN BRITIAN INFANT DEVELOPMENT CENTER, MEDICAL MISSION, LECTURES, NURSE EDUCATION AND MEDICAL STAFF EDUCATION.

**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

**Part XIII** Supplemental Information (continued)

IN THOUSANDS.

HEALTHCARE CORPORATION AND ITS AFFILIATED ORGANIZATIONS, OTHER THAN NORTH AMERICAN HEALTH SERVICES, INC. AND ITS SUBSIDIARY (NAHS), ARE EXEMPT FROM STATE AND FEDERAL INCOME TAXES. ACCORDINGLY, HEALTHCARE CORPORATION AND ITS TAX-EXEMPT AFFILIATES ARE NOT SUBJECT TO FEDERAL, STATE OR LOCAL INCOME TAXES EXCEPT FOR ANY NET UNRELATED BUSINESS TAXABLE INCOME.

NAHS IS A WHOLLY OWNED, FOR-PROFIT SUBSIDIARY OF HEALTHCARE CORPORATION. NAHS AND ITS SUBSIDIARY ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. NAHS FILES A CONSOLIDATED FEDERAL INCOME TAX RETURN AND, WHERE APPROPRIATE, CONSOLIDATED STATE INCOME TAX RETURNS. ALL TAXABLE INCOME WAS FULLY OFFSET BY NET OPERATING LOSS CARRYFORWARDS FOR FEDERAL INCOME TAX PURPOSES; AS SUCH, THERE IS NO PROVISION FOR CURRENT FEDERAL OR STATE INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018.

NAHS ALSO HAS TEMPORARY DEDUCTIBLE DIFFERENCES OF APPROXIMATELY \$46,500 AND \$53,000 AT DECEMBER 31, 2019 AND 2018, RESPECTIVELY, PRIMARILY AS A RESULT OF NET OPERATING LOSS CARRYFORWARDS. AT DECEMBER 31, 2019, NAHS HAD NET OPERATING LOSS CARRYFORWARDS OF APPROXIMATELY \$47,500, EXPIRING BEGINNING IN 2022 THROUGH 2026. DEFERRED TAXES HAVE BEEN PROVIDED FOR THESE AMOUNTS, RESULTING IN A NET DEFERRED TAX ASSET OF APPROXIMATELY \$11,400 AND \$13,400 AT DECEMBER 31, 2019 AND 2018, RESPECTIVELY. NAHS REMEASURED ITS DEFERRED TAX ASSETS AND LIABILITIES BASED ON THE RATES AT WHICH THEY ARE EXPECTED TO REVERSE IN THE FUTURE, WHICH IS GENERALLY 21%. A FULL VALUATION ALLOWANCE HAS BEEN PROVIDED AT DECEMBER 31, 2019 AND 2018 TO OFFSET THE DEFERRED TAX ASSET, SINCE HEALTHCARE CORPORATION HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THE BENEFIT OF THE NET



**Part XIII** Supplemental Information (continued)

OPERATING LOSS CARRYFORWARDS WILL NOT BE REALIZED IN FUTURE YEARS.

THE INCOME TAXES TOPIC OF THE ASC (ASC 740) PRESCRIBES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED IN FINANCIAL STATEMENTS. ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN. THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019 AND 2018.

ON DECEMBER 22, 2017, THE UNITED STATES ENACTED TAX REFORM LEGISLATION COMMONLY KNOWN AS THE TAX CUTS AND JOBS ACT (ACT), RESULTING IN SIGNIFICANT MODIFICATIONS TO EXISTING LAW. CERTAIN PROVISIONS IMPACT TAX-EXEMPT ORGANIZATIONS, INCLUDING REVISIONS TO TAXES ON UNRELATED BUSINESS ACTIVITIES, EXCISE TAXES ON COMPENSATION OF CERTAIN EMPLOYEES, AND VARIOUS OTHER PROVISIONS. WHILE FINAL REGULATIONS ON THESE PROVISIONS HAVE NOT YET BEEN PROMULGATED, THE IMPACT OF THESE PROVISIONS ON THE CONSOLIDATED FINANCIAL STATEMENTS IS NOT EXPECTED TO BE SIGNIFICANT.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **ADVENTHEALTH FOUNDATION SHAWNEE MISSION** Employer identification number **48-0868859**

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA	0	0	GRANTMAKING		38,755.
<b>3 a</b> Subtotal .....	0	0			38,755.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			38,755.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	GENERAL SUPPORT	38,755.	CHECK	0.		BOOK

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **1**

3 Enter total number of other organizations or entities ..... **0**



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

**AS THE FILING ORGANIZATION DOES NOT GENERALLY MAKE GRANTS TO FOREIGN ORGANIZATIONS AND/OR INDIVIDUALS, A FORMAL GRANT MONITORING PROGRAM HAS NOT BEEN DEVELOPED BY THE FILING ORGANIZATION.**



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TINY TIM (event type)	GOLF TOURNAMENT (event type)	NONE (total number)	
Revenue	1	Gross receipts	1,009,295.	141,000.	1,150,295.
	2	Less: Contributions	770,977.	97,000.	867,977.
	3	Gross income (line 1 minus line 2)	238,318.	44,000.	282,318.
Direct Expenses	4	Cash prizes	0.	0.	
	5	Noncash prizes	0.	20,200.	20,200.
	6	Rent/facility costs	0.	21,800.	21,800.
	7	Food and beverages	82,031.	8,626.	90,657.
	8	Entertainment	1,825.	0.	1,825.
	9	Other direct expenses	143,497.	5,204.	148,701.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			283,183.
11	Net income summary. Subtract line 10 from line 3, column (d)			-865.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **ADVENTHEALTH FOUNDATION SHAWNEE MISSION** Employer identification number **48-0868859**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
SHAWNEE MISSION MEDICAL CENTER, INC - 9100 W. 74TH STREET - SHAWNEE MISSION, KS 66204	48-0637331	501(C)(3)	8,822,917.	0.			GENERAL HOSPITAL SUPPORT
SHAWNEE MISSION MEDICAL CENTER, INC - 9100 W. 74TH STREET - SHAWNEE MISSION, KS 66204	48-0637331	501(C)(3)	214,409.	0.			WOMEN'S HEALTH EDUCATION SEMINAR

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

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

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

Schedule I (Form 990) (2019)

**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
FOOD, CLOTHING, AND SHELTER	6	4,500.	0.		
OTHER	8	2,479.	0.		

**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 THE SUPPORTED HOSPITAL ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER 501(C)(3). 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)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ADVENTHEALTH FOUNDATION SHAWNEE MISSION**

Employer identification number  
**48-0868859**

**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 type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input 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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**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 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) HUENERGARDT, SAM DIR/PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	636,077.	95,256.	8,690.	118,233.	38,619.	896,875.	0.
(2) MCCORMACK, LAURIE EXECUTIVE DIR (BEG 01/19)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	174,294.	0.	2,959.	9,284.	21,991.	208,528.	0.
	(i)							
	(ii)							
	(i)							
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	(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 3:**

AS NOTED IN OUR RESPONSE TO QUESTION 15 OF PART VI OF FORM 990, THE INDIVIDUAL WHO SERVES AS THE EXECUTIVE DIRECTOR OF THE FILING ORGANIZATION IS COMPENSATED BY SHAWNEE MISSION MEDICAL CENTER, INC. (SMMC) FOR THAT INDIVIDUAL'S ROLE IN SERVING AS THE EXECUTIVE DIRECTOR. COMPENSATION AND BENEFITS PROVIDED TO THIS INDIVIDUAL ARE DETERMINED PURSUANT TO POLICIES, PROCEDURES, AND PROCESSES OF SMMC THAT ARE DESIGNED TO ENSURE THAT ALL EMPLOYEES SERVING IN MANAGEMENT ROLES ARE PROVIDED COMPENSATION REFLECTIVE OF FAIR MARKET VALUE GIVEN THEIR ROLES AND RESPONSIBILITIES. SMMC USES THE FOLLOWING TO ESTABLISH COMPENSATION OF THE EXECUTIVE DIRECTOR:

- COMPENSATION SURVEY OR STUDY

**PART I, LINE 4B:**

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

**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.

RECOGNITION OF THE CONTRIBUTION THAT EACH EXECUTIVE MAKES TO THE SUCCESS OF ADVENTHEALTH, ADVENTHEALTH PROVIDES TO ELIGIBLE EXECUTIVES PARTICIPATION IN THE ADVENTHEALTH EXECUTIVE FLEX BENEFIT PROGRAM (THE PLAN). THE PURPOSE OF THE PLAN IS TO OFFER ELIGIBLE EXECUTIVES AN OPPORTUNITY TO ELECT FROM AMONG A VARIETY OF SUPPLEMENTAL BENEFITS, INCLUDING A SPLIT DOLLAR LIFE INSURANCE POLICY AND LONG-TERM CARE INSURANCE, TO INDIVIDUALLY TAILOR A BENEFITS PROGRAM APPROPRIATE TO EACH EXECUTIVE'S NEEDS.

THE PLAN PROVIDES ELIGIBLE PARTICIPANTS A PRE-DETERMINED BENEFITS ALLOWANCE CREDIT THAT IS EQUAL TO A PERCENTAGE OF THE EXECUTIVE'S BASE PAY FROM WHICH IS DEDUCTED THE COST OF MANDATORY AND ELECTIVE EMPLOYEE BENEFITS. THE PRE-DETERMINED BENEFITS ALLOWANCE CREDIT PERCENTAGE IS APPROVED BY THE AHSSHC BOARD COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS OF AHSSHC. ANY FUNDS THAT REMAIN AFTER THE COST OF MANDATORY AND ELECTIVE BENEFITS ARE SUBTRACTED FROM THE ANNUAL PRE-DETERMINED BENEFITS ALLOWANCE ARE CONTRIBUTED, AT THE EMPLOYEE'S OPTION, TO EITHER AN IRC 457(F) DEFERRED COMPENSATION ACCOUNT OR TO AN IRC 457(B) ELIGIBLE DEFERRED COMPENSATION PLAN. UPON ATTAINMENT OF AGE 65, ALL PREVIOUS 457(F) DEFERRED AMOUNTS ARE PAID IMMEDIATELY TO THE PARTICIPANT AND ANY FUTURE



**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.

EMPLOYER CONTRIBUTIONS ARE MADE QUARTERLY FROM THE PLAN DIRECTLY TO THE PARTICIPANT. THE PLAN DOCUMENTS DEFINE AN EMPLOYEE WHO IS ELIGIBLE TO PARTICIPATE IN THE PLAN TO GENERALLY INCLUDE THE CHIEF EXECUTIVE OFFICERS OF ADVENTHEALTH ENTITIES AND VICE PRESIDENTS OF ALL ADVENTHEALTH ENTITIES WHOSE BASE SALARY IS AT LEAST \$260,000.

THE PLAN PROVIDES FOR A CLASS YEAR VESTING SCHEDULE (2 YEARS FOR EACH CLASS YEAR) WITH RESPECT TO AMOUNTS ACCUMULATED IN THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT. DISTRIBUTIONS COULD ALSO BE MADE FROM THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT UPON ATTAINMENT OF AGE 65 OR UPON AN INVOLUNTARY SEPARATION. THE ACCOUNT IS FORFEITED BY THE EXECUTIVE UPON A VOLUNTARY SEPARATION.

IN ADDITION TO THE PLAN, ADVENTHEALTH HAS INSTITUTED A DEFINED BENEFIT, NON-TAX-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN EXECUTIVES WHO HAVE PROVIDED LENGTHY SERVICE TO ADVENTHEALTH AND/OR TO OTHER SEVENTH-DAY ADVENTIST CHURCH HOSPITALS OR HEALTH CARE INSTITUTIONS. PARTICIPATION IN THE PLAN IS OFFERED TO ADVENTHEALTH EXECUTIVES ON A PRO-RATA SCHEDULE BEGINNING WITH 20 YEARS OF SERVICE AS AN EMPLOYEE OF ADVENTHEALTH AND/OR

**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.

ANOTHER HOSPITAL OR HEALTH CARE INSTITUTION CONTROLLED BY THE SEVENTH-DAY ADVENTIST CHURCH AND WHO SATISFY CERTAIN OTHER QUALIFYING CRITERIA. THIS SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WAS DESIGNED TO PROVIDE ELIGIBLE EXECUTIVES WITH THE ECONOMIC EQUIVALENT OF AN ANNUAL INCOME BEGINNING AT NORMAL RETIREMENT AGE EQUAL TO 60% OF THE AVERAGE OF THE PARTICIPANT'S THREE, FIVE OR SEVEN HIGHEST YEARS OF BASE SALARY FROM ADVENTHEALTH ACTIVE EMPLOYMENT INCLUSIVE OF INCOME FROM ALL OTHER SEVENTH-DAY ADVENTIST CHURCH HEALTHCARE EMPLOYER-FINANCED RETIREMENT INCOME SOURCES AND INVESTMENT INCOME EARNED ON THOSE CONTRIBUTIONS THROUGH SOCIAL SECURITY NORMAL RETIREMENT AGE AS DEFINED IN THE PLAN. THE NUMBER OF YEARS INCLUDED IN HIGHEST AVERAGE COMPENSATION IS DETERMINED BY THE INDIVIDUAL'S YEAR OF ENTRY TO THE SERP AND BY THE INDIVIDUAL'S YEAR OF ENTRY TO THE ADVENTHEALTH EXECUTIVE FLEX BENEFIT PROGRAM.

ADDITIONALLY, ADVENTHEALTH HAS ADOPTED A SENIOR EXECUTIVE DEATH BENEFIT (SEDB) PLAN IN RECOGNITION OF THE CONSIDERABLE AGE AND SERVICE REQUIREMENTS IN THE SERP. THE SEDB PLAN PROVIDES A BENEFIT IN AN AMOUNT EQUAL TO THE AMOUNT THE EXECUTIVE'S BENEFIT WOULD HAVE BEEN UNDER THE SERP PLAN ASSUMING THAT, ON THE DATE OF THE EXECUTIVE'S DEATH (AND NOT BEFORE), THE EXECUTIVE

**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.

SATISFIED THE LAST OF THE ELIGIBILITY REQUIREMENTS OF THE SERP PLAN WITH PRESENT VALUE RECOGNIZING AN EARLY BENEFIT COMMENCEMENT. AN ELIGIBLE EXECUTIVE BECOMES A PARTICIPANT IN THE SEDB PLAN IF THE EXECUTIVE DIES PRIOR TO TERMINATION OF EMPLOYMENT, PROVIDED THE EXECUTIVE HAS NOT SATISFIED ALL OF THE ELIGIBILITY REQUIREMENTS OF SERP AS OF THE EXECUTIVE'S DATE OF DEATH BUT WOULD HAVE SATISFIED ALL OF THOSE REQUIREMENTS WITHIN FIVE (5) YEARS FOLLOWING DEATH HAD THE EXECUTIVE LIVED AND CONTINUED EMPLOYMENT. THE SEDB PLAN WAS REVIEWED AND APPROVED BY THE AHSSHC BOARD COMPENSATION COMMITTEE, AN INDEPENDENT BODY OF THE AHSSHC BOARD OF DIRECTORS.

	FLEX PLAN CY EMPLOYER CONTRIB.	FLEX PLAN/ CY DISTRIBUTIONS*	SERP CONTRIB./ PAYMENT	457(B) CY DISTRIBUTIONS*
SAM HUENERGARDT	\$103,146	\$ 0	\$ 0	\$0

\* INCLUDING INVESTMENT EARNINGS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ADVENTHEALTH FOUNDATION SHAWNEE MISSION** Employer identification number **48-0868859**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	104,629.	COST OF DONATED PROP
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



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

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 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ADVENTHEALTH FOUNDATION SHAWNEE MISSION

Employer identification number

48-0868859

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

THE FILING ORGANIZATION'S CURRENT YEAR FORM 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE CEO (A BOARD MEMBER) AND CFO OF THE SUPPORTED HOSPITAL PRIOR TO ITS FILING WITH THE IRS. THE REVIEW CONDUCTED BY THE EXECUTIVE DIRECTOR AND THE CEO (A BOARD MEMBER) AND CFO OF THE SUPPORTED HOSPITAL DID NOT INCLUDE THE REVIEW OF ANY SUPPORTING WORKPAPERS THAT WERE USED IN PREPARATION OF THE CURRENT YEAR FORM 990, BUT DID INCLUDE A REVIEW OF THE ENTIRE FORM 990 AND ALL SUPPORTING SCHEDULES.

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

THE CONFLICT OF INTEREST POLICY OF THE FILING ORGANIZATION APPLIES TO MEMBERS OF ITS BOARD OF DIRECTORS (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 (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

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization ADVENTHEALTH FOUNDATION SHAWNEE MISSION	Employer identification number 48-0868859
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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, IS REQUIRED TO DISCLOSE IN WRITING THE EXISTENCE OF ANY CONFLICT OF INTEREST WITH THE FILING ORGANIZATION OR ANY OF THE CHARITABLE ORGANIZATIONS SUPPORTED BY THE FILING ORGANIZATION.

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

THE EXECUTIVE DIRECTOR OF THE FILING ORGANIZATION IS ON THE PAYROLL OF SHAWNEE MISSION MEDICAL CENTER, INC. (SMMC). THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY SMMC. 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 DOES NOT GENERALLY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

PART VII, SECTION A

FOR THOSE BOARD OF DIRECTOR MEMBERS 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

Name of the organization

ADVENTHEALTH FOUNDATION SHAWNEE MISSION

Employer identification number

48-0868859

CONJUNCTION WITH THAT PERSON'S RESPONSIBILITIES AND ROLES IN SERVING IN  
 AN EXECUTIVE LEADERSHIP POSITION AS AN EMPLOYEE OF ADVENTIST HEALTH  
 SYSTEM SUNBELT HEALTHCARE CORPORATION.

PART VIII, LINES 7A, B AND C:

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

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

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	62,043.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	62,043.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	62,043.

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.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **ADVENTHEALTH FOUNDATION SHAWNEE MISSION** Employer identification number **48-0868859**

**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 FAMILY MEDICINE RURAL HEALTH CLINICS, INC. FKA HOSPICE OF THE C, 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 SHAWNEE MISSION - 48-0868859, 9100 W. 74TH STREET, SHAWNEE MISSION, KS 66204	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	KANSAS	501(C)(3)	LINE 7	SHAWNEE MISSION MEDICAL CENTER, INC.	X	
ADVENTHEALTH HOME CARE EAST FLORIDA, LLC. (2/18-12/31/19) - 83-3768458, 770 WEST GRANADA BLVD. #319, ORMOND BEACH, FL 32174	INACTIVE	FLORIDA	501(C)(3)	LINE 12A, I	MEMORIAL HLTH SYSTEMS, INC.	X	
ADVENTHEALTH HOSPICE CARE EAST FLORIDA, INC. (2/18-12/31/19) - 83-3748461, 770 WEST GRANADA BLVD. #304, ORMOND BEACH, FL 32174	INACTIVE	FLORIDA	501(C)(3)	LINE 12A, I	MEMORIAL HLTH SYSTEMS, INC.	X	

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

Schedule R (Form 990) 2019

**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 NORTH POLK, INC. FKA UNIVERSITY COMMUNITY HOSPITAL SPECIALTY CA, 3100 E. FLETCHER AVE, TAMPA, FL 33613	INACTIVE	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY COMMUNITY HOSPITAL, INC.	X	
ADVENTHEALTH OSCEOLA SOUTH, INC. (4/16-12/31/19) - 84-1817046, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	INACTIVE	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTHEALTH POLK NORTH, INC. (4/18-12/31/19) - 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. (4/15-12/31/19) - 83-4672945, 410 SOUTH 11TH STREET, LAKE WALES, FL 33853	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTHEALTH RANSOM MEMORIAL, INC. - 83-0976641, 1301 S. MAIN STREET, OTTAWA, KS 66067	OPERATION OF HOSPITAL & RELATED SERVICES	KANSAS	501(C)(3)	LINE 3	ADVENTIST HLTH MID-AMERICA, INC.	X	
ADVENTHEALTH UNIVERSITY, INC - 59-3069793 671 LAKE WINYAH DRIVE ORLANDO, FL 32803	EDUCATION/OPERATION OF SCHOOL	FLORIDA	501(C)(3)	LINE 2	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
ADVENTHEALTH WEST FL AMBULATORY SVCS, INC. FKA WEST FL HLTH INC - 47-1881744, 14055 RIVEREDGE DRIVE, TAMPA, FL 33637	INACTIVE	FLORIDA	501(C)(3)	LINE 10	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTHEALTH WEST FLORIDA IMAGING, INC. (9/24-12/31/19) - 84-3225135, 14055 RIVEREDGE DRIVE, STE 250, TAMPA, FL 33637	IMAGING & TESTING	FLORIDA	501(C)(3)	LINE 12A, I	ADVENTHEALTH WEST FLORIDA AMBULATORY	X	
ADVENTIST BOLINGBROOK HOSPITAL - 65-1219504 500 REMINGTON BLVD. BOLINGBROOK, IL 60440	OPERATION OF HOSPITAL & RELATED SERVICES	ILLINOIS	501(C)(3)	LINE 3	ADVENTIST MIDWEST HEALTH	X	
ADVENTIST CARE CENTERS - COURTLAND, INC. - 20-5774723, 730 COURTLAND STREET, ORLANDO, FL 32804	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FLORIDA	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
ADVENTIST GLENOAKS HOSPITAL - 36-3208390 701 WINTHROP AVENUE GLENDALE HEIGHTS, IL 60139	OPERATION OF HOSPITAL & RELATED SERVICES	ILLINOIS	501(C)(3)	LINE 3	ADVENTIST MIDWEST HEALTH	X	
ADVENTIST HLTH 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	

**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
ADVENTIST HLTH PARTNERS, INC. - 36-4138353 2601 NAVISTAR DR., BLDG 4 FINANCE LISLE, IL 60532	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	AHS MIDWEST MANAGEMENT, INC.	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 GEORGIA, INC. - 58-1425000, 1035 RED BUD ROAD, 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, INC. - 59-1479658, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTIST HLTH SYSTEM/TEXAS, INC. - 74-2578952, 11801 S. FREEWAY, BURLESON, TX 76028	LEASING PERSONNEL TO AFFILIATED HOSPITAL	TEXAS	501(C)(3)	LINE 12C, III-FI	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
ADVENTIST MIDWEST HEALTH - 36-2276984 120 NORTH OAK STREET HINSDALE, IL 60521	OPERATION OF HOSPITAL & RELATED SERVICES	ILLINOIS	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
AHP SPECIALTY CARE, NFP - 81-1105774 2601 NAVISTAR DR., BLDG 4 FINANCE LISLE, IL 60532	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	AHS MIDWEST MANAGEMENT, INC.	X	
AHS MIDWEST MANAGEMENT, INC. - 36-3354567 2601 NAVISTAR DR., BLDG 4 FINANCE LISLE, IL 60532	OPERATION OF PHYSICIAN PRACTICE MGMT	ILLINOIS	501(C)(3)	LINE 12A, I	ADVENTIST MIDWEST HEALTH	X	
AHS/CENTRAL TEXAS, INC. - 74-2621825 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666	PROVIDE OFFICE SPACE - MEDICAL PROFESSIONALS	TEXAS	501(C)(3)	LINE 12C, III-FI	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
APOPKA HLTH 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	
BATTLE CREEK ADVENTIST HOSPITAL - 38-1359189, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	INACTIVE	MICHIGAN	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, 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 12C, III-FI	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BOLINGBROOK HOSPITAL FOUNDATION (1/1/19-6/21/19) - 90-0494445, 500 REMINGTON BLVD., BOLINGBROOK, IL 60440	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	ILLINOIS	501(C)(3)	LINE 7	MIDWEST HLTH FOUNDATION		X
BRADFORD HEIGHTS HLTH & REHAB CENTER, INC. - 20-5782342, 950 HIGHPOINT DRIVE, HOPKINSVILLE, KY 42240	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KENTUCKY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
BURLESON NURSING & REHAB CENTER, INC. - 20-5782243, 301 HUGULEY BLVD., BURLESON, TX 76028	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	TEXAS	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
CALDWELL HLTH CARE PROPERTIES, INC. - 51-0605680, 1333 WEST MAIN, PRINCETON, KY 42445	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
CENTRAL TEXAS HLTHCARE COLLABORATIVE - 45-3739929, 1301 WONDER WORLD DRIVE, SAN MARCOS, TX 78666	SUPPORT OPERATION OF HOSPITAL	TEXAS	501(C)(3)	LINE 12A, I	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
CHICKASAW HLTH CARE PROPERTIES, INC. - 51-0605681, 250 S. CHICKASAW TRAIL, ORLANDO, FL 32825	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
CHIPPEWA VALLEY HOSPITAL & OAKVIEW CARE CENTER, INC. - 39-1365168, 1220 THIRD AVENUE WEST, DURAND, WI 54736	OPERATION OF HOSPITAL & RELATED SERVICES	WISCONSIN	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
COURTLAND HLTH CARE PROPERTIES, INC. - 51-0605682, 730 COURTLAND STREET, ORLANDO, FL 32804	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
CREEKWOOD PLACE NURSING & REHAB CENTER, INC. - 20-5782260, 107 BOYLES DRIVE, RUSSELLVILLE, KY 42276	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KENTUCKY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
DAIRY ROAD HLTH 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 HLTH & 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	
EMORY-ADVENTIST, INC. - 58-2171011 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714	INACTIVE	GEORGIA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
FLETCHER HOSPITAL, INC. - 56-0543246 100 HOSPITAL DRIVE HENDERSONVILLE, NC 28792	OPERATION OF HOSPITAL & RELATED SVCS	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 SVCS	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 SVCS	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
FLORIDA HOSPITAL PHYSICIAN GROUP, INC. - 46-2021581, 12470 TELECOM DR, #100, TAMPA, FL 33637	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
FLORIDA HOSPITAL WATERMAN, INC. - 59-3140669 1000 WATERMAN WAY TAVARES, FL 32778	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
FLORIDA HOSPITAL ZEPHYRHILLS, INC. - 59-2108057, 7050 GALL BLVD., ZEPHYRHILLS, FL 33541	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
FLORIDA RADIOLOGY IMAGING AT LAKE MARY, LLC - 55-0789387, 2600 WESTHALL LANE, 4TH FLOOR, MAITLAND, FL 32751	IMAGING & TESTING	FLORIDA	501(C)(3)	LINE 3	FLORIDA HOSPITAL MEDICAL GROUP, INC.	X	
FOUNTAIN INN NURSING & REHAB CENTER, INC. - 47-2180518, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FLORIDA	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
GLENOAKS HOSPITAL FOUNDATION (1/1-6/21/19) - 36-3926044, 701 WINTHROP AVENUE, GLENDALE HEIGHTS, IL 60139	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	ILLINOIS	501(C)(3)	LINE 7	MIDWEST HLTH FOUNDATION		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HELEN ELLIS MEMORIAL HOSPITAL 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
HINSDALE HOSPITAL FOUNDATION - 52-1466387 120 NORTH OAK STREET HINSDALE, IL 60521	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	ILLINOIS	501(C)(3)	LINE 7	MIDWEST HLTH FOUNDATION		X
HOSPICE OF THE COMFORTER, INC. - 59-2935928 480 W. CENTRAL PARKWAY ALTAMONTE SPRINGS, FL 32714	OPERATION OF HOSPICE	FLORIDA	501(C)(3)	LINE 10	THE COMFORTER HEALTH CARE GROUP, INC.	X	
IN-MOTION REHAB, INC. - 20-8023411 485 NORTH KELLER ROAD, #250 MAITLAND, FL 32751	THERAPY SERVICES TO TAX EXEMPT NURSING HOMES	KANSAS	501(C)(3)	LINE 12B, II	SUNBELT HLTH CARE CENTERS, INC.	X	
LA GRANGE MEMORIAL HOSPITAL FOUNDATION (1/1-6/21/19) - 30-0247776, 5101 S WILLOW SPRINGS RD, LA GRANGE, IL 60525	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	ILLINOIS	501(C)(3)	LINE 7	MIDWEST HLTH FOUNDATION		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 HLTH 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 HLTH SYSTEMS, INC. - 59-0973502 301 MEMORIAL MEDICAL PARKWAY DAYTONA BEACH, FL 32117	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
MEMORIAL HOSPITAL - WEST VOLUSIA, INC. - 59-3256803, 701 WEST PLYMOUTH AVENUE, DELAND, FL 32720	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	MEMORIAL HLTH SYSTEMS, INC.	X	
MEMORIAL HOSPITAL FLAGLER, INC. - 59-2951990 60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL 32164	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	MEMORIAL HLTH SYSTEMS, INC.	X	
MEMORIAL HOSPITAL, INC. - 61-0594620 210 MARIE LANGDON DRIVE MANCHESTER, KY 40962	OPERATION OF HOSPITAL & RELATED SERVICES	KENTUCKY	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	

**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
MERRIAM HLTH CARE PROPERTIES, INC. - 36-4595806, 9700 WEST 62ND STREET, MERRIAM, KS 66203	LEASE TO RELATED ORGANIZATION	KANSAS	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	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 HLTHCARE SERVICES TO THE COMMUNITY	TEXAS	501(C)(3)	LINE 3	METROPLEX ADVENTIST HOSPITAL, INC.	X	
MIDWEST HLTH FOUNDATION - 35-2230515 120 NORTH OAK STREET HINSDALE, IL 60521	SUPPORT OF SUBSIDIARY FOUNDATIONS	ILLINOIS	501(C)(3)	LINE 12B, II	N/A		X
MILLS HLTH & REHAB CENTER, INC. - 20-5782320 500 BECK LANE MAYFIELD, KY 42066	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KENTUCKY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
MISSION STRATEGIES OF GEORGIA, INC. - 90-0866024, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	PROVISION OF SUPPORT TO THE NURSING HOME DIVISION	GEORGIA	501(C)(3)	LINE 12B, II	SUNBELT HLTH CARE CENTERS, INC.	X	
MISSOURI ADVENTIST HLTH, INC. - 43-1224729 9100 W. 74TH STREET SHAWNEE MISSION, KS 66204	SUPPORT HLTH CARE SERVICES	MISSOURI	501(C)(3)	LINE 12D, III-O	ADVENTIST HLTH MID-AMERICA, INC.	X	
ORMOND BEACH MEMORIAL HOSPITAL AUXILIARY, INC. - 59-1721962, 301 MEMORIAL MEDICAL PARKWAY, DAYTONA BEACH, FL 32117	VOLUNTEER SUPPORT SERVICES	FLORIDA	501(C)(3)	LINE 12C, III-FI	N/A		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	
PARAGON HLTH CARE PROPERTIES, INC. - 51-0605686, 950 HIGHPOINT DRIVE, HOPKINSVILLE, KY 42240	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
PASCO-PINELLAS HILLSBOROUGH COMMUNITY HLTH SYSTEM, INC. - 20-8488713, 2600 BRUCE B. DOWNS BLVD, WESLEY CHAPEL, FL 33544	OPERATION OF HOSPITAL & RELATED SERVICES	FLORIDA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	

**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
PORTERCARE ADVENTIST HLTH SYSTEM (6/30 YEAR END) - 84-0438224, 9100 E MINERAL CIRCLE, CENTENNIAL, CO 80112	OPERATION OF HOSPITAL & RELATED SERVICES	COLORADO	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
PRINCETON HLTH & REHAB CENTER, INC. - 20-5782272, 1333 WEST MAIN, PRINCETON, KY 42445	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KENTUCKY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
PRINCETON PROFESSIONAL SERVICES, INC. - 59-1191045, 601 E. ROLLINS STREET, ORLANDO, FL 32803	PROVISION OF HLTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 10	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
QUALITY CIRCLE FOR HLTHCARE, INC. - 26-3789368, 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714	HLTHCARE QUALITY SERVICES	FLORIDA	501(C)(3)	LINE 12A, I	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
RESOURCE PERSONNEL, INC. - 20-8040875 485 NORTH KELLER ROAD, #250 MAITLAND, FL 32751	PROVIDE ADMINISTRATIVE SUPPORT TO TAX EXEMPT NURSING HOMES	FLORIDA	501(C)(3)	LINE 12B, II	SUNBELT HLTH CARE CENTERS, INC.	X	
ROCKY MOUNTAIN ADVENTIST HLTHCARE FOUNDATION (6/30 YEAR END) - 84-0745018, 7995 E. PRENTICE AVE. #204, GREENWOOD VILLAGE, CO	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	
RUSSELLVILLE HLTH CARE PROPERTIES, INC. - 51-0605691, 683 EAST THIRD STREET, RUSSELLVILLE, KY 42276	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
SAN MARCOS HLTH CARE PROPERTIES, INC. - 51-0605693, 1900 MEDICAL PARKWAY, SAN MARCOS, TX 78666	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
SAN MARCOS NURSING & REHAB CENTER, INC. - 20-5782224, 1900 MEDICAL PARKWAY, SAN MARCOS, TX 78666	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	TEXAS	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
SHAWNEE MISSION HLTH CARE, 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 HLTH CARE PROPERTIES, INC. - 81-3914908, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	



**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
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 HLTH 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 HLTH 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 HLTHCARE 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	
SPECIALTY PHYSICIANS OF CENTRAL TEXAS, INC. - 20-8814408, 1301 WONDER WORLD DRIVE, SAN MARCOS, TX 78666	PHYSICIAN HLTHCARE SERVICES TO THE COMMUNITY	TEXAS	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM/SUNBELT, INC.	X	
SPRING VIEW HLTH & REHAB CENTER, INC. - 20-5782288, 718 GOODWIN LANE, LEITCHFIELD, KY 42754	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KENTUCKY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
SUNBELT HLTH & 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 HLTH 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	
SUNSYSTEM DEVELOPMENT CORP - 59-2219301 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714	FUND RAISING FOR AFFILIATED TAX-EXEMPT HOSPITALS	FLORIDA	501(C)(3)	LINE 7	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
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 HLTH 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	

**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
TAYLOR CREEK HLTH CARE PROPERTIES, INC. - 51-0605678, 718 GOODWIN LANE, LEITCHFIELD, KY 42754	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	LEASE TO RELATED ORGANIZATION	FLORIDA	501(C)(3)	LINE 12C, III-FI	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	X	
THE VOLUNTEER AUXILIARY OF FLORIDA HOSPITAL - FLAGLER, INC. - 59-2486582, 60 MEMORIAL MEDICAL PARKWAY, PALM COAST, FL 32164	VOLUNTEER SUPPORT SERVICES	FLORIDA	501(C)(3)	LINE 12C, III-FI	N/A		X
TRI-COUNTY NURSING AND REHAB CENTER, INC. - 47-2219363, 485 NORTH KELLER ROAD, #250, MAITLAND, FL 32751	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FLORIDA	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS, INC.	X	
TRINITY NURSING & REHAB CENTER, INC. - 20-5774890, 9700 WEST 62ND STREET, MERRIAM, KS 66203	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KANSAS	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 12A, I	N/A		X
UNIVERSITY COMMUNITY HOSPITAL, INC. - 59-1113901, 3100 E. FLETCHER AVE, TAMPA, FL 33613	OPERATION OF HOSPITAL & 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	WEST FLORIDA HEALTH, INC.	X	
WEST KENTUCKY HLTH CARE PROPERTIES, INC. - 51-0605676, 500 BECK LANE, MAYFIELD, KY 42066	LEASE TO RELATED ORGANIZATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS, INC.	X	
ZEPHYR HAVEN HLTH & 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 HLTH & 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	
CLEAR CREEK MOB, LTD (1/1/19-3/5/19) - 74-2609195, 2201 S. CLEAR CREEK RD, KILLEEN, TX 76549	REAL ESTATE	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		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	N/A		N/A	N/A		N/A
FLORIDA HOSPITAL HOME INFUSION, LLP - 59-3142824, 500 WINDERLEY PLACE, STE 226, MAITLAND, FL 32751	HOME INFUSION SERVICES	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HEART OF FLORIDA SURGERY CENTER, LLC - 81-2235296, 410 LIONEL WAY, #100, DAVENPORT, FL 33837	SURGERY CENTER	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		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
ALTAMONTE MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC. - 59-2855792, 601 EAST ROLLINS STREET, ORLANDO, FL 32803	CONDO ASSOCIATION	FL	N/A	C CORP	N/A	N/A	N/A	X	
APOPKA MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC. - 59-3000857, 601 EAST ROLLINS STREET, ORLANDO, FL 32803	CONDO ASSOCIATION	FL	N/A	C CORP	N/A	N/A	N/A	X	
C.C. MOB, INC. - 74-2616875 2201 S. CLEAR CREEK ROAD KILLEEN, TX 76549	REAL ESTATE RENTAL	TX	N/A	C CORP	N/A	N/A	N/A	X	
CENTRAL TEXAS MEDICAL ASSOCIATES - 74-2729873, 1301 WONDER WORLD DRIVE, SAN MARCOS, TX 78666	INACTIVE	TX	N/A	C CORP	N/A	N/A	N/A	X	
CENTRAL TEXAS PROVIDERS NETWORK - 74-2827652 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666	PHYSICIAN HOSPITAL ORG.	TX	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	
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	N/A		N/A	N/A		N/A
PAHS ONPOINT URGENT CARE, LLC (3/8/2019 - 12/31/2019) - 83-2465331, 9100 E. MINERAL CIRCLE, CENTENNIAL, CO 80112	URGENT CARE CENTER	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PRINCETON HOMECARE SERVICES, LLC - 81-4196648, 1050 FORRER BLVD, KETTERING, OH 45420	OPERATION OF HOME HEALTH AGENCY	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SAN MARCOS M.R.I., L.P. - 77-0597972, 1330 WONDER WORLD DR, STE 202, SAN MARCOS, TX 78666	IMAGING & TESTING	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE BARIATRIC CENTER OF KANSAS CITY, LLC - 82-3025378, 9100 W. 74TH STREET, MERRIAM, KS 66204	SURGERY CENTER	KS	N/A	N/A	N/A	N/A	N/A		N/A	N/A		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
FLORIDA HOSPITAL FLAGLER MEDICAL OFFICES ASSOCIATION, INC. - 26-2158309, 60 MEMORIAL MEDICAL PARKWAY, PALM COAST, FL 32164	CONDO ASSOCIATION	FL	N/A	C CORP	N/A	N/A	N/A	X	
FLORIDA HOSP. HLTH VILLAGE PROPERTY OWNER'S ASSOC., INC. - 82-1748255, 550 E. ROLLINS STREET, 7TH FLOOR, ORLANDO, FL 32803	CONDO ASSOCIATION	FL	N/A	C CORP	N/A	N/A	N/A	X	
FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC. - 59-3215680, 101 SOUTHHALL LANE, STE 150, MAITLAND, FL 32751	PHSO	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	
FLORIDA MEMORIAL HEALTH NETWORK, INC. (1/1 - 10/24/19) - 59-3403558, 770 W. GRANADA BLVD., STE. 317, ORMOND BEACH, FL 32174	PHYSICIAN HOSPITAL ORG.	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	
LN HEALTH PARTNERS, INC. - 81-3556903 550 E. ROLLINS STREET, 6TH FLOOR ORLANDO, FL 32803	INACTIVE	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	LESSOR/HOLDING CO.	TN	N/A	C CORP	N/A	N/A	N/A	X	
ORMOND PROF ASSOCIATES CONDO ASSOC'N, 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	
PORTER AFFILIATED HEALTH SERVICES, INC. - 84-0956175, 2525 S DOWNING STREET, DENVER, CO 80210	HEALTHCARE SERVICES	CO	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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) SHAWNEE MISSION MEDICAL CENTER, INC.	B	9,076,081.	ACTUAL AMOUNT GIVEN
(2) SHAWNEE MISSION MEDICAL CENTER, INC.	C	185,914.	ACTUAL AMOUNT RECEIVED
(3) SHAWNEE MISSION MEDICAL CENTER, INC.	P	156,973.	COST
(4) SHAWNEE MISSION MEDICAL CENTER, INC.	M	657,709.	COST
(5) SHAWNEE MISSION MEDICAL CENTER, INC.	S	94,221.	ACTUAL AMOUNT RECEIVED
(6)			







# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ADVENTHEALTH FOUNDATION SHAWNEE MISSION</b>	Taxpayer identification number (TIN) <b>48-0868859</b>
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. <b>7315 E. FRONTAGE ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MERRIAM, KS 66204</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MAIRILISE POTHIN**

- The books are in the care of ▶ **9100 W. 74TH STREET - SHAWNEE MISSION, KS 66204**  
Telephone No. ▶ **(913) 676-2151** Fax No. ▶ **(913) 676-2680**
- 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 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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