

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NAPLES COMMUNITY HOSPITAL, INC.		D Employer identification number 59-0694358
	Doing business as		E Telephone number 239-624-6338
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 413029		G Gross receipts \$ 649,607,731.
	City or town, state or province, country, and ZIP or foreign postal code NAPLES, FL 34101-3029		
F Name and address of principal officer: RICK WYLES SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.NCHMD.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1957 **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HELPING EVERYONE LIVE A LONGER, HAPPIER, AND HEALTHIER LIFE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3789
	6 Total number of volunteers (estimate if necessary)	6	973
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,218,317.	17,104,627.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	574,879,798.	516,992,282.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,106,115.	12,901,077.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,059,418.	14,980,420.
		622,263,648.	561,978,406.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,000.	6,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	226,315,337.	242,818,295.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,391.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	324,137,348.	266,932,851.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	550,461,685.	509,757,146.	
19 Revenue less expenses. Subtract line 18 from line 12	71,801,963.	52,221,260.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	860,487,353.	816,364,702.
	22 Net assets or fund balances. Subtract line 21 from line 20	236,617,887.	189,315,894.
	623,869,466.	627,048,808.	

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	RICK WYLES, CHIEF FINANCIAL OFFICER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name REBEKUH ELEY	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P01247672
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Phone no. 312-634-3400	
	Firm's address ▶ ONE SOUTH WACKER, STE 800 CHICAGO, IL 60606			

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 [X]

1 Briefly describe the organization's mission: HELPING EVERYONE LIVE A LONGER, HAPPIER, AND HEALTHIER LIFE.

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

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

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

4a (Code:) (Expenses \$ 442,679,312. including grants of \$ 6,000.) (Revenue \$ 530,009,567.) SEE SCHEDULE O

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

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

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

4e Total program service expenses 442,679,312.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
 RICK WYLES, CHIEF FINANCIAL OFFICER - 239-624-4005
 350 SEVENTH STREET NORTH, NAPLES, FL 34102-3029

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) MARIANN MACDONALD CHAIRWOMAN	0.50 1.50	X		X				0.	0.	0.
(2) THOMAS J. GAZDIC 1ST VICE CHAIRMAN/TREASURER	0.50 1.50	X		X				0.	0.	0.
(3) GREGORY RUSSO SECRETARY	0.50 1.50	X		X				0.	0.	0.
(4) WILLIAM ALLYN TRUSTEE	0.50 1.50	X						0.	0.	0.
(5) JAY BAKER START 03/19 TRUSTEE	0.50 1.50	X						0.	0.	0.
(6) KEVIN BEEBE TRUSTEE	0.50 1.50	X						0.	0.	0.
(7) JO BORDONARO, R.N. TERM 03/19 TRUSTEE	40.50 1.50	X					84,904.	0.	10,721.	
(8) CHRISTINA CARRANZA, R.N. TRUSTEE START 03/19	40.50 1.50	X					66,434.	0.	30,585.	
(9) KERRY EDWARDS TRUSTEE	0.50 1.50	X					0.	0.	0.	
(10) ALAN EINHORN START 09/19 TRUSTEE	0.50 1.50	X					0.	0.	0.	
(11) GEORGE FERGUSON TRUSTEE	0.50 1.50	X					0.	0.	0.	
(12) STEPHEN LANGE, M.D. TERM 09/19 TRUSTEE	0.50 1.50	X					0.	0.	0.	
(13) SCOTT LUTGERT START 03/19 TRUSTEE	0.50 1.50	X					0.	0.	0.	
(14) JOHN LEWIS, M.D. TRUSTEE	0.50 1.50	X					0.	0.	0.	
(15) PATRICK MULCAHY START 03/19 TRUSTEE	40.50 1.50	X					88,610.	0.	12,011.	
(16) BILL PEREZ START 09/19 TRUSTEE	0.50 1.50	X					0.	0.	0.	
(17) DAVEY SCOON START 09/19 TRUSTEE	0.50 1.50	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) PAULA VYVERBERG TRUSTEE	40.50 1.50	X						131,055.	0.	6,009.
(19) MICHAEL WYNN TRUSTEE	0.50 1.50	X						0.	0.	0.
(20) PAUL HILTZ START 09/19 PRESIDENT/CEO/TRUSTEE	40.00 5.00	X		X				0.	0.	0.
(21) ALLEN S. WEISS, MD TERM 01/19 PRESIDENT/CEO/TRUSTEE	40.00 5.00	X		X				1,029,607.	0.	27,520.
(22) PHILLIP DUTCHER COO/INTERIM PRESIDENT/CEO/TRUSTEE	40.00 5.00	X		X				604,372.	0.	13,485.
(23) KEVIN D. COOPER TERM 01/19 CHIEF OF STAFF	40.00 5.00			X				598,410.	0.	27,856.
(24) RICK WYLES CFO/ASSISTANT TREASURER	40.00 5.00			X				465,333.	0.	33,663.
(25) FRANK ASTOR, M.D. CHIEF MEDICAL OFFICER	40.00 5.00			X				557,859.	0.	27,757.
(26) MICHAEL RILEY CHIEF STRATEGY OFFICER	40.00 5.00			X				327,578.	0.	27,807.
1b Sub-total								3,954,162.	0.	217,414.
c Total from continuation sheets to Part VII, Section A								2,938,829.	0.	284,337.
d Total (add lines 1b and 1c)								6,892,991.	0.	501,751.

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 337

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WALTBILLIG AND HOOD GENERAL CONTRACTORS 1004 COLLIER CTR WAY #100, NAPLES, FL 34110	GENERAL CONTRACTOR	14,139,786.
CERNER CORPORATION P.O. BOX 412702, KANSAS CITY, MO 64141	IT SUPPORT	12,395,904.
NTHRIVE P.O. BOX 733492, DALLAS, TX 75373-3492	MEDICAL RECORDS SUPPORT	10,274,185.
SODEXO, INC AND AFFILIATES P.O. BOX 536922, ATLANTA, GA 30353-6922	DIETARY AND ENVIRONMENTAL SERVICES	10,085,521.
BRASFIELD & GORRIE, LLC, 941 WEST MORSE BLVD, SUITE 200, WINTER PARK, FL 32789	GENERAL CONTRACTOR	8,530,627.

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 79

SEE PART VII, SECTION A CONTINUATION SHEETS

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) RENEE M. THIGPEN CHIEF HR OFFICER	40.00 5.00			X				327,935.	0.	28,459.
(28) ELIZABETH MARTIN ASSISTANT SECRETARY	40.00 5.00			X				71,393.	0.	11,771.
(29) GARY TOMCIK CHIEF EXPERIENCE OFFICER	40.00 5.00			X				265,594.	0.	33,081.
(30) ZACHARY BOSTOCK CHIEF ADMINISTRATIVE OFFICER	40.00 5.00			X				451,934.	0.	33,634.
(31) JONATHAN KLING, R.N. CHIEF NURSING OFFICER	40.00 5.00			X				335,586.	0.	32,134.
(32) LINDA ROEBACK START 01/19 GENERAL COUNSEL	40.00 5.00			X				218,128.	0.	30,383.
(33) CHARLES GRAEBER, M.D. PROGRAM DIRECTOR, INTERNAL	40.00 0.00					X		352,745.	0.	12,022.
(34) KIM THORP DIRECTOR OF PHARMACY NCH HEALTHCARE	40.00 0.00					X		202,795.	0.	31,665.
(35) ILIA ECHEVARRIA, R.N. ASSOCIATE CHIEF NURSE PROF. PRACTICE	40.00 0.00					X		199,240.	0.	23,852.
(36) JAMES BATES RADIOLOGY DIRECTOR	40.00 0.00					X		197,555.	0.	30,290.
(37) GINA TEEGARDEN, R.N. ASSOCIATE CHIEF NURSE OPERATIONS	40.00 0.00					X		195,372.	0.	17,046.
(38) JAMES K. MARTIN TERM 05/17 FORMER CHIEF DEVELOPMENT OFFICER	0.00 0.00						X	120,552.	0.	0.
Total to Part VII, Section A, line 1c								2,938,829.		284,337.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	352,834.				
	d Related organizations	1d	30,000.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,721,793.				
	g Noncash contributions included in lines 1a-1f: \$		1,813,246.				
	h Total. Add lines 1a-1f		17,104,627.				
Program Service Revenue	2 a NET PATIENT SERVICE REVENUE	Business Code 621990	516,992,282.	516,992,282.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		516,992,282.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,780,377.			9,780,377.	
	4 Income from investment of tax-exempt bond proceeds		1,249.			1,249.	
	5 Royalties						
	6 a Gross rents	(i) Real	1,627,367.				
		(ii) Personal					
		b Less: rental expenses	47,789.				
		c Rental income or (loss)	1,579,578.				
	d Net rental income or (loss)		1,579,578.			1,579,578.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	90,351,164.				
		(ii) Other	134,354.				
		b Less: cost or other basis and sales expenses	87,308,195.	57,872.			
		c Gain or (loss)	3,042,969.	76,482.			
	d Net gain or (loss)		3,119,451.			3,119,451.	
	8 a Gross income from fundraising events (not including \$ 352,834. of contributions reported on line 1c). See Part IV, line 18	a	599,026.				
		b Less: direct expenses	215,469.				
c Net income or (loss) from fundraising events			383,557.			383,557.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a WELLNESS CENTER		713940	3,275,593.	3,275,593.			
	b SCHOOL NURSE	621990	3,251,986.	3,251,986.			
	c DIETARY	722514	2,652,579.	2,652,579.			
	d All other revenue	900099	3,837,127.	3,837,127.			
	e Total. Add lines 11a-11d		13,017,285.				
12 Total revenue. See instructions		561,978,406.	530,009,567.	0.	14,864,212.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,000.	6,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,779,232.		5,779,232.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	262,308.	262,308.		
7 Other salaries and wages	202,094,329.	171,840,808.	30,245,563.	7,958.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,299,677.	4,506,315.	793,362.	
9 Other employee benefits	14,577,317.	12,395,093.	2,181,400.	824.
10 Payroll taxes	14,805,432.	12,589,059.	2,215,764.	609.
11 Fees for services (non-employees):				
a Management				
b Legal	2,258,577.		2,258,577.	
c Accounting	288,228.		288,228.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	57,950,597.	49,275,394.	8,675,203.	
12 Advertising and promotion	2,313,666.	1,967,310.	346,356.	
13 Office expenses	19,150,389.	16,283,577.	2,866,812.	
14 Information technology	16,800,721.	14,285,653.	2,515,068.	
15 Royalties				
16 Occupancy	10,278,215.	8,739,566.	1,538,649.	
17 Travel	391,342.	332,758.	58,584.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	5,620,211.	4,778,865.	841,346.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,996,232.	33,158,496.	5,837,736.	
23 Insurance	4,090,776.	3,478,387.	612,389.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	107,414,806.	107,414,806.		
b BAD DEBT EXPENSE	1,284,406.	1,284,406.		
c _____				
d _____				
e All other expenses _____	94,685.	80,511.	14,174.	
25 Total functional expenses. Add lines 1 through 24e	509,757,146.	442,679,312.	67,068,443.	9,391.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	68,170,179.	1	17,465,308.
	2 Savings and temporary cash investments	9,238,041.	2	6,118,450.
	3 Pledges and grants receivable, net	24,692,516.	3	21,306,009.
	4 Accounts receivable, net	63,966,172.	4	69,189,390.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	50,000.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	6,029.	7	7,643.
	8 Inventories for sale or use	11,027,734.	8	11,120,787.
	9 Prepaid expenses and deferred charges	5,689,476.	9	4,583,082.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 839,928,264.		
	b Less: accumulated depreciation	10b 502,951,911.	322,726,342.	10c 336,976,353.
	11 Investments - publicly traded securities	19,057,772.	11	23,556,105.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	1,126,467.	14	654,468.
	15 Other assets. See Part IV, line 11	334,786,625.	15	325,337,107.
16 Total assets. Add lines 1 through 15 (must equal line 34)	860,487,353.	16	816,364,702.	
Liabilities	17 Accounts payable and accrued expenses	52,162,050.	17	51,667,798.
	18 Grants payable		18	
	19 Deferred revenue	262,098.	19	247,421.
	20 Tax-exempt bond liabilities	145,073,867.	20	97,732,705.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	39,119,872.	25	39,667,970.
	26 Total liabilities. Add lines 17 through 25	236,617,887.	26	189,315,894.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	571,458,369.	27	574,987,502.
	28 Temporarily restricted net assets	36,826,700.	28	36,430,095.
	29 Permanently restricted net assets	15,584,397.	29	15,631,211.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	623,869,466.	33	627,048,808.	
34 Total liabilities and net assets/fund balances	860,487,353.	34	816,364,702.	

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	561,978,406.
2	Total expenses (must equal Part IX, column (A), line 25)	2	509,757,146.
3	Revenue less expenses. Subtract line 2 from line 1	3	52,221,260.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	623,869,466.
5	Net unrealized gains (losses) on investments	5	-3,555,770.
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 in Schedule O)	9	-45,486,148.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	627,048,808.

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 in 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 in Schedule O and describe any steps taken to undergo such audits _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

NAPLES COMMUNITY HOSPITAL, INC.

Employer identification number

59-0694358

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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	<hr/> <hr/> <hr/>	\$ 7,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 14,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 21,717.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
13	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
19	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
25	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 38,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
31	<hr/> <hr/> <hr/>	\$ 31,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
37	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
43	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
49		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
55	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
61	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 7,656.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
67	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 107,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 18,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
73	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 7,474.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
79	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
85	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
91	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
97	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
103	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
109	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
115	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
121	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
127	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
133	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
139	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
145	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
151	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
157	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
163	<hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
169	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
175	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
181	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
187	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
193	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
199	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	<hr/> <hr/> <hr/>	\$ 16,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
205	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
211	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
217	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	<hr/> <hr/> <hr/>	\$ 7,344.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
219	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
223	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
229	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
235	 	\$ 8,299.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
236	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	 	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
241	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
247	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
253	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	<hr/> <hr/> <hr/>	\$ 147,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
259	 <hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
265	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
271	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
277	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
283	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
289	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	<hr/> <hr/> <hr/>	\$ 7,655.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
291	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	<hr/> <hr/> <hr/>	\$ 59,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
294	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
295	 	\$ 9,765.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
296	 	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
301	 <hr/> <hr/> <hr/>	\$ <u>7,750.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
302	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	 <hr/> <hr/> <hr/>	\$ <u>196,309.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
307	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310	 <hr/> <hr/> <hr/>	\$ <u>6,061.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
312	 <hr/> <hr/> <hr/>	\$ <u>510,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
313	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	 <hr/> <hr/> <hr/>	\$ 22,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
319	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320	<hr/> <hr/> <hr/>	\$ 12,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
322	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
323	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
324	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
325	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
326	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
327	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
328	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
329	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
330	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
331	 	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333	 	\$ 8,456,779.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
335	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
336	 	\$ 10,298.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
337		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
338		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
339		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
340		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
341		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
342		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
343	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
344	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
345	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
346	_____ _____ _____	\$ 50,793.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
347	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
348	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
349	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
350	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
351	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
352	_____ _____ _____	\$ 11,957.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
353	_____ _____ _____	\$ 20,786.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
354	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
355	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
356	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
357	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
358	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
359	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
360	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
361	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
362	 <hr/> <hr/> <hr/>	\$ 63,946.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
363	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
364	 <hr/> <hr/> <hr/>	\$ 9,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
365	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
366	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
367	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
368	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
369	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
370	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
371	 <hr/> <hr/> <hr/>	\$ <u>42,540.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
372	 <hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
373	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
374	 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
375	 	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
376	 	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
377	 	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
378	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
379	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
380	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
381	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
382	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
383	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
384	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
385	 	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
386	 	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
387	 	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
388	 	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
389	 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
390	 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
391	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
392	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
393	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
394	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
395	 <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
396	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
397	 <hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
398	 <hr/> <hr/> <hr/>	\$ 362,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
399	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
400	 <hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
401	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
402	 <hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
403	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
404	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
405	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
406	_____ _____ _____	\$ 14,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
407	_____ _____ _____	\$ 5,000.	Person <input 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.)

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
63	INCLUDED IN THE TOTAL IS \$7,656 IN 32 SHARES OF TMO-THERMO	\$ 7,656.	11/19/18
74	INCLUDED IN THE TOTAL IS \$7,474 IN MDC SHARES	\$ 7,474.	03/18/19
218	INCLUDED IN THE TOTAL IS \$7,344 IN 56 SHARES OF VANGUARD INDEX	\$ 7,344.	12/19/18
235	INCLUDED IN THE TOTAL IS \$8,299 IN 34 SHARES OF UNH - UNITED HEALTH GROUP INC COM	\$ 8,299.	07/02/19
290	INCLUDED IN THE TOTAL IS \$7,655 IN 50 SHARES OF APPLE INC	\$ 7,655.	01/23/19
293	INCLUDED IN THE TOTAL IS \$52,125 IN 621 SHARES OF ABT-ABBOTT	\$ 52,125.	09/18/19

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
295	INCLUDED IN THE TOTAL IS \$9,765 IN 100 SHARES OF JPM STOCK	\$ 9,765.	12/15/18
301	INCLUDED IN THE TOTAL IS \$7,750 IN 40 SHARES OF MDC RENEWAL	\$ 7,750.	05/10/19
336	INCLUDED IN THE TOTAL IS \$10,298 IN 160 SHARES OF UNC - LINCOLN NATL CORP IND COM	\$ 10,298.	10/22/18
346	INCLUDED IN THE TOTAL IS \$50,793 IN COCA COLA EUROPEAN, NOVARTIS, AND DISNEY CO.	\$ 50,793.	05/20/19
353	INCLUDED IN THE TOTAL IS \$20,786 IN 50 SHARES OF SHERWIN	\$ 20,786.	12/04/18
406	INCLUDED IN THE TOTAL IS \$14,500 TOPAZ SET JEWELRY	\$ 14,500.	11/01/18

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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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
407	INCLUDED IN THE TOTAL IS \$5,000 FOR 1-YEAR MEMBERSHIP TO THE HAMILTON HARBOR YACHT CLUB <hr/> <hr/>	\$ 5,000.	11/01/18
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: NAPLES COMMUNITY HOSPITAL, INC. Employer identification number: 59-0694358

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-7. Monitoring and enforcement details (number of states, policy, staff hours, expenses). 8. Section 170(h)(4)(B) requirements. 9. Reporting requirements.

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.

Form with 2 main sections: 1a. Reporting requirements for works of art, historical treasures, etc. 1b. Amounts relating to these items (revenue, assets). 2. Reporting requirements for financial gain (revenue, assets).

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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	15,584,397.	14,783,076.	14,561,078.	14,426,617.	14,766,111.
b Contributions	3,907.	601,291.	6,000.	7,000.	36,529.
c Net investment earnings, gains, and losses	42,907.	200,030.	215,998.	127,461.	-376,023.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	15,631,211.	15,584,397.	14,783,076.	14,561,078.	14,426,617.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment 100.00 %
 - c** Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,725,329.		26,725,329.
b Buildings		430,080,976.	219,556,831.	210,524,145.
c Leasehold improvements		6,861,742.	6,467,688.	394,054.
d Equipment		325,439,706.	270,821,682.	54,618,024.
e Other		50,820,511.	6,105,710.	44,714,801.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				336,976,353.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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) ASSETS LIMITED AS TO USE	321,770,487.
(2) OTHER ASSETS	1,737,718.
(3) DEPOSITS	193,063.
(4) THIRD-PARTY RECEIVABLE	1,635,839.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	325,337,107.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED ORGANIZATIONS	22,956,311.
(3) SELF-INSURANCE LIABILITIES	8,906,339.
(4) PUBLIC MEDICAL FUND PAYABLE	3,469,845.
(5) ACCRUED INTEREST	2,771,190.
(6) OTHER LIABILITIES	1,564,285.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	39,667,970.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS

ALL ENDOWMENT FUNDS MAINTAINED BY NAPLES COMMUNITY HOSPITAL, INC. ARE USED

IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSES.

PART X, LINE 2:

THE SYSTEM AND ALL OF ITS NOT-FOR-PROFIT SUBSIDIARIES ARE EXEMPT FROM

FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(A) OF THE

INTERNAL REVENUE CODE (THE CODE). THE SYSTEM AND ALL OF ITS NOT-FOR-PROFIT

SUBSIDIARIES DO NOT HAVE SIGNIFICANT UNRELATED BUSINESS INCOME; HOWEVER,

SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE

Part XIII Supplemental Information *(continued)*

RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES. THE

SYSTEM IS GENERALLY NO LONGER SUBJECT TO TAX EXAMINATIONS IN THE MAJOR

U.S. TAXING JURISDICTIONS IN WHICH THEY OPERATE FOR TAX YEARS PRIOR TO

2015.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization **NAPLES COMMUNITY HOSPITAL, INC.** Employer identification number **59-0694358**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total	▶					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 NONE	(d) Total events (add col. (a) through col. (c))
		HOSPITAL BALL (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	951,860.			951,860.
	2 Less: Contributions	352,834.			352,834.
	3 Gross income (line 1 minus line 2)	599,026.			599,026.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	34,691.			34,691.
	7 Food and beverages	119,061.			119,061.
	8 Entertainment	27,558.			27,558.
	9 Other direct expenses	34,159.			34,159.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				215,469.
11 Net income summary. Subtract line 10 from line 3, column (d)				383,557.	

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				
	2 Cash prizes				
Direct Expenses	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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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 H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			22,821,816.		22,821,816.	4.75%
b Medicaid (from Worksheet 3, column a)			58,257,307.	32,757,557.	25,499,750.	5.40%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			81,079,123.	32,757,557.	48,321,566.	10.15%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			823,516.		823,516.	.16%
f Health professions education (from Worksheet 5)			38,344.		38,344.	.01%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			861,860.		861,860.	.17%
k Total. Add lines 7d and 7j			81,940,983.	32,757,557.	49,183,426.	10.32%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			188,748.		188,748.	.04%
4 Environmental improvements						
5 Leadership development and training for community members			110,148.		110,148.	.02%
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			298,896.		298,896.	.06%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	265,387,176.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	298,856,085.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-33,468,909.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 NAPLES COMMUNITY HOSPITAL, INC.
 350 7TH STREET NORTH
 NAPLES, FL 34102
 WWW.NCHMD.ORG
 LICENSE #4113

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X					X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group NAPLES COMMUNITY HOSPITAL, INC.

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.NCHMD.ORG/ABOUT-US/ANNUAL-REPORTS</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTP://WWW.NCHMD.ORG/ABOUT-US/ANNUAL-REPORTS</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group NAPLES COMMUNITY HOSPITAL, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group NAPLES COMMUNITY HOSPITAL, INC.

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

Policy Relating to Emergency Medical Care

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

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

Name of hospital facility or letter of facility reporting group NAPLES COMMUNITY HOSPITAL, INC.

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Part V Facility Information (continued)

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

NAPLES COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 5: CHNA TAKING INTO ACCOUNT INPUT FROM THE

COMMUNITY

THE NCH LEADERSHIP TEAM IS ACTIVELY INVOLVED AND PARTICIPATES IN MANY

COMMUNITY RELATED ORGANIZATIONS AND GROUPS THAT ARE CONTINUALLY ASSESSING

UNMET NEEDS WITHIN COLLIER COUNTY. NCH HAS HISTORICALLY WORKED WITH OUR

BOARD OF TRUSTEES, COLLIER COUNTY CHILDREN'S ALLIANCE, COLLIER COUNTY

PUBLIC SCHOOLS, BLUE ZONES PROJECT OF SWFL AND OTHER AGENCIES THROUGHOUT

THE COMMUNITY IN ASSESSING AND COLLABORATING IN EFFORTS TO IMPROVE THE

HEALTH OF OUR COMMUNITY.

NCH WORKS COLLABORATIVELY WITH THE FLORIDA DEPARTMENT OF HEALTH IN COLLIER

COUNTY, THE COUNTY AND CITY GOVERNMENT, THE NAPLES AREA CHAMBER OF

COMMERCE AND SEVERAL OTHER COMMUNITY GROUPS TO FORM THE COMMUNITY

ASSESSMENT DESIGN GROUP. THE PURPOSE IS TO ASSESS THE COMMUNITY'S

STRENGTHS AND OPPORTUNITIES. THE CURRENT COMMUNITY HEALTH IMPROVEMENT PLAN

(CHIP) BEGAN IN 2016 AND A NEW COMMUNITY HEALTH ASSESSMENT WAS COMPLETED

IN 2019. THE 2017-2019 CHIP PRIORITIES WERE ESTABLISHED IN 2016 BY THE

LEADERSHIP FOR COMMUNITY HEALTH IMPROVEMENT PLANNING (LCHIP) COMMITTEE.

DOH-COLLIER FACILITATED THE CHIP PROCESS BY USING THE NATIONAL ASSOCIATION

OF CITY AND COUNTY HEALTH OFFICIALS MOBILIZING FOR ACTION THROUGH PLANNING

AND PARTNERSHIP (MAPP) STRATEGIC PLANNING MODEL.

USING THE MOBILIZING FOR ACTION THROUGH THE PLANNING AND PARTNERSHIP

(MAPP) FRAMEWORK, THE LCHIP COMMITTEE REVIEWED THE 2016 COMMUNITY HEALTH

Part V Facility Information (continued)

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

ASSESSMENT (CHA) AND HELD DISCUSSIONS REGARDING GROUP PRIORITIES AND

OBJECTIVES GOING FORWARD. FOR THE PAST FEW YEARS, THE COLLECTIVE FOCUS WAS

REDUCING OBESITY. THE COMMITTEE AGREED TO FOCUS ON REDUCING OBESITY AND

BEHAVIORAL HEALTH.

THE LCHIP COMMITTEE DEVELOPED THE HEALTHIEST COLLIER OBESITY AND

BEHAVIORAL HEALTH OBJECTIVES TO PROMOTE AWARENESS AND PROVIDE

OPPORTUNITIES FOR CHILDREN AND ADULTS TO MAKE CONSISTENT, INFORMED CHOICES

ABOUT HEALTHY EATING, ACTIVE LIVING AND SOCIAL WELL-BEING.

THE CHIP EC ESTABLISHED THE FOLLOWING GOALS FOR OBESITY AND BEHAVIORAL

HEALTH:

OBESITY

1. INCREASE THE INITIATION, DURATION AND EXCLUSIVITY

OF BREASTFEEDING

2. MAKE HEALTHIER CHOICES EASIER FOR STUDENTS

3. LONG, HEALTHY LIFE FOR INFANTS AND TODDLERS

4. LONG, HEALTHY LIFE FOR ADULTS

5. RAISE WELL-BEING IN SWFL THROUGH A COMPREHENSIVE APPROACH TO HEALTH

IMPROVEMENT

6. SHARE EFFECTIVE STRATEGIES AND MESSAGES THAT SUPPORT HEALTHY BEHAVIORS

7. PROMOTE ALL ASPECTS OF HEALTH AND WELLNESS FOR SENIORS

BEHAVIORAL HEALTH

1. PROMOTE EMOTIONAL, PSYCHOLOGICAL AND SOCIAL WELL-BEING PROGRAMS

IN 2018, THE NAME OF THE CHIP STEERING COMMITTEE WAS CHANGED FROM LCHIP TO

Part V Facility Information *(continued)*

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

THE EXECUTIVE COMMITTEE FOR COMMUNITY HEALTH PLANING (CHIP EC).THE CHIP EC

MET TO REVIEW THE GOALS, STRATEGIES, OBJECTIVES, INDICATORS, OUTCOMES AND

STATUS OF THE 7 HEALTHIEST COLLIER OBESITY OBJECTIVES AND THE 1 HEALTHIEST

COLLIER BEHAVIORAL HEALTH OBJECTIVE.

THE FOLLOWING ACCOMPLISHMENTS WERE MADE IN COLLIER COUNTY IN 2019 IN

REGARD TO THE GOALS ESTABLISHED BY THE CHIP EC COMMITTEE.

OBESITY GOAL 1. INCREASE THE INITIATION, DURATION, AND EXCLUSIVITY OF

BREASTFEEDING

OBJECTIVE: DOUBLE NUMBER OF BREASTFEEDING FRIENDLY (BFF) CHILDCARES.

ACCOMPLISHMENT: THE CURRENT LEVEL IS 11 WITH THE INCREASED TARGET OF 12.

CURRENT STRATEGIES WILL CONTINUE TO CERTIFY ALL 15 CHILDCARE PROVIDERS IN

THE COUNTY.

COMMUNITY BENEFIT: BREASTFEEDING SAVES LIVES. RESEARCH SHOWS THAT IF 90%

OF FAMILIES BREASTFED EXCLUSIVELY FOR 6 MONTHS, NEARLY 1,000 DEATHS AMONG

INFANTS COULD BE SAVED.

OBESITY GOAL 2. MAKE HEALTHIER CHOICES EASIER FOR STUDENTS

OBJECTIVE: INCREASE THE NUMBER OF BLUE ZONE APPROVED SCHOOLS BY THREE PER

YEAR.

ACCOMPLISHMENT: THERE ARE 24 BLUE ZONE APPROVED SCHOOLS AND THE REMAINING

PUBLIC SCHOOLS ARE IN PROCESS. CURRENT STRATEGIES WILL CONTINUE TO APPROVE

ALL SCHOOLS IN THE COUNTY.

COMMUNITY BENEFIT: SCHOOLS THAT OBTAIN BLUE ZONE APPROVAL DEMONSTRATE A

Part V Facility Information *(continued)*

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

COMMITMENT TO PROVIDING A LEARNING ENVIRONMENT THAT SUPPORTS WELLNESS,
NUTRITION, AND AN ACTIVE LIFESTYLE THROUGH A VARIETY OF INITIATIVES
INVOLVING STUDENTS, STAFF AND FAMILIES.

OBESITY GOAL 3. LONG, HEALTHY LIFE FOR INFANTS AND TODDLERS.

OBJECTIVE: DECREASE THE PERCENTAGE OF OVERWEIGHT/OBESE CHILDREN 24 TO 60

MONTHS OLD CERTIFIED IN THE COLLIER WIC PROGRAM FROM 34.8% TO 34.5%.

ACCOMPLISHMENT: THE CURRENT LEVEL IS 37.7% WITH A TARGET OF 34.5%. NEW

STRATEGIES ARE BEING CONSIDERED BY PROGRAM MANAGERS.

COMMUNITY BENEFIT: CHANGING HEALTH RELATED BEHAVIORS CAN PRODUCE LONG-TERM

HEALTH BENEFITS.

OBESITY GOAL 4.: LONG, HEALTHY LIFE FOR ADULTS.

OBJECTIVE: BLUE ZONE WILL ENGAGE 10 FAITH BASED ORGANIZATIONS TO BECOME

BLUE ZONE APPROVED.

ACCOMPLISHMENT: TARGET INCREASED TO 15 FOR 2019 AND THE CURRENT LEVEL IS

13. CURRENT STRATEGIES WILL BE IMPLEMENTED TO MEET AND EXCEED THE TARGET.

COMMUNITY BENEFIT: REGULAR PHYSICAL ACTIVITY AND HEALTHY EATING CAN

PRODUCE LONG-TERM HEALTH BENEFITS.

OBESITY GOAL 5. RAISE WELL-BEING IN SWFL THROUGH A COMPREHENSIVE APPROACH

TO HEALTH IMPROVEMENT.

OBJECTIVE: IMPROVE 8 OR MORE INDICATORS OVER AN 8-YEAR PERIOD (BY SEPT

2022).

Part V Facility Information *(continued)*

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

ACCOMPLISHMENT: GALLUO-HEALTHWAYS WELL-BEING INDEX. 8 INDICATORS INCREASED

FROM 2015-2017. THE CURRENT LEVEL IS 44% WITH A TARGET OF 40%. THE

CURRENT STRATEGY WILL BE IMPLEMENTED TO MEET THE 8-YEAR TARGET OF 70%.

COMMUNITY BENEFIT: CHANGING HEALTH RELATED BEHAVIORS CAN PRODUCE LONG-TERM

HEALTH BENEFITS.

OBESITY GOAL 6. SHARE EFFECTIVE STRATEGIES AND MESSAGES THAT SUPPORT

HEALTH BEHAVIORS.

OBJECTIVE: PASSIVE NUTRITION EDUCATION IS VISIBLE NEAR VENDING MACHINES AT

COLLIER COUNTY PARKS AND RECREATION SITES.

ACCOMPLISHMENT: CURRENT LEVEL IS 8 WITH A TARGET OF 4. THE STRATEGY USED

IS NOW STANDARD PRACTICE.

COMMUNITY BENEFIT: A NUMBER OF FACTORS DETERMINE WHAT PEOPLE EAT, BUT

ACCESS TO HEALTHY FOOD AND BEVERAGES HAS A MAJOR INFLUENCE. HEALTHIER

VENDOR OPTIONS PROVIDES ACCESS TO HIGHER QUALITY OF FOOD CHOICES.

OBESITY GOAL 7. PROMOTE ALL ASPECTS OF HEALTH AND WELLNESS IN SENIORS

OBJECTIVE: MAINTAIN CURRENT LEVEL OF PROGRAMMING IN SENIOR CENTERS ON

NUTRITION, EXERCISE, AND GENERAL HEALTH (# OF SESSIONS).

ACCOMPLISHMENT: CURRENTLY THERE ARE OVER 180 PROGRAMS ON NUTRITION,

EXERCISE AND GENERAL HEALTH AND WELLNESS WITH A TARGET OF 100. THE

STRATEGY USED IS NOW STANDARD PRACTICE.

COMMUNITY BENEFIT: REGULAR PHYSICAL ACTIVITY CAN PRODUCE LONG-TERM HEALTH

BENEFITS.

Part V Facility Information (continued)

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

BEHAVIORAL HEALTH GOAL 1. PROMOTE EMOTIONAL, PSYCHOLOGICAL AND SOCIAL

WELL-BEING PROGRAMS

OBJECTIVE: INFORMATION AND RESOURCES POSTED ON ELECTRONIC SITES USED BY

MEDICAL PROFESSIONS.

ACCOMPLISHMENT: CURRENT LEVEL IS 5 WITH A TARGET OF 4. THE STRATEGY USED

IS NOW STANDARD PRACTICE.

COMMUNITY BENEFIT: THERE IS EMERGING EVIDENCE THAT POSITIVE BEHAVIORAL

HEALTH IS ASSOCIATED WITH IMPROVED HEALTH OUTCOMES. POSITIVE BEHAVIORAL

HEALTH IS DIRECTLY RELATED TO EMOTIONAL, PSYCHOLOGICAL AND SOCIAL

WELL-BEING, WHICH IS CRUCIAL TO LIVING A LONG AND HEALTHY LIFE.

THE CHIP SERVES AS A ROADMAP FOR CONTINUOUS IMPROVEMENT. THE CHIP WILL

CONTINUE TO EVALUATE THE NEEDS OF THE COMMUNITY AND BY WORKING TOGETHER,

WE CAN HAVE A SIGNIFICANT IMPACT ON COLLIER COUNTY'S HEALTH AND WELL-BEING

AWARENESS.

NAPLES COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: CHNA CONDUCTED WITH ONE OR MORE HOSPITAL

FACILITIES

AS PART OF AN INTEGRATED HEALTHCARE SYSTEM, THE CHNA FOR NAPLES COMMUNITY

HOSPITAL AND MARCO ISLAND HOSPITAL WAS PREPARED JOINTLY.

NAPLES COMMUNITY HOSPITAL, INC.:

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 11: ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA

THE CHNA IDENTIFIED PROBLEM AREAS THAT NEEDED TO BE ADDRESSED. THESE

INCLUDE SUFFICIENT JOB EMPLOYMENT, ECONOMIC OPPORTUNITIES, ACCESS TO

AFFORDABLE HOUSING, DRUG AND ALCOHOL ABUSE, SAFE ROADWAYS FOR BICYCLIST

AND PEDESTRIANS, PRIMARY CARE RESOURCES, ACCESS TO AFFORDABLE HEALTHY

FOOD, ACCESS TO LONG TERM CARE NEEDS, COMMUNICABLE DISEASE, OBESITY,

CHRONIC DISEASE, MENTAL HEALTH, DENTAL HEALTH, ACCESS TO CARE,

DISABILITIES AND UNINTENTIONAL INJURIES.

UPON REVIEW OF THE FINDINGS OF THE CHNA, THE NCH LEADERSHIP TEAM CAME UP

WITH FIVE KEY AREAS TO FOCUS ON WHICH INCLUDED MENTAL HEALTH, CHRONIC

DISEASE (ONCOLOGY), MATERNAL AND INFANT HEALTH, HEALTH OF THE OLDER

POPULATION AND HEALTH BEHAVIORS AND OUTCOMES. BELOW IS A SUMMARY OF

ACTIVITIES AND INITIATIVES NCH ACHIEVED IN THE PAST THREE YEARS IN THESE

SPECIFIC KEY AREAS.

MENTAL HEALTH

IN AN EFFORT TO EXPAND ACCESS OF OUTPATIENT BEHAVIORAL HEALTH SERVICE NCH

CO-LOCATED PHYSICIAN PRACTICES AND NCH HAS BEEN PARTICIPATING IN THE

COLLIER COUNTY COMMISSIONERS AD HOC TASK FORCE ON MENTAL HEALTH AND

ADDITION NEEDS IN COLLIER COUNTY. THE COMMITTEE SPONSORED A ONE-CENT

SALES TAX, WHICH WAS APPROVED FOR \$25 MILLION FOR IMPROVING MENTAL HEALTH

IN COLLIER.

IN RESPONSE TO MANAGING HIGH-RISK PSYCHIATRIC PATIENTS, NCH HAS PLACED

Part V Facility Information (continued)

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

CASE MANAGERS IN NCH EMERGENCY DEPARTMENTS TO WORK WITH FREQUENT USERS OF
ED AND INPATIENT SERVICES.

IN ORDER TO TARGET SEVERE DEPRESSION NCH WILL SOON BE IMPLEMENTING AN
ELECTRO CONVULSIVE THERAPY PROGRAM (ECT) AND A TRANS MAGNETIC SIMULATION
PROGRAM (TMS), AS WELL AS IV KETAMINE AND INTRA NASAL KETAMINE PROGRAMS
WHEN APPROVED BY THE FDA.

CHRONIC DISEASE (ONCOLOGY)

MAMMOGRAM SCREENINGS ARE OFFERED AND PROVIDED TO UNINSURED AND
UNDERINSURED PATIENTS. IN ADDITION, A COMMUNITY FAIR IS SCHEDULED EACH
YEAR AT LOCAL CHURCHES, CP-3 SCREENINGS AND AN AMERICAN CANCER ASSOCIATION
STUDY HAS ALSO BEEN COMPLETED.

NCH HIRED CARDIO THORACIC SURGEONS WHO DEVELOPED A COMPREHENSIVE LUNG
CANCER PROGRAM FOCUSING ON SCREENING, NAVIGATION, SURVIVORSHIP AND
SURGICAL INTERVENTION.

NCH EXPANDED ITS NURSE NAVIGATION PROGRAM WITH FOCUS ON FOLLOWING ONCOLOGY
PATIENTS THROUGHOUT THE CONTINUUM OF CARE WITH SPECIAL EMPHASIS ON BREAST
AND LUNG PATIENTS AS WELL AS SCREENING ACTIVITIES.

MATERNAL AND INFANT HEALTH

NCH'S INITIAL LATCH MEASUREMENT IS 87%. NCH IS IMPLEMENTING SKIN TO SKIN
IN THE DELIVERY ROOM. THE SKIN TO SKIN RATE IS 93%. NCH RECEIVED IN 2019 A

Part V Facility Information (continued)

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

GRANT FROM THE FLORIDA DEPARTMENT OF HEALTH TO ATTAIN "BABY USA" HOSPITAL

DESIGNATION. ALL REGISTERED NURSES IN LABOR AND DELIVERY, MOTHER/BABY,

NEONATAL INTENSIVE CARE UNIT, PEDIATRICS AND PEDIATRICS ED ARE EDUCATED IN

BREASTFEEDING.

NCH MAINTAINS A BREASTFEEDING RATE OF 46%. NCH EMPLOYS 3 FULL-TIME

EQUIVALENT LACTATION CONSULTANTS WHICH ARE AVAILABLE 7 DAYS A WEEK 16

HOURS PER DAY. NCH ALSO HOSTS THE COLLIER COUNTY BREASTFEEDING COALITION

WITH AN OVERALL GOAL TO INCREASE BREASTFEEDING RATES IN COLLIER COUNTY.

NCH IS A HOST MEMBER OF A SUBSTANCE ABUSE COALITION AND SPONSORS REGULAR

MEETINGS HELD AT NCH. THE COALITION REPORTS DATA TO THE STATE AND ALSO

SUPPORTS NURSE EDUCATIONAL PROGRAMS FOR PARENTS ON THE DETRIMENTAL EFFECTS

OF SUBSTANCE ABUSE FOR NEWBORNS. ALL PATIENTS AND PARENTS ARE OFFERED TDAP

IMMUNIZATION AND CURRENTLY ON WOMEN AND CHILDREN'S AND PEDIATRIC NURSING

UNITS A STANDING ORDER FOR TDAP ADMINISTRATION IF STATUS IS UNKNOWN. IN

ADDITION, IN WOMEN AND CHILDREN'S AND PEDIATRIC NURSING UNITS ALL NCH

STAFF HAVE RECEIVED THE TDAP VACCINE AS WELL AS ANY NEW STAFF.

HEALTH OF THE OLDER POPULATION

NCH HAS EXPANDED GERIATRIC MEDICINE TO MULTIPLE NCH PHYSICIAN PRACTICES.

TWO NCH PHYSICIANS ARE MEDICAL DIRECTORS OF TWO SKILLED NURSING FACILITIES

IN COLLIER COUNTY.

NCH CONDUCTS THE POWERFUL TOOLS FOR CAREGIVERS PROGRAM IN COLLIER COUNTY

Part V Facility Information *(continued)*

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

BY PROVIDING AGE WELL TOOL KITS TO ALL SENIORS THAT ATTEND HEALTH FAIRS

AND COMMUNITY EVENTS.

DIABETES MANAGEMENT

NCH HEALTHCARE SYSTEM'S VON ARX DIABETES CENTER HAS TWO RECOGNIZED

AMERICAN DIABETES PROGRAMS THAT MAINTAIN DATA COLLECTION AND REPORTING

REQUIREMENTS. DIABETES SUPPORT GROUPS ARE PROVIDED TO THE COMMUNITY.

ALSO, FREE PRE-DIABETES SEMINARS AND COMMUNITY LECTURES ARE OFFERED

THROUGHOUT THE YEAR.

PHILANTHROPIC FUNDS HAVE BEEN ALLOCATED FOR PEDIATRICS TO ASSURE THEY HAVE

APPOINTMENTS SCHEDULED WITH REGISTERED DIETICIANS OR NURSES FOR

UNDERINSURED OR UNINSURED CHILDREN. PHILANTHROPIC FUNDS ARE ALSO USED FOR

GESTATIONAL PATIENTS PROVIDING EDUCATIONAL CLASSES, AND SUPPLIES.

OUR RESULTS INCLUDE 80% OF WOMEN ACHIEVED TARGET RANGES FOR BLOOD GLUCOSE

LEVELS AND 85% OF BABIES BORN MET BIRTH WEIGHT GOALS (<9 LBS.).

ACCOMPLISHMENTS FOR 2019 INCLUDE, BUT ARE NOT LIMITED TO:

- I. THE VON ARX DIABETES CENTER SERVED 3,805 OUTPATIENT VISITS;
- II. SERVICES WERE EXPANDED TO MARCO ISLAND AND BONITA SPRINGS;
- III. EXPANDED GROCERY STORE TOURS;
- IV. MAINTAINED ACCREDITATION WITH THE AMERICAN DIABETES ASSOCIATION

NCH WORKING WITH THE FLORIDA DEPARTMENT OF HEALTH - COLLIER COUNTY

Part V Facility Information *(continued)*

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

PARTICIPATED AGAIN IN THE COLLIER COUNTY COMMUNITY ASSESSMENT DESIGN

GROUP. THE SCOPE OF THE GROUP IS TO DESIGN A COMMUNITY

STRENGTHS/OPPORTUNITIES SURVEY. A SURVEY WAS PREPARED AND SENT OUT TO THE

HEALTH CARE LEADERS, COMMUNITY FOCUS GROUPS AND HEALTH CARE STAFF.

IDENTIFIED PROBLEM AREAS INCLUDED THE FOLLOWING:

CHRONIC DISEASE AND MORTALITY

INFECTIOUS DISEASE

MATERNAL AND INFANT HEALTH

INJURIES

ACCESS TO HEALTHCARE

HEALTH BEHAVIORS AND HEALTH STATUS

MENTAL HEALTH

ORAL HEALTH

THE HEALTH OF THE OLDER POPULATION

SUBSEQUENTLY, THE LEADERSHIP FOCUS GROUP MET TO DISCUSS BOTH THE POSITIVE

AND NEGATIVE FACTORS THAT INFLUENCED THESE AREAS.

THE NEXT STEP IN THE PROCESS WAS TO CONDUCT GEOGRAPHICAL AREA COMMUNITY

FOCUS GROUPS. THESE GROUPS WERE CHOSEN TO REFLECT AND INCLUDE THE

DIVERSITY OF COMMUNITY LOCATIONS, ETHNICITY, AND SOCIO-ECONOMIC FACTORS.

THE DISTINCT AREAS OF THE COUNTY REPRESENTED UNIQUE DEMOGRAPHIC AND

SOCIOECONOMIC CHARACTERISTICS. THE DIFFERENCES WERE VALUABLE AND USEFUL

FOR ASSESSING AND PRIORITIZING HEALTHCARE NEEDS WITHIN OUR COMMUNITY.

IN ADDITION, WE PROVIDED INPUT INTO THE ANALYSIS ON VARIOUS HEALTH

Part V Facility Information (continued)

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

INDICATORS WHICH INCLUDED THE FOLLOWING:

POPULATION

SOCIOECONOMIC CHARACTERISTICS

INFECTIOUS DISEASE

HEALTH BEHAVIORS AND HEALTH STATUS

MORTALITY INDICATORS

MATERNAL AND INFANT HEALTH

HEALTH OF THE OLDER POPULATION

UPON REVIEW OF THE FINDINGS OF THE (CHNA) THE NCH LEADERSHIP TEAM REVIEWED

THE FINDINGS. A PRIORITIZATION SESSION WAS COMPLETED WHICH WAS BASED ON

THE MISSION, VISION AND CORE VALUES OF THE NCH HEALTHCARE SYSTEM WITH A

PRIMARY FOCUS ON THE GOAL OF COLLIER COUNTY BECOMING THE HEALTHIEST COUNTY

IN THE UNITED STATES. UPON MUCH DISCUSSION THE TEAM CAME UP WITH FOUR KEY

AREAS OF FOCUS WHICH INCLUDE:

MENTAL HEALTH

ACCESS TO CARE

CHRONIC DISEASE

HEALTH OF OLDER ADULTS

UNADDRESSED IDENTIFIED NEEDS

ALTHOUGH SEVERAL COMMUNITY NEEDS WERE IDENTIFIED, NCH MUST FOCUS OUR

EXISTING CLINICAL STRENGTHS AND INFRASTRUCTURE WHERE WE CAN MAXIMIZE OUR

RESOURCES TO BENEFIT THE GREATEST NUMBER OF PEOPLE IN THE COMMUNITY. NCH

Part V Facility Information (continued)

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

WILL CONTINUE TO RE-EVALUATE THE UNADDRESSED IDENTIFIED NEEDS AND PURSUE

ACTION WHEN AND WHERE RESOURCES ALLOW.

NAPLES COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 13B: NCH HAS A POLICY THAT ALLOWS A DISCOUNT FOR

SELF-PAY UNINSURED OR UNDERINSURED PATIENTS WITH INCOME AND ASSETS GREATER

THAN 200% OF FPG WHEN THE FAP APPLICATION AND SUPPORTING DOCUMENTATION IS

PROVIDED.

NAPLES COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 13H: NAPLES COMMUNITY HOSPITAL, INC.:

BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS.

ANOTHER FACTOR NAPLES COMMUNITY HOSPITAL, INC. USES IN DETERMINING AMOUNTS

CHARGED TO PATIENTS IS FAMILY SIZE.

NAPLES COMMUNITY HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTP://WWW.NCHMD.ORG/PATIENTS-AND-VISITORS/BILLING-INFO](http://WWW.NCHMD.ORG/PATIENTS-AND-VISITORS/BILLING-INFO)

NAPLES COMMUNITY HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://WWW.NCHMD.ORG/PATIENTS-AND-VISITORS/BILLING-INFO](http://WWW.NCHMD.ORG/PATIENTS-AND-VISITORS/BILLING-INFO)

Part V Facility Information *(continued)*

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

NAPLES COMMUNITY HOSPITAL, INC.

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

HTTP://WWW.NCHMD.ORG/PATIENTS-AND-VISITORS/BILLING-INFO

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? _____ 0 _____

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

N/A

PART I, LINE 6A:

RELATED PARTY DISCLOSURE

NAPLES COMMUNITY HOSPITAL, INC. ("NCH") IS AN AFFILIATE OF NCH HEALTHCARE

SYSTEM, INC. ("NCHS"). NCHS PREPARES A COMMUNITY BENEFIT REPORT ANNUALLY

AND INCLUDES THIS REPORT WITH ITS FORM 990 TAX RETURN FILING.

THE COMMUNITY BENEFIT REPORT PREPARED INCLUDES ALL ORGANIZATIONS OF THE

SYSTEM, INCLUDING NAPLES COMMUNITY HOSPITAL, INC.

PART I, LINE 7:

COSTING METHOD USED

THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINE 7

ARE BASED ON THE COST TO CHARGE RATIO. THE COST TO CHARGE RATIO WAS

Part VI Supplemental Information (Continuation)

DERIVED FROM WORKSHEET 2.

PART I, LN 7 COL(F):

BAD DEBT EXPENSE INCLUDED FORM 990, PART IX, LINE 25

THE BAD DEBT EXPENSE AMOUNT INCLUDED ON FORM 990, PART IX, COLUMN 25(A)

WAS \$1,284,406 FOR THE YEAR ENDED SEPTEMBER 30, 2019. THIS AMOUNT HAS BEEN

SUBTRACTED FOR THE PURPOSE OF CALCULATING THE PERCENTAGE REPORTED ON THE

SCHEDULE H, PART I, LINE 7 TABLE.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY BUILDING ACTIVITIES

SHARING OUR SPACE

WHEN SPACE IS AVAILABLE, NCH PROVIDES SPACE AT NO COST TO NEEDY,

NOT-FOR-PROFIT ORGANIZATIONS. THE TELFORD EDUCATION CENTER IS AVAILABLE

TO NOT-FOR-PROFIT HEALTHCARE RELATED GROUPS SUCH AS MENDED HEARTS AND

THOSE THAT PROVIDE SUPPORT FOR STROKE AND KIDNEY PATIENTS. RESIDENTS OF

MARCO BENEFITED WITH THE USE OF OUR FACILITY FOR COMMUNITY EDUCATION AND

THE HOSPICE SUPPORT GROUP.

CLINICAL NURSING SCHOOL

THE CLINICAL NURSING SCHOOL OF FLORIDA SOUTHWESTERN STATE COLLEGE IS

PROVIDED HERE AT NCH. FOR YEARS, NCH HAS ALWAYS WELCOMED STUDENTS OF

FLORIDA SOUTHWESTERN STATE COLLEGE AND LORENZO WALKER INSTITUTE OF

TECHNOLOGY TO OUR FACILITIES. NCH PROVIDES ON-SITE CLASSROOMS FOR

CLINICAL EDUCATION.

Part VI Supplemental Information (Continuation)

NURSING AND RADIOLOGY SCHOLARSHIPS ARE GENEROUSLY FUNDED AT BOTH FLORIDA

SOUTHWESTERN STATE COLLEGE AND FGCU.

SHARING OUR EXPERTISE

MEMBERS OF NCH MANAGEMENT SERVE ON COMMUNITY BOARDS IN VARIOUS CAPACITIES.

WE ALSO PROVIDE EXPERTISE TO OTHER COMMUNITY ISSUES SUCH AS WORKFORCE

HOUSING AND WORKFORCE DEVELOPMENT.

EMPLOYING THE COMMUNITY

NCH IS GROWING OUR OWN HEALTHCARE PROFESSIONALS, AND HELPING OTHERS

SEEKING WORK, TO FIND IT. CAREER DAYS, JOB SHADOWING, AND LECTURES AT

LOCAL MIDDLE AND HIGH SCHOOLS ENLIGHTEN STUDENTS ABOUT THE MANY

OPPORTUNITIES IN THE HEALTHCARE WORLD.

PART III, LINE 2:

BAD DEBT EXPENSE, COSTING METHODOLOGY USED

THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES

2 AND 3 ARE BASED ON THE COST TO CHARGE RATIO.

PART III, LINE 3:

BAD DEBT EXPENSE

NCH PROVIDES CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED

RATES TO PATIENTS WHO MEET SPECIFIC CRITERIA UNDER ITS CHARITY CARE

GUIDELINES BECAUSE NCH DOES NOT PURSUE COLLECTION OF ACCOUNTS DETERMINED

TO QUALIFY AS CHARITY CARE. THESE AMOUNTS ARE NOT REPORTED AS REVENUE BUT

DEEMED AN ITEM OF COMMUNITY BENEFIT.

Part VI Supplemental Information (Continuation)

PART III, LINE 4:

BAD DEBT FOOTNOTE

BAD DEBTS REPRESENT CHARGES DEEMED UNCOLLECTIBLE DUE TO EITHER: (A) A

PATIENT'S INABILITY TO QUALIFY AS CHARITY, WELFARE, OR MEDICAID, YET CLEAR

FINANCIAL INDICATIONS EXIST THAT DEMONSTRATE AN INABILITY TO PAY, OR (B) A

PATIENT'S REFUSAL TO PAY FOR SERVICES PROVIDED AND THE SYSTEM'S DECISION

TO CEASE FURTHER COLLECTION EFFORTS.

THE BAD DEBT EXPENSE FOOTNOTE DISCLOSURES CAN BE FOUND ON PAGE 17 OF THE

ATTACHED CONSOLIDATED FINANCIAL STATEMENTS FOR THE NCH HEALTHCARE SYSTEM,

INC. AND SUBSIDIARIES.

PART III, LINE 8:

COSTING METHODOLOGY, MEDICARE

THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6

IS BASED ON A COST TO CHARGE RATIO. THE COST TO CHARGE RATIO WAS DERIVED

FROM WORKSHEET 2.

CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF NCH AND THE COMMUNITY

BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, THE HOSPITAL

PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE.

SUCH CARE IS PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS

INCURRED BY THE HOSPITAL TO PROVIDE SUCH SERVICES.

AS A RESULT, NAPLES COMMUNITY HOSPITAL, INC. VIEWS ANY SHORTFALL REPORTED

Part VI Supplemental Information (Continuation)

IN LINE 7 AS AN ADDITIONAL ITEM OF COMMUNITY BENEFIT PROVIDED BY THE ORGANIZATION.

PART III, LINE 9B:

COLLECTION PRACTICES

NAPLES COMMUNITY HOSPITAL, INC. PROVIDES URGENT/EMERGENT MEDICAL SERVICES

WITHOUT REGARD TO ABILITY TO PAY. NAPLES COMMUNITY HOSPITAL, INC. ALSO

PROVIDES CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES

TO PATIENTS WHO MEET SPECIFIC CRITERIA UNDER THE STATE'S CHARITY CARE

GUIDELINES. BECAUSE NAPLES COMMUNITY HOSPITAL, INC. DOES NOT PURSUE

COLLECTION OF ACCOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THESE

AMOUNTS ARE NOT REPORTED AS REVENUE.

PART VI, LINE 2:

NEEDS ASSESSMENT

THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT

SERVES IN VARIOUS WAYS. OUR LEADERSHIP TEAM IS ACTIVELY INVOLVED AND

PARTICIPATES IN MANY COMMUNITY RELATED ORGANIZATIONS AND GROUPS THAT ARE

CONTINUALLY ASSESSING UNMET NEEDS WITHIN COLLIER COUNTY. WE HAVE

HISTORICALLY WORKED WITH OUR BOARD OF TRUSTEES, COLLIER COUNTY CHILDREN'S

ALLIANCE, COLLIER COUNTY PUBLIC SCHOOLS, THE IMMOKALEE FOUNDATION,

CHILDREN'S MEDICAL SERVICES, AND OTHER AGENCIES THROUGHOUT OUR COMMUNITY

IN ASSESSING AND COLLABORATING IN EFFORTS TO IMPROVE THE HEALTH OF OUR

COMMUNITY.

NCH PROVIDES MANY HEALTH-ENHANCING EDUCATIONAL PROGRAMS AND RESOURCES IN

Part VI Supplemental Information (Continuation)

PROMOTING HEALTH TO THE COMMUNITY. THE CURRENT PROGRAMS AND RESOURCES

PROVIDED TO THE COMMUNITY INCLUDE THE FOLLOWING: HEALTH SEMINARS,

COMMUNITY HEALTH FAIRS, FREE DIAGNOSTIC AND SCREENING TESTING, THE

NEIGHBORHOOD HEALTH CLINIC, HEART PROGRAMS, CANCER SURVIVAL AWARENESS,

PATIENT SUPPORT GROUPS, TWO WELLNESS CENTERS, VON ARX DIABETES CENTER,

PASTORAL CARE SERVICES, AND SPONSOR AND SUPPORT CLINICAL NURSING SCHOOLS.

IN ADDITION TO THE PROGRAMS LISTED, WE ARE ALSO WORKING WITH THE SAFE AND

HEALTHY CHILDREN'S COALITION OF COLLIER COUNTY TO DEVELOP PROGRAMS FOR

DROWNING PREVENTION, CHILDHOOD OBESITY, SAFE SLEEP EFFORTS, AND

BREASTFEEDING PROGRAMS.

DURING 2019, WE COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND

HAVE POSTED THIS REPORT ON OUR WEBSITE

([HTTP://WWW.NCHMD.ORG/ABOUT-US/ANNUAL-REPORTS](http://www.nchmd.org/about-us/annual-reports)). WE ARE COMMITTED TO

PROMOTING EXISTING AND POTENTIAL NEW PROGRAMS TO THE COMMUNITY IN RESPONSE

TO THE COMMUNITY HEALTH NEEDS ASSESSMENT. PLEASE REFER TO THIS REPORT AND

DETAILED PLAN WHICH WAS REVIEWED BY THE NCH HEALTHCARE SYSTEM BOARD OF

TRUSTEES AND APPROVED AT THE SEPTEMBER 25, 2019 BOARD OF TRUSTEE MEETING.

INCLUDED IN THE 2019 REPORT IS THE BLUE ZONE PROJECT WHICH BEGAN IN 2015

AND IS SPONSORED BY NCH. THE BLUE ZONE PROJECT IS A COMPREHENSIVE

WELL-BEING IMPROVEMENT INITIATIVE DESIGNED TO HELP PEOPLE LIVE LONGER AND

BETTER BY BUILDING STRONG SOCIAL NETWORKS AND ENCOURAGING SUSTAINABLE

CHANGES THROUGHOUT THE COMMUNITY THAT LEADS TO HEALTHIER CHOICES.

PART VI, LINE 3:

INFORMATION REGARDING PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

Part VI Supplemental Information (Continuation)

NAPLES COMMUNITY HOSPITAL, INC. RECOGNIZES ITS RESPONSIBILITY TO
 COMMUNICATE ITS FINANCIAL POLICIES AND EXPECTATIONS TO PATIENTS. THE
 HOSPITAL INFORMS AND EDUCATES PATIENTS BY PROVIDING PATIENTS WITH THE NCH
 HEALTHCARE SYSTEM PATIENT RIGHTS AND RESPONSIBILITIES. INCLUDED IN THESE
 RIGHTS IS THE RIGHT TO BE GIVEN, UPON REQUEST, FULL MEDICAL INFORMATION
 AND FINANCIAL COUNSELING. IN ADDITION, A PATIENT REPRESENTATIVE WILL
 CONTACT PATIENTS PRIOR TO SERVICES TO EVALUATE THE PATIENT'S ABILITY TO
 PAY. THIS PROCESS INCLUDES OBTAINING THE PATIENT'S CURRENT FINANCIAL
 INFORMATION, OBTAINING A CREDIT REPORT AND REVIEWING THE PATIENT'S PAYMENT
 HISTORY WITH NAPLES COMMUNITY HOSPITAL, INC. PERSONS REQUIRING ASSISTANCE
 WITH THE UNFUNDED PORTION OF THEIR BILLS ARE ENCOURAGED TO REQUEST A
 CHARITY EVALUATION. NCH ALSO PROVIDES ASSISTANCE FOR PATIENTS TO APPLY FOR
 MEDICAID COVERAGE OR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS WHICH MAY
 ASSIST WITH PAYMENT FOR MEDICAL SERVICES.

PART VI, LINE 4:

COMMUNITY INFORMATION

NAPLES COMMUNITY HOSPITAL, INC. SERVES A DIVERSE AND SEASONAL COMMUNITY.
 THE POPULATION IS APPROXIMATELY 397,802. THE MEDIAN AGE OF RESIDENTS IS
 51. THE ESTIMATED MEDIAN HOUSEHOLD INCOME IS \$63,535. THE UNEMPLOYMENT
 RATE IS APPROXIMATELY 3.8%. THE PERCENTAGE OF RESIDENTS BELOW THE POVERTY
 LEVEL IS APPROXIMATELY 7.9%.

PART VI, LINE 5:

INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH

NAPLES COMMUNITY HOSPITAL, INC. PROVIDES HEALTH-ENHANCING EDUCATIONAL

Part VI Supplemental Information (Continuation)

PROGRAMS AND RESOURCES IN PROMOTING THE HEALTH OF OUR COMMUNITY. THE TYPE
OF PROGRAMS/RESOURCES PROVIDED INCLUDE: HEALTH SEMINARS, COMMUNITY HEALTH
FAIRS AND TESTING, REGISTERED NURSES EDUCATING FUTURE PATIENTS, SUPPORTING
THE NEIGHBORHOOD HEALTH CLINIC, PHYSICIAN LED ACCESS NETWORK OF COLLIER
COUNTY, HEART PROGRAMS, CANCER SURVIVAL AWARENESS, SUPPORT OF PATIENT
FAMILIES, DR. JOHN BRIGGS WELLNESS CENTER, AS WELL AS THE SHARING OF SPACE
AT NO COST TO NEEDY, NOT-FOR-PROFIT ORGANIZATIONS. THE ORGANIZATION ALSO
SPONSORS AND SUPPORTS THE CLINICAL NURSING SCHOOLS IN THE COMMUNITY.

THE ORGANIZATION'S CIVIC INVOLVEMENT INCLUDES MEMBERS OF NCH MANAGEMENT
SERVING ON COMMUNITY BOARDS IN VARIOUS CAPACITIES. THE HOSPITALS HAVE
ALWAYS PROVIDED EXEMPLARY PASTORAL CARE SERVICES. NCH IS ENCOURAGING THEIR
OWN HEALTHCARE PROFESSIONAL BY SPONSORING CAREER DAYS, JOB SHADOWING, AND
LECTURES AT LOCAL MIDDLE AND HIGH SCHOOLS ON THE MANY OPPORTUNITIES IN THE
HEALTHCARE FIELD. FOR ADDITIONAL COMMUNITY ACTIVITIES THAT NAPLES
COMMUNITY HOSPITAL, INC. SUPPORTS, PLEASE REFER TO FORM 990, SCHEDULE O,
PART III, PROGRAM SERVICES.

PART VI, LINE 6:

AFFILIATED HEALTHCARE SYSTEM INFORMATION

NAPLES COMMUNITY HOSPITAL, INC. IS AN AFFILIATE OF THE NCH HEALTHCARE
SYSTEM, INC. NCH HEALTHCARE SYSTEM, INC. PROVIDES HEALTH-ENHANCING
EDUCATIONAL PROGRAMS AND RESOURCES IN PROMOTING THE HEALTH OF OUR
COMMUNITY. IN ADDITION TO NAPLES COMMUNITY HOSPITAL, INC., THE NCH
HEALTHCARE SYSTEM ALSO INCLUDES THE FOLLOWING NON-PROFIT ORGANIZATIONS:

> MARCO ISLAND HOSPITAL, INC., OPERATES AN 11 1/2-HOUR/7-DAYS A WEEK

Part VI Supplemental Information (Continuation)

URGENT CARE FACILITY AND SERVICES PATIENTS WITHOUT REGARD TO THEIR ABILITY

TO PAY. DURING FYE 09/30/2019, 8,562 PATIENTS WERE TREATED. OF THESE

PATIENTS, 9.57 % WERE CLASSIFIED AS MEDICAID, CHARITY, OR BAD DEBTS.

> COLLIER HEALTH CARE, INC. OWNS AND LEASES HEALTHCARE FACILITIES IN

NAPLES AND IMMOKALEE, FLORIDA. THIS ORGANIZATION ALSO OPERATES CHILDREN'S

MEDICAL SERVICES, A PROGRAM SERVING CHRONICALLY ILL AND SPECIAL NEEDS

CHILDREN UNDER TITLE V AND THE FLORIDA KIDCARE PROGRAM THROUGH TITLE XXI.

THE CHILDREN'S MEDICAL SERVICES AND THE FLORIDA KIDCARE PROGRAM THROUGH

THE TITLE XXI GRANT ENDED JANUARY 31, 2019.

> NCHMD, INC. OWNS AND OPERATES PHYSICIAN MEDICAL PRACTICES AND OUTPATIENT

RADIOLOGY SERVICES IN COLLIER AND LEE COUNTY, FLORIDA.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

FL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization NAPLES COMMUNITY HOSPITAL, INC. Employer identification number 59-0694358

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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
EDUCATIONAL SCHOLARSHIPS	3	6,000.	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:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

NAPLES COMMUNITY HOSPITAL AUXILIARIES ARE PROUD TO MAKE SCHOLARSHIPS

AVAILABLE TO STUDENTS VIA THE AUXILIARY SCHOLARSHIP PROGRAM. THE PURPOSE OF

THIS SCHOLARSHIP IS TO HELP ENCOURAGE STUDENTS TO ENTER THE HEALTHCARE

FIELD. THE PROGRAM IS OPEN TO STUDENTS STUDYING IN APPROVED AREAS OF

HEALTHCARE. AS DETAILED BELOW, APPLICANTS WISHING CONSIDERATION FOR THE

SCHOLARSHIP PROGRAM MUST BE AN ACTIVE NCH AUXILIARY VOLUNTEER OR A

Part IV Supplemental Information

DEPENDENT CHILD OF AN NCH EMPLOYEE AND MUST SUBMIT A COMPLETED SCHOLARSHIP

APPLICATION AND ATTACH THE FOLLOWING INFORMATION:

1. SHOW PROOF THAT YOU ARE AN ACTIVE NCH AUXILIARY VOLUNTEER AND IN GOOD STANDING (VOLUNTEER A MINIMUM OF 50 HOURS PRIOR TO THE TIME APPLICATION) OR HAVE A PARENT THAT IS A CURRENT NCH EMPLOYEE WITH AT LEAST ONE YEAR OF SERVICE.

2. SEEK A CAREER IN THE HEALTHCARE FIELD.

3. HAVE A MINIMUM OF 3.0 GPA, UNWEIGHTED.

4. COMPLETE AND ATTACH A 500 WORD ESSAY ON WHY THE APPLICANT HAS CHOSEN HEALTHCARE AS A CAREER PATH AND WHY YOU FEEL YOU ARE A TOP CANDIDATE TO BE CHOSEN FOR THIS SCHOLARSHIP. IN LIEU OF AN ESSAY, VOLUNTEERS CAN SERVE AN ADDITIONAL 50 HOURS AS AN NCH AUXILIARY VOLUNTEER.

5. PROOF OF PAID RECENT ENROLLMENT.

6. OFFICIAL SCHOOL TRANSCRIPT (NO MORE THAN 30 DAYS OLD).

7. TWO PROFESSIONAL LETTERS OF REFERENCE (NO MORE THAN 30 DAYS OLD).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
NAPLES COMMUNITY HOSPITAL, INC.

Employer identification number
59-0694358

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2018

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) ALLEN S. WEISS, MD TERM 01/19 PRESIDENT/CEO/TRUSTEE	(i)	858,436.	148,963.	22,208.	11,000.	16,520.	1,057,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PHILLIP DUTCHER COO/INTERIM PRESIDENT/CEO/TRUSTEE	(i)	497,524.	86,062.	20,786.	11,000.	2,485.	617,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN D. COOPER TERM 01/19 CHIEF OF STAFF	(i)	493,074.	86,062.	19,274.	11,000.	16,856.	626,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICK WYLES CFO/ASSISTANT TREASURER	(i)	379,299.	66,346.	19,688.	11,000.	22,663.	498,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) FRANK ASTOR, M.D. CHIEF MEDICAL OFFICER	(i)	453,666.	83,407.	20,786.	11,000.	16,757.	585,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL RILEY CHIEF STRATEGY OFFICER	(i)	259,625.	48,265.	19,688.	11,000.	16,807.	355,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RENEE M. THIGPEN CHIEF HR OFFICER	(i)	262,218.	46,443.	19,274.	11,000.	17,459.	356,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GARY TOMCIK CHIEF EXPERIENCE OFFICER	(i)	208,942.	36,964.	19,688.	10,809.	22,272.	298,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ZACHARY BOSTOCK CHIEF ADMINISTRATIVE OFFICER	(i)	368,699.	64,555.	18,680.	11,000.	22,634.	485,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JONATHAN KLING, R.N. CHIEF NURSING OFFICER	(i)	271,321.	45,495.	18,770.	11,000.	21,134.	367,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LINDA ROEBACK START 01/19 GENERAL COUNSEL	(i)	200,440.	16,915.	773.	8,939.	21,444.	248,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CHARLES GRAEBER, M.D. PROGRAM DIRECTOR, INTERNAL	(i)	326,515.	22,522.	3,708.	10,500.	1,522.	364,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KIM THORP DIRECTOR OF PHARMACY NCH HEALTHCARE	(i)	186,418.	15,603.	774.	8,355.	23,310.	234,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ILIA ECHEVARRIA, R.N. ASSOCIATE CHIEF NURSE PROF. PRACTICE	(i)	183,950.	15,110.	180.	8,102.	15,750.	223,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JAMES BATES RADIOLOGY DIRECTOR	(i)	181,077.	15,290.	1,188.	8,138.	22,152.	227,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) GINA TEEGARDEN, R.N. ASSOCIATE CHIEF NURSE OPERATIONS	(i)	180,063.	15,039.	270.	7,961.	9,085.	212,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JAMES K. MARTIN TERM 05/17 FORMER CHIEF DEVELOPMENT OFFICER	(i)	0.	0.	120,552.	0.	0.	120,552.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

DETAIL OF SEVERANCE PAYMENTS

CHIEF DEVELOPMENT OFFICER RESIGNED 05/27/2017 AND RECEIVED A SEVERANCE

PAYMENT OF \$120,552 FOR CALENDAR YEAR 2018.

PART I, LINE 7:

PROVISIONS OF NON-FIXED PAYMENTS

THIS ORGANIZATION IS AN AFFILIATE OF NCH HEALTHCARE SYSTEM, INC. ("THE

SYSTEM"). THE SYSTEM MAY PROVIDE DISCRETIONARY BONUS AND/OR INCENTIVE

COMPENSATION PAYMENTS TO ELIGIBLE EMPLOYEES. COMPENSATION PAYMENTS FOR ALL

EMPLOYEES EXCLUDING THE CEO AND SENIOR LEADERSHIP TEAM IS DETERMINED BY THE

SYSTEM BOARD OF TRUSTEES HUMAN RESOURCES COMMITTEE AND/OR CEO. COMPENSATION

PAYMENTS MADE TO ANY DISQUALIFIED PERSON IS APPROVED BY THE SYSTEM THROUGH

THE PROCESS DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **NAPLES COMMUNITY HOSPITAL, INC.** Employer identification number **59-0694358**

Part I Bond Issues		SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A COLLIER CTY INDSTL DEVLMT AUTHORITY	59-1695679	NONE	12/30/10	30,000,000.	NEW CAPITAL EQUIPMENT		X		X		X
B COLLIER CTY INDSTL DEVLMT AUTHORITY	59-1695679	194641AK2	04/14/11	100,955,824.	REFINANCE 93/96 BONDS & NEW CAPITAL EQUIPMENT		X		X		X
C COLLIER CTY INDSTL DEVLMT AUTHORITY	59-1695679	NONE	10/31/11	46,340,000.	REFINANCE 02/04 BONDS		X		X		X
D											

Part II Proceeds		A		B		C		D	
1 Amount of bonds retired		22,628,241.		10,480,000.		46,340,000.			
2 Amount of bonds legally defeased									
3 Total proceeds of issue		30,050,966.		101,013,628.		46,343,042.			
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows				49,222,562.		46,160,000.			
7 Issuance costs from proceeds		159,198.		1,414,549.		180,000.			
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds		29,891,768.		50,376,517.					
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion		2013		2014		2011			
		Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?			X	X		X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?			X		X		X		
16 Has the final allocation of proceeds been made?		X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X			

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

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?	X		X		X			
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X	X			

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: COLLIER CTY INDSTL DEVLMT AUTHORITY

(F) DESCRIPTION OF PURPOSE: NEW CAPITAL EQUIPMENT

(A) ISSUER NAME: COLLIER CTY INDSTL DEVLMT AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFINANCE 93/96 BONDS & NEW CAPITAL EQUIPMENT

(A) ISSUER NAME: COLLIER CTY INDSTL DEVLMT AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFINANCE 02/04 BONDS

FORM 990, SCHEDULE K, PART II, LINE 3

FOR COLLIER COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY-SERIES 2010, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$50,966 IN INVESTMENT EARNINGS.

FOR COLLIER COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY-SERIES 2011 PUBLIC, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$1,159,176 IN NET ORIGINAL ISSUE DISCOUNTS AND \$57,804 IN INVESTMENT EARNINGS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization: **NAPLES COMMUNITY HOSPITAL, INC.**
Employer identification number: **59-0694358**

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
PAUL HILTZ	CEO/PRES	RETAIN		X	50,000.	50,000.		X	X		X	
Total						▶ \$	50,000.					

Part III Grants or Assistance Benefiting Interested Persons.

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

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

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SHARIE TOMCIK	FMLY MEMBER/OFFICER	20,920.	PYMT COMP		X
WYNN PROPERTIES	OWNER/TRUSTEE	100,668.	RENTAL PAYM		X
SUNSHINE ACE HARDWARE	OWNER/TRUSTEE	13,464.	PURCHASES		X
LAUREN AYERS	FMLY MEMBER/OFFICER	18,347.	PYMT COMP		X
MEGAN RILEY	FMLY MEMBER/OFFICER	28,550.	PYMT COMP		X
BRENDA WHITAKER	FMLY MEMBER/TRUSTEE	48,611.	PYMT COMP		X

Part V Supplemental Information.

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: PAUL HILTZ

(B) RELATIONSHIP WITH ORGANIZATION: CEO/PRESIDENT

(C) PURPOSE OF LOAN: RETAIN - RETENTION INCENTIVE

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 50,000. (F) BALANCE DUE \$ 50,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

FORM 990, SCHEDULE L, PART IV

LAUREN AYERS IS THE DAUGHTER OF LINDA ROEBACK, GENERAL COUNSEL.

MEGAN RILEY IS THE DAUGHTER OF MICHAEL RILEY, CHIEF STRATEGY OFFICER.

SHARIE TOMCIK, R.N., IS THE SPOUSE OF GARY TOMCIK, CHIEF EXPERIENCE OFFICER.

BRENDA WHITAKER, R.N., IS THE SPOUSE OF PATRICK MULCAHY, TRUSTEE.

Part V Supplemental Information

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

MICHAEL WYNN IS A TRUSTEE AND AN OWNER OF WYNN PROPERTIES WHICH NCH

PAYS FOR RENTAL SPACE.

MICHAEL WYNN IS A TRUSTEE AND AN OWNER OF SUNSHINE ACE HARDWARE WHERE

NCH PURCHASES SUPPLIES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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 for instructions and the latest information.

Name of the organization **NAPLES COMMUNITY HOSPITAL, INC.** Employer identification number **59-0694358**

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	X		482,941.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20	1,303,970.	FMV
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 (JEWELRY)	X	1	14,500.	FMV
26 Other (ENTERTAINMENT)	X	9	6,835.	FMV
27 Other (SPORT EVENTS)	X	1	5,000.	FMV
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** 0

	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.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NAPLES COMMUNITY HOSPITAL, INC. IS REPORTING IN PART I, COLUMN (B) THE
NUMBER OF CONTRIBUTIONS.

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

NAPLES COMMUNITY HOSPITAL, INC.

Employer identification number

59-0694358

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

OUR VISION IS TO BE A WORLD-CLASS LEADER OF EXCELLENCE IN HEALTHCARE

AND TO PROVIDE EXCELLENCE IN EVERY PATIENT EXPERIENCE. NAPLES COMMUNITY

HOSPITAL, INC. LOCATED IN COLLIER COUNTY, FLORIDA, CONSISTS OF TWO

HOSPITALS WITH 713 BEDS. THE DOWNTOWN HOSPITAL CAMPUS IS A 391-BED

ACUTE CARE FACILITY AND NORTH NAPLES HOSPITAL CAMPUS IS A 322-BED ACUTE

CARE FACILITY. THE HOSPITAL ALSO HAS A BLOOD CENTER AND VARIOUS OTHER

OUTPATIENT CENTERS LOCATED THROUGHOUT THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NAPLES COMMUNITY HOSPITAL, INC. (NCH) PROVIDES INPATIENT AND OUTPATIENT

HEALTHCARE SERVICES WITHOUT REGARD TO A PATIENT'S ABILITY TO PAY. FROM

ITS TWO HOSPITALS, CANCER TREATMENT CENTERS, WOUND CARE CENTERS AND

OUTPATIENT REHABILITATION CENTERS, NCH PROVIDED \$109,321,347 OF CHARITY

CARE TO PATIENTS WHO WERE UNABLE TO PAY AND NOT COVERED BY ANY

GOVERNMENTAL OR PRIVATE INSURANCE PROGRAM. ADDITIONALLY, NCH WROTE OFF

\$1,284,406 CLASSIFIED AS BAD DEBTS, MUCH OF WHICH REPRESENTED SERVICES

DELIVERED TO INDIGENT PATIENTS, WHO DID NOT RECEIVE A CHARITY CARE

DETERMINATION IN ACCORDANCE WITH THE STATE'S CRITERIA.

THE SERVICES OFFERED AT NCH ARE EXTENSIVE AND INCLUDE MEDICAL,

SURGICAL, OBSTETRIC, PEDIATRIC, REHABILITATIVE, PSYCHIATRIC,

DIAGNOSTIC, AND EMERGENCY TREATMENT. A TOTAL OF 650 ACTIVE AND

ASSOCIATE PHYSICIANS, 2,944 FULL-TIME EQUIVALENT EMPLOYEES, AND 973

VOLUNTEERS COMPRISE THE OUTSTANDING MEDICAL TEAM WORKING TOGETHER TO

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
---	--

PROVIDE THESE SERVICES.

THE TWO HOSPITALS ARE COMPRISED OF 617 ACUTE CARE BEDS, A 54 BED

REHABILITATIVE UNIT, 19 NICU BEDS, AND A 23 BED PSYCHIATRIC UNIT.

ADDITIONAL SPECIALTY SERVICES FOR THE CARE OF CERTAIN CRITICAL AND LIFE

THREATENING MEDICAL CONDITIONS INCLUDE THE MEDICAL INTENSIVE CARE UNIT,

SURGICAL INTENSIVE CARE UNIT, CARDIAC CARE UNIT, CARDIAC

CATHETERIZATION UNIT AND INTERMEDIATE CARE UNIT. OTHER SPECIALTIES

INCLUDE ONCOLOGY, DIAGNOSTIC SERVICES(CARDIO-DIAGNOSTICS, MAMMOGRAPHY,

COMPUTERIZED TOPOGRAPHIC SCANNING (CT), AND MAGNETIC RESONANCE IMAGING

(MRI), AND SPECIAL PROCEDURES SUCH AS BIOPSY, ANGIOGRAPHY, AND

ANGIOPLASTY).

DURING THE 2019 FISCAL YEAR, NCH HAD 30,993 INPATIENT ADMISSIONS

RESULTING IN 136,981 DAYS OF CARE. ADDITIONALLY, 120,098 PATIENTS WERE

TREATED IN OUR EMERGENCY CARE CENTERS.

NAPLES COMMUNITY HOSPITAL, INC. RECEIVES VOLUNTEER ASSISTANCE FOR

OPERATING ITS HOSPITALITY, GIFT, AND RETAIL SHOPS.

NAPLES COMMUNITY HOSPITAL, INC. ALSO PROVIDES HEALTH ENHANCING

EDUCATIONAL PROGRAMS IN ADDITION TO MEDICAL CARE. THESE PROGRAMS

INCLUDE: WHITAKER WELLNESS CENTER; BETTER BREATHERS CLUB; MENDED

HEARTS; DIABETES EDUCATION PROGRAM; CHILDBIRTH CLASSES; HEALTH FAIRS;

AND CAREER DAYS. IN ADDITION, NCH SUPPORTS THE FOLLOWING: NURSES IN THE

COLLIER COUNTY PUBLIC SCHOOL SYSTEM AND ATHLETIC TRAINERS AT THE LOCAL

HIGH-SCHOOLS AND SPORTING EVENTS.

Name of the organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS AMENDED AND RESTATED

NCH HEALTHCARE SYSTEM, INC. AMENDED AND RESTATED ITS BYLAWS IN FISCAL YEAR

2019.

ARTICLE II BOARD OF TRUSTEES

2.2.1 NUMBER, ELECTION AND TENURE WERE REVISED TO INCLUDE "NO TRUSTEE MAY

SERVE AS CHAIR OF THE BOARD FOR MORE THAN SIX YEARS, NOR MAY ANY TRUSTEE

SERVE IN ANY OTHER OFFICE POSITION (E.G., VICE CHAIR, TREASURER OR

SECRETARY) FOR MORE THAN THREE YEARS. NOTHING IN THIS SECTION IS INTENDED

TO PROHIBIT A TRUSTEE FROM SERVING IN DIFFERENT OFFICER POSITIONS DURING

CONSECUTIVE TERMS".

2.6 QUORUM REVISED FROM EIGHT TO "A MAJORITY OF THE VOTING MEMBERS OF THE

BOARD OF TRUSTEES SHALL BE NECESSARY TO CONSTITUTE A QUORUM FOR THE

TRANSACTIONS OF BUSINESS AT MEETINGS OF THE BOARD. TRUSTEES MAY NOT APPOINT

PROXIES TO ACT FOR THEM".

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

GOVERNING BODY AND MANAGEMENT

NCH HEALTHCARE SYSTEM, INC. IS THE SOLE MEMBER OF THIS ORGANIZATION.

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

GOVERNING BODY AND MANAGEMENT

Name of the organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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NCH HEALTHCARE SYSTEM, INC. SOLE MEMBER OF THIS ORGANIZATION, ELECTS THIS ORGANIZATION'S DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:
GOVERNING BODY AND MANAGEMENT

ALL OF THE GOVERNANCE DECISIONS FOR NAPLES COMMUNITY HOSPITAL, INC. ARE RESERVED TO THE GOVERNING BODY OF NCH HEALTHCARE SYSTEM, INC.

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

INFORMATION RELATED TO NAPLES COMMUNITY HOSPITAL, INC.'S ("NCH") FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO RSM US LLP, FOR REVIEW. AFTER THE REVIEW BY RSM US LLP, THE FORM 990 IS REVIEWED BY THE NCH HEALTHCARE SYSTEM CHIEF FINANCIAL OFFICER. THE FORM 990 IS THEN REVIEWED BY OUTSIDE COUNSEL FOR THE BOARD. PRIOR TO BOARD APPROVAL, THE FORM 990 IS PROVIDED TO ALL OF THE FINANCE COMMITTEE BOARD OF TRUSTEES FOR THEIR REVIEW VIA THE BOARD PORTAL. AT THE CONCLUSION OF THIS REVIEW PROCESS THE FORM 990 IS APPROVED BY THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY

ANNUALLY, ALL NCH HEALTHCARE SYSTEM, INC. OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE INTERESTS THAT COULD POTENTIALLY GIVE RISE TO CONFLICTS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE

Name of the organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A
 CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR
 COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. MANAGEMENT
 SHALL DISCLOSE OTHER POTENTIAL CONFLICTS WITH THE COMPLIANCE OFFICER.

AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE
 WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR
 ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT
 GIVE RISE TO A CONFLICT OF INTEREST, IF A MORE ADVANTAGEOUS TRANSACTION OR
 ARRANGEMENT IS NOT REASONABLY ATTAINED UNDER CIRCUMSTANCES THAT WOULD NOT
 GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE
 BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR
 ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT
 AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND
 SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR
 ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

THE COMPLIANCE OFFICER WILL DETERMINE IF A MANAGEMENT TEAM MEMBER OR
 EMPLOYEE SHOULD BE EXCUSED FROM A DISCUSSION OR PARTICIPATE IN A DECISION
 IN WHICH THERE MAY BE A CONFLICT OF INTEREST.

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

THIS ORGANIZATION IS AN AFFILIATE OF THE NCH HEALTHCARE SYSTEM, INC. ("THE
 SYSTEM"). COMPENSATION ARRANGEMENTS INVOLVING OUR CEO AND SENIOR LEADERSHIP
 TEAM ARE ESTABLISHED BY THE SYSTEM BOARD OF TRUSTEES COMPENSATION COMMITTEE
 PURSUANT TO A PROCESS THAT SATISFIES THE REBUTTABLE PRESUMPTION PROCEDURE

Name of the organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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AVAILABLE FOR SECTION 4958 EXCESS BENEFIT TRANSACTION TAX PURPOSES (WHICH
REQUIRES A REVIEW OF COMPENSATION DETERMINATION BY DISINTERESTED PERSONS,
USE OF APPROPRIATE COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION OF
THE PROCESS).

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

DOCUMENTS AVAILABLE TO THE PUBLIC

THE FORMS 1023 AND 990, GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS,
AND CONFLICT OF INTEREST POLICY OF NAPLES COMMUNITY HOSPITAL, INC. ARE
AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE ALSO
AVAILABLE VIA OUR WEBSITE: [HTTP://WWW.NCHMD.ORG/ABOUT-US/ANNUAL-REPORTS](http://www.nchmd.org/about-us/annual-reports).

DOCUMENTS AVAILABLE FOR REQUEST ARE AVAILABLE PURSUANT TO THE PERIOD OF
DISCLOSURE PROVIDED IN SECTION 6104(D).

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

PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES	1,256,188.
MANAGEMENT AND GENERAL EXPENSES	221,159.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,477,347.

RECRUITING:

PROGRAM SERVICE EXPENSES	985,039.
MANAGEMENT AND GENERAL EXPENSES	173,422.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,158,461.

Name of the organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	34,889,920.
MANAGEMENT AND GENERAL EXPENSES	6,142,561.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	41,032,481.

COLLECTION FEES:

PROGRAM SERVICE EXPENSES	3,280,741.
MANAGEMENT AND GENERAL EXPENSES	577,592.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,858,333.

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	2,445,633.
MANAGEMENT AND GENERAL EXPENSES	430,567.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,876,200.

MEMBERSHIP FEES:

PROGRAM SERVICE EXPENSES	516,817.
MANAGEMENT AND GENERAL EXPENSES	90,989.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	607,806.

PUBLIC MEDICAL ASSISTANCE TRUST FUND (FL) FEES:

PROGRAM SERVICE EXPENSES	5,901,056.
MANAGEMENT AND GENERAL EXPENSES	1,038,913.
FUNDRAISING EXPENSES	0.

Name of the organization NAPLES COMMUNITY HOSPITAL, INC.	Employer identification number 59-0694358
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TOTAL EXPENSES 6,939,969.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 57,950,597.

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

TRANSFERS TO RELATED ORGANIZATIONS -45,486,148.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **NAPLES COMMUNITY HOSPITAL, INC.** Employer identification number **59-0694358**

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
NCH HEALTHCARE SYSTEM, INC. - 59-2314655 P.O. BOX 413029 NAPLES, FL 34101-3029	NOT-FOR-PROFIT HOLDING COMPANY	FLORIDA	501(C)(3)	LINE 12B, II	N/A		X
MARCO ISLAND HOSPITAL, INC. - 59-2315435 40 HEATHWOOD DRIVE MARCO ISLAND, FL 34145	HEALTHCARE	FLORIDA	501(C)(3)	LINE 3	NCH SYSTEM	X	
COLLIER HEALTH CARE, INC. - 65-0244276 P.O. BOX 413029 NAPLES, FL 34101-3029	HEALTHCARE	FLORIDA	501(C)(3)	LINE 3	NCH SYSTEM	X	
COMMUNITY HOME SERVICES, INC. - 59-2440516 P.O. BOX 413029 NAPLES, FL 34101-3029	SUPPORT ORGANIZATION	FLORIDA	501(C)(3)	LINE 12B, II	NCH SYSTEM	X	

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

Schedule R (Form 990) 2018

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	

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
HEALTH RESOURCES CORPORATION - 59-2568003 350 7TH STREET NORTH NAPLES, FL 34102	HOLDING COMPANY	FL	NCH HEALTHCARE SYSTEM	C CORP				X	
COMMUNITY HOME CARE, INC. - 59-2372966 350 7TH STREET NORTH NAPLES, FL 34102	HOME HEALTH	FL	HEALTH RESOURCES CORPORTATION	C CORP				X	
COMMUNITY IMAGING, INC. - 59-2446336 350 7TH STREET NORTH NAPLES, FL 34102	RADIOLOGY LAB	FL	HEALTH RESOURCES CORPORTATION	C CORP				X	
AMBULATORY SURGICAL CARE CENTER, INC. - 59-2568029, 350 7TH STREET NORTH, NAPLES, FL 34102	OUTPATIENT SURGERY	FL	HEALTH RESOURCES CORPORTATION	C CORP				X	

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COLLIER HEALTH CARE, INC.	K	-64,500.	FMV
(2) NCHMD, INC.	P	-1,210,032.	FMV
(3) NCHMD, INC.	P	-1,441,776.	FMV
(4) NCHMD, INC.	P	-624,162.	FMV
(5) COLLIER HEALTH CARE, INC.	Q	-257,279.	FMV
(6) MARCO ISLAND HOSPITAL, INC.	Q	-1,236,818.	FMV

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) NCHMD, INC.	Q	46,182,830.	FMV
(8) NCH ACO, LLC	Q	824,900.	FMV
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information.

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HEALTH RESOURCES CORPORATION

EIN: 59-2568003

350 7TH STREET NORTH

NAPLES, FL 34102

PRIMARY ACTIVITY: HOLDING COMPANY

DIRECT CONTROLLING ENTITY: NCH HEALTHCARE SYSTEM

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

COMMUNITY HOME CARE, INC.

EIN: 59-2372966

350 7TH STREET NORTH

NAPLES, FL 34102

PRIMARY ACTIVITY: HOME HEALTH

DIRECT CONTROLLING ENTITY: HEALTH RESOURCES CORPORTATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

COMMUNITY IMAGING, INC.

EIN: 59-2446336

350 7TH STREET NORTH

NAPLES, FL 34102

PRIMARY ACTIVITY: RADIOLOGY LAB

DIRECT CONTROLLING ENTITY: HEALTH RESOURCES CORPORTATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AMBULATORY SURGICAL CARE CENTER, INC.

Part VII Supplemental Information.

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

EIN: 59-2568029

350 7TH STREET NORTH

NAPLES, FL 34102

PRIMARY ACTIVITY: OUTPATIENT SURGERY

DIRECT CONTROLLING ENTITY: HEALTH RESOURCES CORPORTATION

Electronic Filing PDF Attachment

NCH Healthcare System, Inc. and Subsidiaries

Consolidated Financial Report
September 30, 2019

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RSM US LLP

Independent Auditor's Report

To the Board of Trustees of
NCH Healthcare System, Inc.

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of NCH Healthcare System, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2019 and 2018, the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of NCH Healthcare System, Inc. and Subsidiaries as of September 30, 2019 and 2018, and the results of their operations, changes in their net assets, and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

RSM US LLP

Miami, Florida
January 20, 2020

NCH Healthcare System, Inc. and Subsidiaries

**Consolidated Balance Sheets
September 30, 2019 and 2018**

	2019	2018
Assets		
Current assets:		
Cash and cash equivalents	\$ 13,166,430	\$ 64,104,813
Investments	2,633,905	1,212
Due from patients and others, net of allowance for uncollectibles of approximately \$48,734,000 in 2018	82,015,752	73,060,566
Assets limited as to use	11,960,496	12,872,090
Inventories	12,224,123	11,883,261
Estimated third-party payor receivable	1,635,839	-
Other current assets	9,716,197	14,115,201
Total current assets	133,352,742	176,037,143
Assets limited as to use:		
Self-insurance fund	13,549,928	13,168,185
Board-designated assets	308,368,049	319,900,267
Assets held by trustee under bond indentures	4,496,099	4,459,808
Donor receivables	18,748,608	19,035,735
Assets designated or restricted for donor intentions	27,040,650	28,294,601
	372,203,334	384,858,596
Less assets limited as to use that are available to pay current liabilities	(11,960,496)	(12,872,090)
	360,242,838	371,986,506
Investment in partnerships	967,483	1,089,957
Property and equipment, net of accumulated depreciation	382,649,659	366,196,319
Other assets	7,049,001	7,879,807
Total assets	\$ 884,261,723	\$ 923,189,732

See notes to the consolidated financial statements.

NCH Healthcare System, Inc. and Subsidiaries

Consolidated Balance Sheets

September 30, 2019 and 2018

	2019	2018
Liabilities and Net Assets		
Current liabilities:		
Current portion of long-term debt	\$ 5,411,943	\$ 47,476,312
Current portion of estimated self-insurance liabilities	3,185,588	2,960,208
Estimated third-party payor payable	-	557,652
Accounts payable	29,566,871	32,055,469
Accrued expenses	36,531,818	35,045,190
Accrued interest	2,771,190	2,835,115
Total current liabilities	77,467,410	120,929,946
Long-term debt, excluding current portion	92,320,762	97,597,555
Estimated self-insurance liabilities, excluding current portion	10,364,340	10,207,977
Other liabilities	9,329,207	9,019,708
Total liabilities	189,481,719	237,755,186
Net assets:		
Net assets without donor restrictions	642,718,698	633,023,449
Net assets with donor restrictions	52,061,306	52,411,097
Total net assets	694,780,004	685,434,546
Total liabilities and net assets	\$ 884,261,723	\$ 923,189,732

See notes to the consolidated financial statements.

NCH Healthcare System, Inc. and Subsidiaries

**Consolidated Statements of Operations
Years Ended September 30, 2019 and 2018**

	2019	2018
Revenues without donor restrictions:		
Net patient service revenue	\$ 627,071,573	\$ 610,052,040
Other revenue	16,300,472	15,339,783
Charitable contributions without donor restrictions	11,416,226	8,012,072
Net assets released from restrictions for operations	1,303,559	4,258,439
Total revenues	656,091,830	637,662,334
Expenses:		
Salaries and wages	319,247,521	289,721,631
Employee benefits	42,153,461	36,655,270
Supplies and other expenses	179,773,905	168,953,409
Purchased services	68,573,747	72,160,232
Depreciation and amortization	43,662,881	37,999,155
Interest expense	5,620,211	6,667,340
Total expenses	659,031,726	612,157,037
Operating (loss) income	(2,939,896)	25,505,297
Other income:		
Investment income	11,056,828	13,469,225
Gain (loss) on disposal of property and equipment	71,361	(76,742)
Excess of revenues over expenses	8,188,293	38,897,780
Change in net unrealized (losses) gains on other than trading securities	(3,753,826)	3,441,131
Net assets released from restrictions for capital	5,260,782	6,976,795
Increase in net assets without donor restrictions	\$ 9,695,249	\$ 49,315,706

See notes to consolidated financial statements.

NCH Healthcare System, Inc. and Subsidiaries

**Consolidated Statements of Changes in Net Assets
Years Ended September 30, 2019 and 2018**

	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total
Net assets at September 30, 2017	\$ 583,707,743	\$ 51,365,202	\$ 635,072,945
Excess of revenues over expenses	38,897,780	-	38,897,780
Change in net unrealized gains on other than trading securities	3,441,131	712,778	4,153,909
Restricted gifts and bequests	-	10,845,128	10,845,128
Income from restricted investments	-	723,223	723,223
Net assets released from restrictions for operations	-	(4,258,439)	(4,258,439)
Net assets released from restrictions for capital	6,976,795	(6,976,795)	-
Change in net assets	49,315,706	1,045,895	50,361,601
Net assets at September 30, 2018	633,023,449	52,411,097	685,434,546
Excess of revenues over expenses	8,188,293	-	8,188,293
Change in net unrealized (losses) gains on other than trading securities	(3,753,826)	198,056	(3,555,770)
Restricted gifts and bequests	-	5,589,014	5,589,014
Income from restricted investments	-	427,480	427,480
Net assets released from restrictions for operations	-	(1,303,559)	(1,303,559)
Net assets released from restrictions for capital	5,260,782	(5,260,782)	-
Change in net assets	9,695,249	(349,791)	9,345,458
Net assets at September 30, 2019	\$ 642,718,698	\$ 52,061,306	\$ 694,780,004

See notes to consolidated financial statements.

NCH Healthcare System, Inc. and Subsidiaries

Consolidated Statements of Cash Flows
Years Ended September 30, 2019 and 2018

	2019	2018
Cash flows from operating activities:		
Change in net assets	\$ 9,345,458	\$ 50,361,601
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Restricted gifts and bequests for capital and endowment	(1,534,587)	(4,111,878)
Net gain from partnerships	(146,826)	(134,310)
Net realized and unrealized losses (gains) on other than trading securities	512,801	(9,724,541)
Income from restricted gifts and bequests	(427,480)	(723,223)
Depreciation and amortization	43,798,031	38,147,919
Provision for bad debts	1,291,435	74,903,998
(Gain) loss on disposal of property and equipment	(71,361)	76,742
Changes in assets and liabilities:		
Increase in due from patients and others excluding provision for bad debts	(10,246,621)	(86,785,981)
Change in estimated third-party payor receivable/payable	(2,193,491)	1,859,136
Increase in inventories	(340,862)	(678,901)
Decrease in donor receivables	277,175	228,839
Decrease (increase) in other current assets	4,399,004	(7,288,109)
(Decrease) increase in accounts payable	(1,264,311)	2,782,920
Increase in accrued expenses	1,486,628	7,742,827
Decrease in accrued interest	(63,925)	(65,934)
Increase (decrease) in estimated self-insurance liabilities	381,743	(2,234,616)
Increase in other liabilities	309,499	102,869
Net cash provided by operating activities	45,512,310	64,459,358
Cash flows from investing activities:		
Purchases of property and equipment	(60,867,811)	(69,106,628)
Proceeds from the sales of property and equipment	136,664	56,759
Purchases of investments	(90,894,629)	(135,400,600)
Sales of investments	100,117,270	156,475,508
Decrease in other assets	292,806	386,344
Decrease in partnerships	269,300	42,395
Net cash used in investing activities	(50,946,400)	(47,546,222)
Cash flows from financing activities:		
Restricted gifts and bequests for capital and endowment	1,544,539	10,961,940
Income from restricted gifts and bequests	427,480	723,223
Repayment of long-term debt	(47,476,312)	(5,798,754)
Net cash (used in) provided by financing activities	(45,504,293)	5,886,409
(Decrease) increase in cash and cash equivalents	(50,938,383)	22,799,545
Cash and cash equivalents:		
Beginning	64,104,813	41,305,268
Ending	\$ 13,166,430	\$ 64,104,813
Supplemental disclosures of cash flow information:		
Cash paid for interest	\$ 5,889,473	\$ 7,176,048
Change in donor receivables for capital and endowment	(9,952)	(6,850,062)
Noncash additions to property and equipment	5,615,377	6,839,664

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies

Nature of organization: The NCH Healthcare System, Inc., (the Parent) was incorporated as a 501(c)(3) not-for-profit parent holding corporation in 1983 under a plan of reorganization to better serve the community's health care needs and to provide management with greater flexibility in providing services.

The NCH Healthcare System, Inc. and Subsidiaries (the System) consolidated financial statements consist of the following entities:

Naples Community Hospital, Inc. (the Hospital), a not-for-profit corporation located in Collier County, Florida, consists of two hospitals with 713 beds. The Downtown Naples Hospital Campus is a 391-bed acute care facility and North Naples Hospital Campus is a 322-bed acute care facility. The Hospital also has a blood center and various other outpatient centers located throughout the community. The Hospital is a wholly owned subsidiary of the System. The System's Board of Trustees also serve on the Board of Trustees of the Hospital.

NCHMD, Inc. (d/b/a NCH Healthcare Group), a not-for-profit corporation, owns and operates physician medical practices in Collier and Lee County, Florida.

The Obligated Group consists of Naples Community Hospital, Inc., NCHMD, Inc. and the Parent.

Marco Island Hospital, Inc. d/b/a Marco Healthcare Center (MIH), a not-for-profit corporation, operates an urgent care center and medical office building on Marco Island, Florida.

NCH ACO, LLC, a not-for-profit corporation was formed in May 2017, to participate in the Medicare Shared Savings Program.

Collier Health Care, Inc. (CHCI), a not-for-profit corporation, owns and leases healthcare facilities in Naples and Immokalee, Florida. CHCI also operates Children's Medical Services, a program serving chronically ill and special needs children under Title V and the Florida KidCare Program through Title XXI. The Children's Medical Services program ended January 31, 2019.

Health Resources Corporation (HRC), a for-profit holding company, which consists of the following proprietary subsidiaries: (i) Community Imaging, Inc. (CII) was formed to operate as a partner in the operation of diagnostic imaging centers. CII's 50% partnership interest in Naples Diagnostic Imaging Center, Ltd. (NDIC) was accounted for using the equity method of accounting. In November 2017, CII's partnership agreement with NDIC ended. Before the partnership ended, the System acquired the majority of the assets of NDIC on January 1, 2017. (ii) Ambulatory Surgical Care Center, Inc. (ASCC) owns a 15% interest in Naples Day Surgery (NDS), a nonaffiliated limited liability company which operates an ambulatory surgery centers in Collier County, Florida and is accounted for using the equity method of accounting. On January 1, 2019, Naples Day Surgery closed its operations. (iii) Community Home Care, Inc. owns a 49% interest in Kokua Healing Arts, Inc.; an established private duty home health agency headquartered in Naples, Florida and is accounted for using the equity method of accounting.

The Parent owns a 50% interest in Bonita Community Health Center (BCHC), a not-for-profit organization. BCHC operates an urgent care center, an ambulatory surgical care center, a diagnostic imaging center and an outpatient rehabilitation center in Estero, Florida. Additionally, BCHC leases office space to physicians and other healthcare providers. The investment in BCHC is accounted for using the equity method. In conjunction with the issuance of long-term debt for the construction and equipping of the BCHC facility, the System has provided an unconditional guarantee to pay 50% of the obligations related to this debt should BCHC default. BCHC's total liabilities exceed total assets and as a result the System reported other liabilities on the consolidated balance sheets of \$2,175,649 and \$2,072,418, for the years ended September 30, 2019 and 2018, respectively. As of September 30, 2019 and 2018, total long-term debt outstanding at BCHC was \$18,387,333 and \$19,368,000, respectively. On November 29, 2019, Lee Health acquired the System's 50% ownership interest in BCHC which resulted in the System recognizing a gain in fiscal year 2020.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

The Parent also owns a 50% interest in Naples Physician Hospital Organization d/b/a Community Health Partners (CHP), a not-for-profit taxable entity under the laws of the state of Florida. CHP contracts with various employers and other third-party payors for the provision of healthcare services by CHP members. The investment in CHP is accounted for using the equity method.

The System maintains the legal right to appoint trustees and directors of its wholly owned subsidiaries. In addition, the System maintains the right to approve: (1) the operating and capital budgets, (2) all amendments to the bylaws and articles of incorporation, and (3) all long-term debt obligations for all of the wholly owned subsidiaries.

Basis of presentation: These consolidated financial statements, which are presented on the accrual basis of accounting, have been prepared to report on the System as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classification of net assets and transactions into two classes of net assets – net assets without donor restrictions or net assets with donor restrictions as follows:

Net assets without donor restrictions: Net assets without donor restrictions represent resources generated from operations, unrestricted donations and the satisfaction or lapse of donor restrictions that are no longer subject to donor-imposed stipulations.

Net assets with donor restrictions: Net assets with donor restrictions are subject to donor-imposed stipulations and/or time restrictions that will eventually be met by actions of the System and/or the passage of time or have been restricted by donors to be maintained in perpetuity by the System. Generally, the donor of the net assets restricted in perpetuity permits the System to use the income earned from these assets for general or specific purposes.

A summary of the Organization's significant accounting policies follows:

Principles of consolidation: The consolidated financial statements include the accounts of the System. All significant intercompany amounts and transactions have been eliminated in consolidation. The entities that are part of the System are all legally separate entities.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and cash equivalents: Cash and cash equivalents include investments in highly liquid debt instruments with original maturities of three months or less at date of purchase but exclude amounts whose use is limited for specific purposes and self-insurance programs or by board designation and arrangements under trust agreements.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Investments and investment income: Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Investments are recorded as current assets when they are available for current operations. Investments that are not available for current operations as a result of contractual obligations, restrictions, designations or for other reasons are not included in current assets. Investment income or loss includes realized gains and losses on investments, interest and dividends unless the income or loss is restricted by donor or law. Unrealized gains and losses on other than trading investments are excluded from the excess of revenues over expenses unless the unrealized losses are determined to be other than temporary. Interest and dividends are recorded when earned. Realized gains and losses are recorded when the investments are sold. Unrealized gains and losses represent the change in fair value between reporting periods. All of the System's investments are classified as other than trading.

The System invests in a professionally managed portfolio that contains common shares and bonds of publicly traded companies, U.S. government and agency obligations, mutual funds and money market funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near term would materially affect investment balances and the amounts reported in the consolidated financial statements.

Due from patients and others: Prior to October 1, 2018, due from patients and others was reduced by an allowance for doubtful accounts. For receivables associated with services provided to patients who had third-party coverage, the System analyzed contractually due amounts and provided an allowance for doubtful accounts and a provision for bad debts. For receivables associated with self-pay patients, the System recorded a significant provision for bad debts in the period of service on the basis of its past experience, which indicated that many patients were unable or unwilling to pay the portion of their bill for which they were financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts were exhausted was charged off against the allowance for doubtful accounts. Beginning October 1, 2018, accounts receivable for medical services are recorded net of implicit price concessions. Implicit price concessions represent differences between amounts billed and the estimated consideration the System expects to receive from patients, which are determined based on historical collection experience, current market conditions and other factors. Accounts are written off when collection efforts have been exhausted.

Inventories: Inventories consist primarily of operating supplies and are stated at the lower of cost or market, on a first-in, first-out basis.

Assets limited as to use: Assets limited as to use primarily include assets required to fund claims in the System's self-insurance programs, assets set aside by the Board of Trustees primarily for capital replacement, assets held by trustee under bond indenture agreements, donor receivables, and assets designated or restricted for donor intentions. Amounts required to meet current liabilities of the System have been classified as current assets.

The System has received gifts of beneficial interests in trusts held by bank trustees. Under some trusts, the System is named as the beneficiary in remainder trusts held by third parties. The beneficial interest in these trusts are carried at fair value. The System has other trusts whereby it has the irrevocable right to receive the income earned on its share of the trust assets in perpetuity, but never receives the trust assets. The System reports their interest in these trusts based on their prorata share of the fair value of the assets in the trust. The beneficial interest in the trusts are reported as assets limited as to use and as net assets with donor restrictions.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Donor receivables: Pledges to make future donations are reported at net present value generally at the time the unconditional pledge is made, net of an allowance for estimated uncollectible pledges.

Donor contributions: Unconditional donor promises to give and contributions are reported at fair value at the time of the gift. Conditional promises to give are recognized at fair value when the conditions on which they depend are substantially met or the probability that the condition will not be met is remote. Gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a stipulated time restriction ends or purpose restriction is satisfied, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and consolidated statements of changes in net assets as net assets released from restrictions for operations or capital.

Property and equipment: Property and equipment are recorded at cost or if donated, at fair market value at date of donation. Property and equipment donated for operations are recorded as additions to net assets without donor restrictions. Major asset classifications and useful lives are generally based on the estimated utility of the assets and considering the American Hospital Association guidelines. Depreciation is provided over the estimated useful life of each class of depreciable assets, which range from 3 to 40 years, and is computed on the straight-line method. Upon sale or retirement of depreciable assets, the related cost and accumulated depreciation are removed and any resulting gain or loss is included in other income within the consolidated statements of operations.

Debt issue costs: Debt issue costs are amortized over the life of the related bonds using the effective interest method.

Estimated self-insurance liabilities: The liability for estimated self-insured medical malpractice claims, workers' compensation claims and health and dental claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. Health and dental claim liabilities are included with accrued expenses. The liability for medical malpractice claims and workers' compensation claims have been actuarially determined.

Excess of revenues over expenses: The consolidated statements of operations include excess of revenues over expenses. Changes in net assets without donor restrictions, include unrealized gains and losses on investments classified as other than trading securities and assets released from donor restrictions for capital in accordance with stipulations of a gift which are excluded from excess of revenue over expenses.

Net patient service revenue: Effective October 1, 2018, the System adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)* using the modified retrospective method of transition applied to contracts that were not complete as of October 1, 2018. This ASU replaced existing revenue recognition guidance, including industry-specific guidance, and requires revenue to be recognized in an amount that reflects the consideration the entity expects to be entitled in an exchange of goods or services.

The adoption of this ASU resulted in changes to presentation and disclosure of revenue, primarily related to the provision for bad debts. There was no adjustment required to the opening balance of net assets for the adoption of this ASU. Comparative financial information has not been restated and continues to be reported under the accounting standards in effect for the year ended September 30, 2018.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

The System reports patient service revenue at the amount that reflects the consideration to which the System expects to be entitled to in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs) and others and includes variable consideration for retroactive adjustments due to settlement of audits and reviews. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the System. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The System believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. The System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided and the System does not believe it is required to provide additional goods or services to the patient.

As the System's performance obligations relate to contracts with a duration of less than one year, the System has elected to apply the optional exemption provided in FASB Accounting Standards Board (ASC) 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The System determines the transaction price based on standard charges for goods and services provided to patients, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the System's policy, and/or implicit price concessions. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts expected to collect based on the System's collection history with similar class of patients. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense for the year ended September 30, 2019 was \$1,291,435 and is included in supplies and other expenses in the consolidated statement of operations.

The System has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the System's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the System does, in certain instances, enter in payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Charity care: The System provides care without charge or at amounts less than its established rates to patients who meet specific criteria under the State's charity care guidelines. Because the System does not pursue collection of accounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Income taxes: The System and all of its not-for-profit subsidiaries are exempt from federal income taxes on related income under Section 501(a) of the Internal Revenue Code (the Code). The System and all of its not-for-profit subsidiaries do not have significant unrelated business income; however, such status is subject to final determination upon examination of the related income tax returns by the appropriate taxing authorities. The System's for-profit subsidiaries are subject to income tax. The income tax expense for fiscal year 2018 was \$546,129 and the estimate for income tax expense for fiscal year 2019 is approximately \$41,000. The System's practice is to recognize interest and/or penalties related to income tax matters as income tax expense in the consolidated statements of operations under supplies and other expenses. The System is generally no longer subject to tax examinations in the major U.S. taxing jurisdictions in which they operate for tax years prior to 2015.

Fair value measurements: The System follows the authoritative guidance for fair value measurements and the fair value option for financial assets and financial liabilities. The guidance for the fair value option for financial assets and financial liabilities provides companies the irrevocable option to measure many financial assets and liabilities at fair value on their acquisition or commitment date, with changes in fair value recognized in earnings. The System has not elected to measure any financial assets or liabilities at fair value that were not previously required to be measured at fair value.

Fair value is defined as the exit price, or the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. The guidance also establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring the most observable inputs be used when available. Observable inputs are inputs market participants would use in valuing the asset or liability and are developed based on market data obtained from sources independent of the System. Unobservable inputs are inputs that reflect the System's assumptions about the factors market participants would use in valuing the asset or liability.

The guidance establishes three levels of inputs that may be used to measure fair value:

- Level 1:** Includes financial instruments for which quoted market prices for identical instruments that are available in active markets. Level 1 assets consist of money market funds, equity mutual and exchange-traded funds, equity securities and U.S. Treasury securities as they are traded in an active market with sufficient volume and frequency of transactions.
- Level 2:** Includes financial instruments for which there are inputs other than quoted prices included within Level 1 that are observable for the instrument such as quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets with sufficient volume or infrequent transactions (less active markets) or model-driven valuations in which significant inputs are observable or can be derived principally from, or corroborated by, observable market data, including market interest rate curves, referenced credit spreads and pre-payment rates. Level 2 assets and liabilities consist of certain marketable debt instruments. Marketable debt instruments in this category include U.S. government and agency securities, corporate bonds, fixed income funds and foreign and domestic equity securities.
- Level 3:** Includes financial instruments for which fair value is derived from valuation techniques including pricing models and discounted cash flow models in which one or more significant inputs are unobservable, including the System's own assumptions. The pricing models incorporate transaction details such as contractual terms, maturity and, in certain instances, timing and amount of future cash flows, as well as assumptions related to liquidity and credit valuation adjustments of marketplace participants. Level 3 equity funds include charitable remainder trust receivables and perpetual trusts which are recorded at fair value based on the underlying value of the assets in the trust or discounted cash flow of the expected payment streams.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Presentation of net assets: Effective October 1, 2018, the System adopted ASU 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. ASU 2016-14 simplifies and improves how a not-for-profit organization classifies its net assets, as well as the information it presents in financial statements and notes about its liquidity, financial performance, and cash flows. Among other changes, the ASU replaced the three previous classes of net assets with two new classes, “net assets with donor restrictions” and “net assets without donor restrictions,” and expanded disclosures about the nature and amount of any donor restrictions.

Reclassifications: Certain amounts in the 2018 consolidated financial statements have been reclassified to be consistent with the presentation in the 2019 consolidated financial statements. These reclassifications did not impact net assets or the increase in net assets previously reported.

Recent accounting pronouncements: In January 2016, the FASB issued ASU 2016-01, *Financial Instruments – Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities*, which updates certain aspects of recognition, measurement, presentation and disclosures of financial instruments. The ASU, among other changes, will require unrealized gains and losses on equity investments with readily determinable fair values to be recognized within the performance indicator. ASU 2016-01 will be effective for the System’s fiscal year beginning October 1, 2019. At September 30, 2016, the System elected to early adopt the amendment that no longer requires disclosure of the fair value of financial instruments that are not measured at fair value and as such, these disclosures are not included herein. The System will appropriately adopt this standard in fiscal year 2020 and anticipates that it will result in a classification impact as the changes in fair value of the System’s equity investments will be presented in the System’s excess of revenues over expenses rather than presented in the System’s other changes in net assets.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. ASU 2016-02 introduces a lease accounting model that requires an entity to recognize assets and liabilities arising from most leases, including both financing and operating leases. The recognition, measurement and presentation of expenses and cash flows arising from a lease by a lessee primarily will depend on its classification as a financing or operating lease. ASU 2016-02 will also require qualitative and quantitative lease disclosures. In July 2018, the FASB issued ASU 2018-10, *Codification Improvements to Topic 842, Leases*, and ASU 2018-11, *Leases (Topic 842): Targeted Improvements*. ASU 2018-10 narrows aspects of the guidance issued in the amendments in ASU 2016-02. ASU 2018-11 provides entities with an additional (and optional) transition method to adopt ASU 2016-02. The standards are effective for the System’s fiscal year beginning October 1, 2019. The System will appropriately adopt these standards in fiscal year 2020 and anticipates that it will report a right of use asset and liability based on the present value of its operating lease commitments.

In August 2016, the FASB issued ASU 2016-15, *Statement of Cash Flows (Topic 230): Classification of Certain Cash Receipts and Cash Payments*. ASU 2016-15 provides guidance on how certain cash receipts and cash payments should be presented and classified in the consolidated statements of cash flows with the objective of reducing existing diversity in practice with respect to these items. The standard is effective for the System’s fiscal year beginning October 1, 2019. The System will appropriately adopt this standard in fiscal year 2020.

Effective October 1, 2018, the System adopted ASU 2017-04, *Intangibles – Goodwill and Other (Topic 350): Simplifying the Test for Goodwill Impairment*. ASU 2017-04 eliminates the requirement to perform the second step of the goodwill impairment test.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

In June 2019, the FASB issued ASU 2019-06, *Intangibles—Goodwill and Other (Topic 350), Business Combinations (Topic 805), and Not-for-Profit Entities (Topic 958): Extending the Private Company Accounting Alternatives on Goodwill and Certain Identifiable Intangible Assets to Not-for-Profit Entities*. The ASU is effective immediately. ASU 2019-06 extends the scope of the two private company alternatives to not-for-profits, enabling organizations to recognize fewer items as separate intangible assets in acquisitions and to account for goodwill in a more cost-effective manner. A not-for-profit organization that elects the accounting alternative will: (a) amortize goodwill over 10 years or less, on a straight-line basis; (b) test for impairment upon a triggering event; and (c) have the option to elect to test for impairment at the entity level. A not-for-profit organization also has the option to subsume certain customer-related intangible assets and all noncompete agreements into goodwill, which it subsequently must amortize. The System did not elect to adopt this standard.

Note 2 Third-Party Payors

The System has agreements with third-party payors that provide for payment to the System at amounts different from its established rates. A summary of the basis of payments from the System's primary third-party payors follows:

Medicare: Most inpatient acute, rehabilitation, psychiatric and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors.

The System's hospital specific rates include the full update for meaningful electronic health record (EHR) user and quality data submission.

Certain Medicare services are paid under a cost reimbursement methodology. The System's Medicare cost reports have been filed for all years through September 30, 2018, and have been audited by the Medicare intermediary for all years through September 30, 2016. Retroactive adjustments for cost report settlements are accrued on an estimated basis in the period when the related services are rendered and adjusted in future periods when final settlements are determined.

Medicaid: Florida Medicaid implemented a prospective inpatient reimbursement based on All Patient Refined Diagnostic Related Groups methodology (APR DRG) effective in 2013. Payments under APR DRG assignment are made on a per case basis and are not subject to retrospective rate adjustments. Florida Medicaid implemented a prospective reimbursement methodology for outpatient services using Enhanced Ambulatory Payment Group (EAPG) effective July 1, 2017. Rates were finalized in 2017.

The System's Medicaid cost report audits have been completed through September 30, 2015.

Laws and regulations governing the Medicare and Medicaid Programs are complex and subject to interpretation. The System believes that it is in compliance with all applicable laws and regulations. Compliance with such laws and regulations can be subject to audits, claims, inquiries and investigations from government authorities and agencies that occur in the ordinary course of business. Current audits, claims, inquiries and investigations and their ultimate resolutions, individually or in the aggregate, are not expected to have a material adverse effect on the System's business, financial condition, results of operations or cash flows. The System's classification of patients and the appropriateness of their care are subject to review by the fiscal intermediaries administering the Medicare and Medicaid programs.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2 Third-Party Payors (Continued)

Other: The System has also entered into payment arrangements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the System under these arrangements includes prospectively determined rates per discharge, per diem, discounts from established charges, and prospectively determined rates per procedure for outpatient services. Some of these arrangements provide for review of paid claims for compliance with the terms of the contract and can result in retroactive settlement with third parties. Any retroactive adjustments for other third-party claims are recorded in the period when final settlement is determined.

Changes in estimates of third-party payor settlements increased net patient service revenue by approximately \$1,656,000 and \$1,918,000, respectively, for the years ended September 30, 2019 and 2018.

Note 3. Net Patient Service Revenue and Due From Patients and Others

The composition of net patient service revenue based on payor source for the years ended September 30, are as follows:

	2019	2018
Medicare and Medicaid including HMO	\$ 343,466,232	\$ 338,367,538
Commercial	252,914,008	238,269,313
Self Pay and Other	30,691,333	33,415,189
Net patient service revenue	<u>\$ 627,071,573</u>	<u>\$ 610,052,040</u>

Hospital revenue includes a variety of services mainly covering inpatient procedures requiring overnight stays or outpatient operations that require anesthesia or use of complex diagnostic and surgical equipment as well as emergency care. Physician revenue includes services primarily focused on the care of outpatients covering primary and specialty healthcare needs. The composition of net patient service revenue based on services for the years ended September 30, are as follows:

	2019	2018
Inpatient	\$ 313,219,090	\$ 310,300,715
Outpatient	205,498,881	197,339,360
Physician	108,353,602	102,411,965
Net patient service revenue	<u>\$ 627,071,573</u>	<u>\$ 610,052,040</u>

Note 4. Uncompensated Care

Uncompensated care represents either charges foregone or charges in excess of payment received for services provided to patients who are not covered under contracts with third-party payors. The major components of uncompensated care are categorized as charity, welfare and bad debts.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 4. Uncompensated Care (Continued)

Charity care represents services and supplies furnished at no charge to patients who have qualified under the income criteria promulgated by the state of Florida. Patients who would otherwise be deemed as charity care can sometimes qualify under the Collier County Welfare Program. Payments under the County Welfare Program are limited by the amount appropriated by the County.

Uncompensated care for the years ended September 30, was as follows:

	2019	2018
Charity care – charges foregone, based on established rates	\$ 115,261,004	\$ 95,824,133
Welfare – difference between established rates and reimbursement received	3,404,101	3,747,704
Total charity care and welfare	118,665,105	99,571,837
Implicit price concession	64,780,407	-
Bad debts – charges deemed uncollectible	1,291,435	74,903,998
Total uncompensated care	<u>\$ 184,736,947</u>	<u>\$ 174,475,835</u>
Estimated cost of providing uncompensated care	<u>\$ 46,330,040</u>	<u>\$ 43,464,295</u>

The System applied adjusted expenses as a percent of revenues to the charity, welfare and bad debt charges written off to determine an estimated cost of uncompensated care.

Note 5. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at September 30:

	2019	2018
Health care services:		
Building construction and purchase of equipment	\$ 22,305,846	\$ 21,968,483
Clinical	13,112,519	14,230,018
Education	657,482	191,244
Indigent	354,248	436,955
Investments to be held in perpetuity, the income from which is expendable to support health care services	15,631,211	15,584,397
	<u>\$ 52,061,306</u>	<u>\$ 52,411,097</u>

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 5. Net Assets with Donor Restrictions (Continued)

At September 30, outstanding pledges from various corporations, foundations and individuals, included in donor receivables in assets limited as to use, were as follows:

	2019	2018
Amounts due:		
Within one year	\$ 4,278,809	\$ 5,452,074
In one to five years	9,099,657	8,807,899
In six to eight years	1,669,705	127,132
Over eight years	8,339,104	9,510,536
	<u>23,387,275</u>	<u>23,897,641</u>
Less:		
Discounts for the time value of money	(4,638,667)	(4,861,906)
	<u>\$ 18,748,608</u>	<u>\$ 19,035,735</u>

Estimated cash flows from pledge receivables due after one year are discounted using a risk-adjusted rate, that is commensurate with the pledges' due dates and established in the year the pledge is received.

The System operates under the Florida Uniform Prudent Management of Institutional Funds Act (FUPMIFA). The FUPMIFA defines an endowment fund as an institutional fund, or any part thereof, not wholly expendable by the institution on a current basis under the terms of the applicable gift instrument. The System's interpretation of its fiduciary responsibilities for donor restricted endowments under FUPMIFA is that it is required to use reasonable care and caution as would be exercised by a prudent investor, in considering the investment management and expenditures of endowment funds. In accordance with FUPMIFA, the System may expend so much of an endowment fund as the System determines to be prudent for the uses and purposes of which the endowment fund is established, consistent with the goal of conserving the long-term purchasing power of the endowment fund.

The System considers the following in expenditure decisions for its endowment funds:

- The program needs of the System
- The intent of the donors of the endowment fund
- The terms of the applicable instrument
- General economic conditions
- The possible effects of inflation or deflation
- The expected total return from income and the appreciation of investments
- The other resources of the System
- Perpetuation of the endowment

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 5. Net Assets with Donor Restrictions (Continued)

The System classifies the following as net assets with donor restrictions: (a) the original value of gifts donated to the permanent endowment; (b) the original value of subsequent gifts to the permanent endowment; and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, when applicable. The donor-restricted endowment fund is classified in net assets with donor restrictions until those amounts are appropriated for expenditure by the System in a manner consistent with the standard of prudence prescribed by FUPMIFA. The investment income from the System's endowment funds are designated for general and specific purposes.

The System's endowment investment policies are directed by the Investment Committee of the Board of Trustees. The System's policies establish a moderate risk posture with respect to both time and risk preference. These risk postures are developed to provide consistent return patterns over a moderate time horizon and are consistent with conserving the purchasing power of its endowment funds. Strategies employed for achieving the System's investment objectives include passively and actively managed funds invested in domestic and global equities, domestic and global fixed income, absolute return and real assets.

Changes in net assets with donor restrictions for the years ended September 30, 2019 and 2018, consisted of the following:

	<u>Net Assets with Donor Restrictions</u>
Endowment net assets at September 30, 2017	<u>\$ 21,527,992</u>
Investment return:	
Investment income	696,680
Change in unrealized gains	677,756
Total investment return	<u>1,374,436</u>
Gifts	601,291
Appropriation of endowment assets for expenditure	<u>(505,380)</u>
Endowment net assets at September 30, 2018	<u>22,998,339</u>
Investment return:	
Investment income	408,600
Change in unrealized gains	33,132
Total investment return	<u>441,732</u>
Gifts	3,907
Appropriation of endowment assets for expenditure	<u>(304,293)</u>
Endowment net assets at September 30, 2019	<u>\$ 23,139,685</u>

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 5. Net Assets with Donor Restrictions (Continued)

For the years ended September 30, 2019 and 2018, net assets were released from donor restrictions by satisfying the time restriction or incurring operating expenses satisfying the restricted purposes in the amounts of approximately \$1,304,000 and \$4,258,000, respectively. For the years ended September 30, 2019 and 2018, net assets were released from donor restrictions used for purchase of property and equipment in the amounts of approximately \$5,261,000 and \$6,977,000, respectively.

Donor restricted net assets held by the System are reported at fair value and are restricted to investment and reinvestment in perpetuity, the income from which is expendable to support various programs sponsored by the System. A summary of the revenues for the year ended September 30, 2019, consisted of the following:

	<u>With Donor Restrictions</u>
Revenues, gains and other support:	
Public support:	
Unrestricted and restricted donations	\$ 4,874,534
Fundraising events	714,480
Total public support	<u>5,589,014</u>
Investment income and change in net unrealized gains on other than trading securities	625,536
Released from restrictions	<u>(6,564,341)</u>
Total revenues, gains and other support	<u><u>\$ (349,791)</u></u>

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 6. Liquidity and Availability

The System regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds.

The following table summarizes the System's financial assets available for general expenditure and endowment grant obligations within one year after September 30:

	2019	2018
Financial assets:		
Cash and cash equivalents	\$ 13,166,430	\$ 64,104,813
Investments	311,001,954	319,901,479
Patient accounts receivable, net of allowance for bad debts	82,015,752	73,060,566
Self-Insurance fund	13,549,928	13,168,185
Donor receivables	18,748,608	19,035,735
Assets designated or restricted for donor intentions	27,040,650	28,294,601
Assets held by trustee under bond indentures	4,496,099	4,459,808
Investment in partnerships	967,483	1,089,957
Other current receivables	1,851,611	2,074,022
Bequest receivable	2,557,401	5,656,779
Other long-term assets	6,200,252	7,023,252
Total financial assets	<u>481,596,168</u>	<u>537,869,197</u>
Less amounts not available to be used within one year:		
Board designated investments	(308,368,049)	(319,900,267)
Investments in partnerships	(967,483)	(1,089,957)
Self-Insurance fund	(13,549,928)	(13,168,185)
Assets designated or restricted for donor intentions	(27,040,650)	(28,294,601)
Donor receivables due over one year	(14,469,799)	(13,583,661)
Assets held by trustee under bond indentures	(4,496,099)	(4,459,808)
Bequests receivable due over one year	(570,427)	(625,428)
Other long-term assets	(6,200,252)	(7,023,252)
Total financial assets not available to be used within one year	<u>(375,662,687)</u>	<u>(388,145,159)</u>
Financial assets available to meet general expenditures within one year	<u>\$ 105,933,481</u>	<u>\$ 149,724,038</u>

Board designated investments could be sold to meet the System's operating needs and other contractual commitments.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 7. Assets Limited as to Use and Investments

The composition of assets limited as to use stated at fair value at September 30, are set forth in the following table:

	2019	2018
Self-insurance funds:		
Cash and cash equivalents	\$ 10,493,101	\$ 11,977,262
U.S. government and agency securities	439,867	-
Mortgage-backed securities	820,971	227
Corporate bonds	838,276	-
Self-insurance receivables	957,713	1,190,696
	<u>13,549,928</u>	<u>13,168,185</u>
Board-designated assets:		
Cash and cash equivalents	5,204,168	4,727,919
U.S. government and agency securities	20,113,300	30,918,999
Mortgage-backed securities	14,809,007	15,892,732
Corporate bonds	37,791,780	31,887,746
Fixed income funds	44,347,650	45,594,566
Equities and equity funds – domestic	129,064,749	126,745,616
Equities and equity funds – foreign	57,037,395	64,132,689
	<u>308,368,049</u>	<u>319,900,267</u>
Assets held by trustee under bond indentures:		
Cash and cash equivalents	4,496,099	4,459,808
Assets designated or restricted for donor intentions:		
Cash and cash equivalents	6,118,450	9,238,041
U.S. government and agency securities	635,176	326,547
Mortgage-backed securities	356,636	145,989
Corporate bonds	669,025	432,940
Fixed income funds	99,178	91,776
Equities and equity funds – domestic	12,419,354	11,756,537
Equities and equity funds – foreign	6,742,831	6,302,771
Donor receivables	18,748,608	19,035,735
	<u>45,789,258</u>	<u>47,330,336</u>
Total assets limited as to use	<u>\$ 372,203,334</u>	<u>\$ 384,858,596</u>

The composition of current unrestricted and undesignated investments stated at fair value at September 30, are set forth in the following table:

	2019	2018
Current investments:		
U.S. government and agency securities	\$ 551,931	\$ -
Mortgage-backed securities	1,030,130	1,212
Corporate bonds	1,051,844	-
Total current investments	<u>\$ 2,633,905</u>	<u>\$ 1,212</u>

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 7. Assets Limited as to Use and Investments (Continued)

Investment income and gains (losses) from unrestricted cash, assets limited as to use, and investments, excluding earnings reported in net assets with donor restrictions, are comprised of the following for the years ended September 30:

	2019	2018
Investment income	\$ 8,013,859	\$ 7,898,593
Net realized gains	3,042,969	5,570,632
	11,056,828	13,469,225
Change in unrealized (losses) gains on other than trading securities	(3,753,826)	3,441,131
Total investment earnings	<u>\$ 7,303,002</u>	<u>\$ 16,910,356</u>

Investment expenses are recorded as reductions to investment income and realized gains.

The fair value of debt securities classified by contractual maturity, as of September 30, 2019, are as follows:

	Amortized Cost	Fair Value
Due within one year	\$ 5,731,327	\$ 5,678,453
Due after one year through three years	34,062,375	34,183,796
Due after three years	21,017,899	22,228,950
Mortgage-backed securities	17,082,687	17,016,744
	<u>\$ 77,894,288</u>	<u>\$ 79,107,943</u>

Expected maturities will differ from contractual maturities because the issuers of certain debt securities do have the right to call or prepay their obligations without any penalties.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 7. Assets Limited as to Use and Investments (Continued)

The System follows the authoritative guidance for fair value measurements as defined in Note 1 and the following tables present the System's fair value hierarchy for assets and liabilities measured at fair value on a recurring basis at September 30, 2019 and 2018:

	2019			
	Level 1	Level 2	Level 3	Total
Assets:				
Cash and cash equivalents	\$ 21,427,503	\$ 5,310,788	\$ -	\$ 26,738,291
U.S. government and agency securities	-	21,740,274	-	21,740,274
Mortgage-backed securities	-	17,016,744	-	17,016,744
Corporate bonds	-	40,350,925	-	40,350,925
Fixed income funds	-	44,446,828	-	44,446,828
Equities and equity funds – domestic	124,444,830	15,677,598	1,361,675	141,484,103
Equities and equity funds – foreign	45,623,126	18,157,100	-	63,780,226
	191,495,459	162,700,257	1,361,675	355,557,391
Trusts held by others	-	-	4,740,826	4,740,826
Total assets at fair value	\$ 191,495,459	\$ 162,700,257	\$ 6,102,501	\$ 360,298,217
	2018			
	Level 1	Level 2	Level 3	Total
Assets:				
Cash and cash equivalents	\$ 24,105,773	\$ 6,713,934	\$ -	\$ 30,819,707
U.S. government and agency securities	-	31,245,546	-	31,245,546
Mortgage-backed securities	-	16,040,160	-	16,040,160
Corporate bonds	-	32,320,686	-	32,320,686
Fixed income funds	-	45,686,342	-	45,686,342
Equities and equity funds – domestic	121,577,160	15,491,899	1,433,094	138,502,153
Equities and equity funds – foreign	53,239,736	17,195,724	-	70,435,460
	198,922,669	164,694,291	1,433,094	365,050,054
Trusts held by others	-	-	4,631,238	4,631,238
Total assets at fair value	\$ 198,922,669	\$ 164,694,291	\$ 6,064,332	\$ 369,681,292

The following tables are a rollforward of the consolidated balance sheets amounts for financial instruments classified by the System within Level 3 of the valuation hierarchy as defined in Note 1:

	Trusts Held by Others	Equity Funds	Total
Fair value October 1, 2017	\$ 7,908,865	\$ 1,361,402	\$ 9,270,267
Realized and unrealized gain	283,125	71,692	354,817
Distributions	(3,560,752)	-	(3,560,752)
Fair value September 30, 2018	4,631,238	1,433,094	6,064,332
Realized and unrealized gains (losses)	109,588	(71,419)	38,169
Fair value September 30, 2019	\$ 4,740,826	\$ 1,361,675	\$ 6,102,501

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 7. Assets Limited as to Use and Investments (Continued)

The System evaluates the investment portfolio for other-than-temporary impairment (OTTI) in accordance with ASC 320, Investments – Debt and Equity Securities. An investment security is considered impaired if the fair value of the security is less than its cost or amortized cost basis. When impairment of an equity or debt security is considered to be other-than-temporary, the security is written down to its fair value and an impairment loss is recorded in earnings. The System has reviewed debt and equity securities in a loss position as of September 30, 2019 and 2018, which included evaluating the near-term prospects of the issuers in relation to the severity and duration of the unrealized losses, and reviewing the securities for instances of credit downgrades, defaults, and other matters that might indicate the declines in value are other-than-temporary. Based on that evaluation and the System's ability and intent to hold these investments for a reasonable period of time sufficient for a forecasted recovery of fair value, the System does not consider these investments to be other-than-temporarily impaired at September 30, 2019 and 2018.

The Systems unrealized losses by category of investment, based on the length of time the securities are in a continuous unrealized loss position at September 30, are as follows:

	2019					
	Less than 12 months		12 months or more		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
U.S. Government and agency securities	\$ 5,843,848	\$ (5,948)	\$ 8,494,260	\$ (232,495)	\$ 14,338,108	\$ (238,443)
Corporate bonds	7,210,224	(14,018)	7,301,310	(69,592)	14,511,534	(83,610)
Fixed income funds	2,521,822	(214,405)	41,825,828	(5,190,627)	44,347,650	(5,405,032)
Equities and equity funds – domestic	5,651,353	(167,314)	55,649,371	(3,065,196)	61,300,724	(3,232,510)
	<u>\$ 21,227,247</u>	<u>\$ (401,685)</u>	<u>\$ 113,270,769</u>	<u>\$ (8,557,910)</u>	<u>\$ 134,498,016</u>	<u>\$ (8,959,595)</u>

	2018					
	Less than 12 months		12 months or more		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
U.S. Government and agency securities	\$ 9,959,884	\$ (148,511)	\$ 30,269,045	\$ (837,084)	\$ 40,228,929	\$ (985,595)
Corporate bonds	14,360,758	(108,243)	11,433,208	(343,744)	25,793,966	(451,987)
Fixed income funds	2,238,305	(168,033)	43,448,037	(3,517,406)	45,686,342	(3,685,439)
Equities and equity funds – domestic	51,549,027	(1,579,148)	15,176,560	(841,756)	66,725,587	(2,420,904)
	<u>\$ 78,107,974</u>	<u>\$ (2,003,935)</u>	<u>\$ 100,326,850</u>	<u>\$ (5,539,990)</u>	<u>\$ 178,434,824</u>	<u>\$ (7,543,925)</u>

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 8. Property and Equipment

Property and equipment and accumulated depreciation and amortization consists of the following at September 30:

	2019	2018
Land	\$ 34,875,801	\$ 34,765,813
Land improvements	8,924,756	8,924,756
Buildings	460,943,682	420,003,906
Fixed equipment	51,595,141	51,207,653
Movable equipment	335,414,631	305,144,382
Rental apartments	-	48,079
Leasehold improvements	14,745,847	15,300,147
Facilities expansion in progress	17,341,409	34,055,657
	<u>923,841,267</u>	<u>869,450,393</u>
Less accumulated depreciation and amortization	(541,191,608)	(503,254,074)
	<u>\$ 382,649,659</u>	<u>\$ 366,196,319</u>

The facilities expansion in progress at September 30, 2019, included the construction costs of various projects, which management estimates will cost an additional approximate amount of \$21,180,000, \$12,250,000 and \$10,840,000 to complete during 2020, 2021 and 2022, respectively. The System funds these construction projects through operations and contributions.

Impairment: Long-lived assets are tested for impairment based on undiscounted cash flows and, if impaired, written down to fair value based on either discounted cash flows or market values. To date, management has determined that no impairment of long-lived assets is required.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 9. Goodwill and Other Identifiable Intangible Assets

Goodwill and other identifiable intangible assets, and the related accumulated amortization at September 30, 2019 and 2018, are included in other assets on the consolidated balance sheets and are comprised of the following:

	2019		
	Gross Carrying Amount	Accumulated Amortization	Net Carrying Amount
Intangible assets not subject to amortization:			
Goodwill	\$ 4,430,085	\$ -	\$ 4,430,085
Intangible assets subject to amortization:			
Electronic medical records (5 years)	330,000	181,500	148,500
Employee contracts (10 years)	4,480,000	4,283,333	196,667
	2018		
	Gross Carrying Amount	Accumulated Amortization	Net Carrying Amount
Intangible assets not subject to amortization:			
Goodwill	\$ 4,430,085	\$ -	\$ 4,430,085
Intangible assets subject to amortization:			
Electronic medical records (5 years)	330,000	115,500	214,500
Employee contracts (10 years)	4,480,000	3,811,333	668,667
Estimated future annual amortization expense is as follows:			
Years ending September 30:			
2020			\$ 262,667
2021			66,000
2022			16,500
			<u>\$ 345,167</u>

The System reviews goodwill for impairment annually or sooner if indications of possible impairment are identified. No impairment expense was recognized during the years ended September 30, 2019 and 2018.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 10. Long-Term Debt

The System was obligated under long-term debt as follows at September 30:

	2019	2018
Collier County Industrial Development Authority Healthcare Facilities Revenue Bonds, Series 2010 (payable by the Hospital under an agreement with Collier County) consisting of \$3,631,943 serial bonds due October 2019, with interest paid quarterly at 2.954%. \$3,739,816 serial bonds due October 2020, with interest paid quarterly at 2.954%.	\$ 7,371,759	\$ 10,898,071
Collier County Industrial Development Authority Healthcare Facilities Revenue Bonds, Series 2011 Public (payable by the Hospital under an agreement with Collier County) consisting of \$1,780,000 serial bonds due October 2019, with interest paid semi-annually at 4.5%. \$1,865,000 serial bonds due October 2020, with interest paid semi-annually at 5%. \$3,380,000 serial bonds due October 2021 with interest paid semi-annually at 5.00%. \$3,545,000 serial bonds due October 2022, with interest paid semi-annually at 5.00%. \$4,645,000 serial bonds due October 2023, with interest paid semi-annually at 5.5% and \$76,420,000 serial bonds due from October 2024 through October 2039, with interest paid semi-annually at rates ranging from 5.50% to 6.25%.	91,635,000	93,340,000
Collier County Industrial Development Authority Healthcare Facilities Revenue Bonds, Series 2011 (payable by the Hospital under an agreement with Collier County). The remaining revenue bond amount of \$41,470,000 was paid on October 1, 2018.	-	42,245,000
Total long-term debt	99,006,759	146,483,071
Less:		
Unamortized original issue discount	(571,555)	(630,015)
Debt issuance costs	(702,499)	(779,189)
Current maturities	(5,411,943)	(47,476,312)
	<u>\$ 92,320,762</u>	<u>\$ 97,597,555</u>

The agreements underlying the bond issues described above contain covenants that provide for, among other things, the maintenance of certain financial ratios, conditions for issuance of additional indebtedness and the transferability of funds. The System was in compliance with financial related covenants for the years ended September 30, 2019 and 2018. The Series 2010, 2011 Public and 2011 Bank Qualified bonds are collateralized under the Hospital Master Trust Indenture. The Hospital Master Trust Indenture is collateralized by all revenue, accounts receivable, contract rights, and general intangibles of the Obligated Group and by the money and securities held in the funds and accounts established under the applicable indentures.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 10. Long-Term Debt (Continued)

The aggregate principal maturities and sinking fund requirements on long-term debt in each of the next five years and thereafter are as follows:

Years ending September 30:	
2020	\$ 5,411,943
2021	5,604,816
2022	3,380,000
2023	3,545,000
2024	4,645,000
Thereafter	76,420,000
	<u>\$ 99,006,759</u>

Note 11. Self-Insured Claims

The System is self-insured for its professional liability, workers' compensation and employee health programs.

For 2019 and 2018 professional liability, the System had a \$4,000,000 and \$3,000,000, respectively, per claim self-insured retention. To pay claims in excess of the self-insured retention, the System purchased an excess professional liability policy (claims-made basis).

Losses from asserted claims and from unasserted claims identified under the System's incident reporting system are accrued based on estimates that incorporate the System's past experience, as well as other considerations including the nature of each claim or incident and relevant trend factors and incidents that may have occurred but that have not been identified under the incident reporting system. Total expenses under this program were \$2,697,249 and \$1,309,639 during the years ended September 30, 2019 and 2018, respectively, and are included in supplies and other expenses in the consolidated statements of operations. As of September 30, 2019 and 2018, the System had accrued \$12,647,349 and \$12,132,605, respectively, which, in the opinion of management, based on historical experience and current actuarial analyses, is sufficient to cover reported claims and claims incurred but not reported. The accrued professional liability has been discounted at a rate of 3% in 2019 and 2018. The discount on the accrual for professional liability was approximately \$1,039,000 and \$1,009,000 at September 30, 2019 and 2018, respectively. The System has recorded approximately \$895,000 and \$1,070,000 for September 30, 2019 and 2018, respectively, of estimated professional liability insurance recoveries which is included in the self-insurance fund in assets limited as to use on the accompanying consolidated balance sheets.

For 2019 and 2018 workers' compensation, the System had a \$500,000 per claim self-insured retention. To pay claims in excess of its self-insured retention, the System purchased an excess liability policy (occurrence-basis). As of September 30, 2019 and 2018, the System had accrued \$902,579 and \$1,035,580, respectively, which, in the opinion of management, based on historical experience and current actuarial analyses, is sufficient to cover reported claims and claims incurred but not reported. Total expenses under this program were \$661,870 and \$284,983 during the years ended September 30, 2019 and 2018, respectively, and are included in supplies and other expenses in the consolidated statements of operations. The accrued workers' compensation liability has been discounted at a rate of 3% in 2019 and 2018. The discount on the accrued workers' compensation liability was approximately \$111,000 and \$134,000 at September 30, 2019 and 2018, respectively. The System has recorded approximately \$63,000 and \$121,000 for September 30, 2019 and 2018, respectively, of estimated workers' compensation insurance recoveries which is included in the self-insurance fund in assets limited as to use on the accompanying consolidated balance sheets.

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 11. Self-Insured Claims (Continued)

For 2019 and 2018 employee health coverage, the System had a \$350,000 per claim self-insured retention. The plan calls for an unlimited lifetime maximum benefit per covered life. As of September 30, 2019 and 2018, the System had accrued \$7,596,563 and \$6,986,568, respectively, based on historical experience, which, in the opinion of management is sufficient, to cover reported claims and claims incurred but not reported. Due to the short-term nature of these claims, the liability is included in accrued expenses and has not been discounted. The System recognizes patient service revenue for employee's receiving medical care within the System. Employee health services provided by external services outside the System are included in employee benefits as an expense.

The System is involved in litigation arising from the ordinary course of business. In the opinion of management and counsel, these matters will be resolved without a material adverse effect to the System's financial position, results of operations or cash flows.

Note 12. Defined Contribution Plan

The System has a defined contribution plan covering all eligible employees. The System, at its discretion will match a percentage of each participant's salary reduction contributions after the participant has completed 12 months of employment. In the event the System chooses to make a matching contribution, the matching amount shall equal 100% of the first 2% of compensation contributed by the participant as salary reduction contributions plus 50% of the next 4% of compensation contributed by the participant as salary reduction contributions, up to a maximum of 4% of compensation.

The System's contributions, net of forfeitures, for the years ended September 30, 2019 and 2018, were approximately \$7,465,000 and \$7,149,000, respectively.

Note 13. Related Party Transactions

One physician member of the Board of Trustees has an exclusive contract with the System. Three members of the Board of Trustees are employees of the System. One member of the Board of Trustees is an owner of a property, which NCH pays for rental space.

Note 14. Leases

The System leases buildings and equipment under operating leases. Rental expense for the years ended September 30, 2019 and 2018, approximated \$7,207,000 and \$6,963,000, respectively, and are included in supplies and other expenses in the consolidated statements of operations. The future minimum lease payments under operating leases at September 30, 2019, are approximately as follows:

Years ending September 30:	
2020	\$ 6,411,000
2021	4,999,000
2022	4,942,000
2023	4,786,000
2024	3,627,000
Thereafter	8,272,000
	<u>\$ 33,037,000</u>

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 15. Concentrations of Credit Risk

Financial instruments which potentially subject the System to concentrations of credit risk consist principally of cash and cash equivalents, investments and assets limited as to use.

The System places its cash and cash equivalents with what management believes to be high credit quality financial institutions. Included in cash and cash equivalents are bank deposits, certificates of deposit and other short-term investments in the amount of approximately \$13,166,000 and \$64,105,000 as of September 30, 2019 and 2018, respectively. The System's assets limited as to use and investments include cash and cash equivalents, U.S. government and agency securities, corporate bonds, preferred stock and common stock which are subject to market risk, as listed in Note 6. The System limits the amount of credit exposure to any one company or financial institution by diversifying its investments.

Notes 2 and 3 detail the concentration of revenue and accounts receivable.

Note 16. Functional Expenses

The expenses reported in the consolidated statements of operations were incurred for the following:

	2019			
	Fundraising	Healthcare Services	General and Administrative	Total
Salaries and benefits	\$ 1,361,814	\$ 331,320,960	\$ 28,718,208	\$ 361,400,982
Supplies, purchased services and other	368,304	176,174,607	32,735,314	209,278,225
Repairs, equipment rental and facility costs	50,951	33,214,090	5,804,386	39,069,427
Depreciation and amortization	80,568	38,808,140	4,774,173	43,662,881
Interest	-	4,777,179	843,032	5,620,211
Total functional expenses	<u>\$ 1,861,637</u>	<u>\$ 584,294,976</u>	<u>\$ 72,875,113</u>	<u>\$ 659,031,726</u>

	2018			
	Fundraising	Healthcare Services	General and Administrative	Total
Salaries and benefits	\$ 1,525,256	\$ 298,898,566	\$ 25,953,079	\$ 326,376,901
Supplies, purchased services and other	394,295	173,869,823	30,297,466	204,561,584
Repairs, equipment rental and facility costs	53,837	30,377,196	6,121,024	36,552,057
Depreciation and amortization	81,854	34,054,085	3,863,216	37,999,155
Interest	-	5,667,240	1,000,100	6,667,340
Total functional expenses	<u>\$ 2,055,242</u>	<u>\$ 542,866,910</u>	<u>\$ 67,234,885</u>	<u>\$ 612,157,037</u>

NCH Healthcare System, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 17. Investment in Partnerships

The System had an ownership interest in BCHC in 2018 and 2019. Condensed financial information, obtained from unaudited financial statements for the System's significant partnership investment in BCHC as of and for the years ended September 30, is as follows:

	BCHC	
	2019	2018
Total assets	\$ 15,192,532	\$ 16,036,470
Total liabilities	\$ 19,543,829	\$ 20,541,305
Net deficit	(4,351,297)	(4,504,835)
Total liabilities and net assets	\$ 15,192,532	\$ 16,036,470
Revenue	\$ 7,010,582	\$ 7,261,507
Expenses	(10,298,580)	(9,700,202)
Excess of revenue under expenses	\$ (3,287,998)	\$ (2,438,695)
Member contributions – NCH 50%	\$ 1,467,679	\$ 1,187,339

Note 18. Subsequent Events

On November 29, 2019, Lee Health acquired the System's 50% ownership in BCHC.

The System has performed a review of subsequent events through January 20, 2020, the date the consolidated financial statements were issued.



RSM US LLP

Independent Auditor's Report on the Supplementary Information

To the Board of Trustees of
NCH Healthcare System, Inc.

We have audited the consolidated financial statements of NCH Healthcare System, Inc. and Subsidiaries as of and for the years ended September 30, 2019 and 2018, and have issued our report thereon dated January 20, 2020, which contained an unmodified opinion on those consolidated financial statements. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole.

The accompanying consolidating information is presented for purposes of additional analysis, rather than to present the financial position and results of operations of the individual companies and is not a required part of the financial statements as a whole. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

RSM US LLP

Miami, Florida
January 20, 2020

NCH Healthcare System, Inc. and Subsidiaries

Consolidating Balance Sheet September 30, 2019

	Naples Community Hospital, Inc.	Other Obligated Group Entities	Obligated Group	All Other Entities	Eliminations	System Consolidated Total
Assets						
Current assets:						
Cash and cash equivalents	\$ 17,465,308	\$ (4,691,646)	\$ 12,773,662	\$ 392,768	\$ -	\$ 13,166,430
Investments	2,633,905	-	2,633,905	-	-	2,633,905
Due from patients and others, net	69,189,390	12,370,760	81,560,150	455,602	-	82,015,752
Assets limited as to use	10,868,788	1,082,518	11,951,306	9,190	-	11,960,496
Inventories	11,120,787	1,103,336	12,224,123	-	-	12,224,123
Estimated third-party payor receivable	1,635,839	-	1,635,839	-	-	1,635,839
Other current assets	8,408,316	1,331,631	9,739,947	(23,750)	-	9,716,197
Total current assets	121,322,333	11,196,599	132,518,932	833,810	-	133,352,742
Assets limited as to use:						
Self-insurance fund	8,906,339	4,604,501	13,510,840	39,088	-	13,549,928
Board-designated assets	308,368,049	-	308,368,049	-	-	308,368,049
Assets held by trustee under bond indentures	4,496,099	-	4,496,099	-	-	4,496,099
Donor receivables	18,748,608	-	18,748,608	-	-	18,748,608
Assets designated or restricted for donor intentions	27,040,650	-	27,040,650	-	-	27,040,650
	367,559,745	4,604,501	372,164,246	39,088	-	372,203,334
Less assets limited as to use that are available to pay current liabilities	(10,868,788)	(1,082,518)	(11,951,306)	(9,190)	-	(11,960,496)
	356,690,957	3,521,983	360,212,940	29,898	-	360,242,838
Investment in partnerships						
	-	6,366,694	6,366,694	382,362	(5,781,573)	967,483
Property and equipment, net of accumulated depreciation	336,976,353	38,026,493	375,002,846	7,646,813	-	382,649,659
Other assets	1,375,059	4,247,727	5,622,786	1,426,215	-	7,049,001
Total assets	\$ 816,364,702	\$ 63,359,496	\$ 879,724,198	\$ 10,319,098	\$ (5,781,573)	\$ 884,261,723
Liabilities and net assets						
Current liabilities:						
Current portion of long-term debt	\$ 5,411,943	\$ -	\$ 5,411,943	\$ -	\$ -	\$ 5,411,943
Current portion of estimated self-insurance liabilities	2,093,880	1,082,518	3,176,398	9,190	-	3,185,588
Estimated third-party payor payable	-	-	-	-	-	-
Accounts payable	26,309,347	3,156,225	29,465,572	101,299	-	29,566,871
Accrued expenses	25,358,451	10,538,476	35,896,927	634,891	-	36,531,818
Accrued interest	2,771,190	-	2,771,190	-	-	2,771,190
Total current liabilities	61,944,811	14,777,219	76,722,030	745,380	-	77,467,410
Long-term debt, excluding current portion	92,320,762	-	92,320,762	-	-	92,320,762
Estimated self-insurance liabilities, excluding current portion	6,812,459	3,521,983	10,334,442	29,898	-	10,364,340
Due to related organizations	22,956,311	(630,264)	22,326,047	(22,326,047)	-	-
Other liabilities	5,281,551	3,849,705	9,131,256	197,951	-	9,329,207
Total liabilities	189,315,894	21,518,643	210,834,537	(21,352,818)	-	189,481,719
Net assets:						
Net assets without donor restrictions	574,987,502	41,840,853	616,828,355	31,671,916	(5,781,573)	642,718,698
Net assets with donor restrictions	52,061,306	-	52,061,306	-	-	52,061,306
Total net assets	627,048,808	41,840,853	668,889,661	31,671,916	(5,781,573)	694,780,004
Total liabilities and net assets	\$ 816,364,702	\$ 63,359,496	\$ 879,724,198	\$ 10,319,098	\$ (5,781,573)	\$ 884,261,723

NCH Healthcare System, Inc. and Subsidiaries

Consolidating Balance Sheet September 30, 2018

	Naples Community Hospital, Inc.	Other Obligated Group Entities	Obligated Group	All Other Entities	Eliminations	System Consolidated Total
Assets						
Current assets:						
Cash and cash equivalents	\$ 68,170,179	\$ (4,496,489)	\$ 63,673,690	\$ 431,123	\$ -	\$ 64,104,813
Investments	1,212	-	1,212	-	-	1,212
Due from patients and others, net of allowance for estimated uncollectibles	63,966,172	8,611,130	72,577,302	483,264	-	73,060,566
Assets limited as to use	11,822,878	1,041,905	12,864,783	7,307	-	12,872,090
Inventories	11,027,734	855,527	11,883,261	-	-	11,883,261
Estimated third-party payor receivable	-	-	-	-	-	-
Other current assets	12,538,410	1,277,454	13,815,864	299,337	-	14,115,201
Total current assets	167,526,585	7,289,527	174,816,112	1,221,031	-	176,037,143
Assets limited as to use:						
Self-insurance fund	8,500,873	4,634,806	13,135,679	32,506	-	13,168,185
Board-designated assets	319,900,267	-	319,900,267	-	-	319,900,267
Assets held by trustee under bond indentures	4,459,808	-	4,459,808	-	-	4,459,808
Donor receivables	19,035,735	-	19,035,735	-	-	19,035,735
Assets designated or restricted for donor intentions	28,294,601	-	28,294,601	-	-	28,294,601
	380,191,284	4,634,806	384,826,090	32,506	-	384,858,596
Less assets limited as to use that are available to pay current liabilities	(11,822,878)	(1,041,905)	(12,864,783)	(7,307)	-	(12,872,090)
	368,368,406	3,592,901	371,961,307	25,199	-	371,986,506
Investment in partnerships	-	6,371,189	6,371,189	500,341	(5,781,573)	1,089,957
Property and equipment, net of accumulated depreciation	322,726,342	35,602,660	358,329,002	7,867,317	-	366,196,319
Other assets	1,866,020	4,303,787	6,169,807	1,710,000	-	7,879,807
Total assets	\$ 860,487,353	\$ 57,160,064	\$ 917,647,417	\$ 11,323,888	\$ (5,781,573)	\$ 923,189,732
Liabilities and net assets						
Current liabilities:						
Current portion of long-term debt	\$ 47,476,312	\$ -	\$ 47,476,312	\$ -	\$ -	\$ 47,476,312
Current portion of estimated self-insurance liabilities	1,910,996	1,041,905	2,952,901	7,307	-	2,960,208
Estimated third-party payor payable	557,652	-	557,652	-	-	557,652
Accounts payable	29,571,625	2,427,910	31,999,535	55,934	-	32,055,469
Accrued expenses	22,590,425	11,583,925	34,174,350	870,840	-	35,045,190
Accrued interest	2,835,115	-	2,835,115	-	-	2,835,115
Total current liabilities	104,942,125	15,053,740	119,995,865	934,081	-	120,929,946
Long-term debt, excluding current portion	97,597,555	-	97,597,555	-	-	97,597,555
Estimated self-insurance liabilities, excluding current portion	6,589,877	3,592,901	10,182,778	25,199	-	10,207,977
Due to related organizations	22,187,011	(630,264)	21,556,747	(21,556,747)	-	-
Other liabilities	5,301,319	3,436,640	8,737,959	281,749	-	9,019,708
Total liabilities	236,617,887	21,453,017	258,070,904	(20,315,718)	-	237,755,186
Net assets:						
Net assets without donor restrictions	571,458,369	35,707,047	607,165,416	31,639,606	(5,781,573)	633,023,449
Net assets with donor restrictions	52,411,097	-	52,411,097	-	-	52,411,097
Total net assets	623,869,466	35,707,047	659,576,513	31,639,606	(5,781,573)	685,434,546
Total liabilities and net assets	\$ 860,487,353	\$ 57,160,064	\$ 917,647,417	\$ 11,323,888	\$ (5,781,573)	\$ 923,189,732

NCH Healthcare System, Inc. and Subsidiaries

Consolidating Statements of Operations Year Ended September 30, 2019

	Naples Community Hospital, Inc.	Other Obligated Group Entities	Eliminations	Total Obligated Group	All Other Entities	Eliminations	System Consolidated Total
Revenues without donor restrictions:							
Net patient service revenue	\$ 516,992,282	\$ 108,353,602	\$ (2,065,938)	\$ 623,279,946	\$ 3,791,627	\$ -	\$ 627,071,573
Other revenue	15,144,547	3,362,255	(2,612,881)	15,893,921	471,051	(64,500)	16,300,472
Charitable contributions without donor restrictions	11,416,226	-	-	11,416,226	-	-	11,416,226
Net assets released from restrictions for operations	1,303,559	-	-	1,303,559	-	-	1,303,559
Total revenues	544,856,614	111,715,857	(4,678,819)	651,893,652	4,262,678	(64,500)	656,091,830
Expenses:							
Salaries and wages	208,135,869	110,312,885	(1,639,487)	316,809,267	2,438,254	-	319,247,521
Employee benefits	34,688,427	7,149,673	(37,288)	41,800,812	352,649	-	42,153,461
Supplies and other expenses	159,393,816	23,122,499	(2,909,276)	179,607,039	231,366	(64,500)	179,773,905
Purchased services	62,986,964	5,233,785	(14,134)	68,206,615	367,132	-	68,573,747
Depreciation and amortization	38,996,599	4,374,640	(78,634)	43,292,605	370,276	-	43,662,881
Interest expense	5,620,211	-	-	5,620,211	-	-	5,620,211
Total expenses	509,821,886	150,193,482	(4,678,819)	655,336,549	3,759,677	(64,500)	659,031,726
Operating (loss) income	35,034,728	(38,477,625)	-	(3,442,897)	503,001	-	(2,939,896)
Other income:							
Investment income (loss)	12,397,115	(1,575,405)	-	10,821,710	235,118	-	11,056,828
Gain (loss) on disposal of property and equipment	76,482	(5,121)	-	71,361	-	-	71,361
Excess of revenues over (under) expenses	47,508,325	(40,058,151)	-	7,450,174	738,119	-	8,188,293
Change in net unrealized losses							
on other than trading securities	(3,753,826)	-	-	(3,753,826)	-	-	(3,753,826)
Net assets released from restrictions for capital	5,260,782	-	-	5,260,782	-	-	5,260,782
Transfers to related organizations	(45,486,148)	46,191,957	-	705,809	(705,809)	-	-
Increase (decrease) in net assets without donor restrictions	\$ 3,529,133	\$ 6,133,806	\$ -	\$ 9,662,939	\$ 32,310	\$ -	\$ 9,695,249

NCH Healthcare System, Inc. and Subsidiaries

Consolidating Statements of Operations Year Ended September 30, 2018

	Naples Community Hospital, Inc.	Other Obligated Group Entities	Eliminations	Total Obligated Group	All Other Entities	Eliminations	System Consolidated Total
Revenues without donor restrictions:							
Net patient service revenue	\$ 574,879,798	\$ 106,717,277	\$ (1,127,405)	\$ 680,469,670	\$ 4,486,368	\$ -	\$ 684,956,038
Provision for bad debts	(70,190,463)	(4,305,318)	-	(74,495,781)	(408,217)	-	(74,903,998)
Net patient service revenue less provision for bad debt	504,689,335	102,411,959	(1,127,405)	605,973,889	4,078,151	-	610,052,040
Other revenue	13,572,809	3,043,493	(2,612,880)	14,003,422	1,400,861	(64,500)	15,339,783
Charitable contributions without donor restrictions	8,012,072	-	-	8,012,072	-	-	8,012,072
Net assets released from restrictions for operations	4,258,439	-	-	4,258,439	-	-	4,258,439
Total revenues	530,532,655	105,455,452	(3,740,285)	632,247,822	5,479,012	(64,500)	637,662,334
Expenses:							
Salaries and wages	196,084,133	92,062,984	(927,407)	287,219,710	2,501,921	-	289,721,631
Employee benefits	30,240,205	6,003,207	-	36,243,412	411,858	-	36,655,270
Supplies and other expenses	149,963,121	21,341,336	(2,812,878)	168,491,579	526,330	(64,500)	168,953,409
Purchased services	63,650,621	8,166,460	-	71,817,081	343,151	-	72,160,232
Depreciation and amortization	33,818,078	3,778,731	-	37,596,809	402,346	-	37,999,155
Interest expense	6,667,340	-	-	6,667,340	-	-	6,667,340
Total expenses	480,423,498	131,352,718	(3,740,285)	608,035,931	4,185,606	(64,500)	612,157,037
Operating income (loss)	50,109,157	(25,897,266)	-	24,211,891	1,293,406	-	25,505,297
Other income:							
Investment income (loss)	14,457,837	(1,292,095)	-	13,165,742	303,483	-	13,469,225
Disposition of assets, net	(74,943)	(2,916)	-	(77,859)	1,117	-	(76,742)
Excess of revenues over (under) expenses	64,492,051	(27,192,277)	-	37,299,774	1,598,006	-	38,897,780
Change in net unrealized gains							
on other than trading securities	3,441,131	-	-	3,441,131	-	-	3,441,131
Net assets released from restrictions for capital	6,976,795	-	-	6,976,795	-	-	6,976,795
Transfers to related organizations	(22,778,573)	24,399,646	-	1,621,073	(1,621,073)	-	-
Increase (decrease) in net assets without donor restrictions	\$ 52,131,404	\$ (2,792,631)	\$ -	\$ 49,338,773	\$ (23,067)	\$ -	\$ 49,315,706