



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



1 Briefly describe the organization's mission

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4a	(Code)	(Expenses \$ 171,152,149	including grants of \$)	(Revenue \$ 208,745,937)
-----------	---------	--------------------------	--------------------------	---------------------------











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	\$ 171,152,149
-----------	---------------------------------------	-----------------------

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)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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? If "Yes," complete Schedule D, Part VII.		
	• 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? If "Yes," complete Schedule D, Part VIII.		
	• 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? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
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? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	27	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	2,040	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	18	
b	Enter the number of voting members that are independent	1b	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ GREGORY J SCHAACK 5353 REYNOLDS STREET SAVANNAH, GA 31405 (912) 819-6162

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b Total	2,671,265	1,937,241	737,962
-----------------	-----------	-----------	---------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶81

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON'S MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA, GA 30368	DIETARY	2,499,208
ANESTHESIA ASSOCIATES 6605 ABERCORN ST SUITE 108 SAVANNAH, GA 31405	ANESTHESIA	1,541,667
DIAGNOSTIC PET LLC 125 SHILOH ROAD ELLAVILLE, GA 31806	DIAGNOSTIC PET	880,006
RENAL ADVANTAGE INC 115 EASTPART DRIVE BRENTWOOD, TN 37027	DIALYSIS	870,758
QUEST DIAGNOSTICS PO BOX 740736 ATLANTA, GA 303740736	COLLECTION	866,620

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶30

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	11,907				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	414,942				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		426,849				
Program Service Revenue			Business Code					
	2a	NET PATIENT REVENUE		202,859,042	202,859,042			
	b	PRESCRIPTION CENTER RELATED		3,120,384	3,120,384			
	c	REFERENCE LAB RELATED		952,142	952,142			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		206,931,568				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
				-303,415			-303,415	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		990,155						
		990,155						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		990,155			990,155	
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
	b	Less direct expenses		b				
c	Net income or (loss) from fundraising events . . .							
9a	Gross income from gaming activities See Part IV, line 19							
	a							
b	Less direct expenses		b					
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	PRESCRIPTION CENTER		624,100	2,981,904		2,981,904		
b	REFERENCE LAB		621,500	2,250,448		2,250,448		
c	OTHER OPERATING REVENUE			1,814,369	1,814,369			
d	All other revenue			1,509,934		1,152,461	357,473	
e	Total. Add lines 11a-11d			8,556,655				
12	Total revenue. See Instructions			216,601,812	208,745,937	6,384,813	1,044,213	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,056,267		2,056,267	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	73,391,408	56,615,488	16,775,920	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,530,585	2,375,919	154,666	
9	Other employee benefits	10,454,171	7,975,083	2,479,088	
10	Payroll taxes	4,377,657	3,298,299	1,079,358	
11	Fees for services (non-employees)				
a	Management				
b	Legal	840,366		840,366	
c	Accounting	211,135		211,135	
d	Lobbying	74,587		74,587	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	21,210,040	15,517,198	5,692,842	
12	Advertising and promotion	863,563		863,563	
13	Office expenses	43,035,269	40,892,598	2,142,671	
14	Information technology	1,879	1,879		
15	Royalties				
16	Occupancy	6,101,126	2,983,398	3,117,728	
17	Travel	86,987	69,697	17,290	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,172	39,676	12,496	
20	Interest	5,636,822	5,636,822		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,302,951	8,024,966	2,277,985	
23	Insurance	1,908,403		1,908,403	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBTS	24,074,883	24,074,883		
b	REPAIRS & MAINTENANCE	4,999,885	2,329,308	2,670,577	
c	OTHER	1,260,207	1,260,207		
d	DUES	59,710	56,728	2,982	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	213,530,073	171,152,149	42,377,924	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			3,770	1	4,495
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			22,935,468	4	23,355,347
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			2,926,748	8	3,670,329
	9	Prepaid expenses and deferred charges			373,459	9	357,913
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	215,305,872	55,398,715		
	b	Less accumulated depreciation	10b	164,317,026		10c	
	11	Investments—publicly traded securities			4,468,880	11	4,438,234
	12	Investments—other securities See Part IV, line 11			313,973	12	1,538,108
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			882,807	14	820,546
	15	Other assets See Part IV, line 11			5,056,193	15	4,726,765
	16	Total assets. Add lines 1 through 15 (must equal line 34)			92,360,013	16	89,900,583
Liabilities	17	Accounts payable and accrued expenses			11,602,241	17	12,131,631
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			56,426,222	20	53,792,313
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	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 Complete Part X of Schedule D			14,977,539	25	15,519,508
	26	Total liabilities. Add lines 17 through 25			83,006,002	26	81,443,452
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			4,658,286	27	4,254,232
	28	Temporarily restricted net assets			3,735,725	28	3,242,899
	29	Permanently restricted net assets			960,000	29	960,000
	Organizations that do not follow SFAS 117, 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			9,354,011	33	8,457,131
	34	Total liabilities and net assets/fund balances			92,360,013	34	89,900,583

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 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 . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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? 		No
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 . .		

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization CANDLER HOSPITAL INC	Employer identification number 58-0593388
--	--

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. 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—2008. 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

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 58-0593388

Name: CANDLER HOSPITAL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
PAUL P HINCHEY CEO/PRES	20 00	X		X				395,617	395,616	262,157
JOHN C ALBERT VICE CHAIRMA	1 00	X		X				0	0	0
ROBERT H DEMERE JR CHAIRMAN	1 00	X		X				0	0	0
JAMES K BAZEMORE MD TRUSTEE	1 00	X						0	0	0
SR HELEN AMOS RSM TRUSTEE	1 00	X						0	0	0
WILLIAM T GARRETT MD TRUSTEE	1 00	X						0	0	0
SALLY LUFBURROW TRUSTEE	1 00	X						0	0	0
WILLIAM E JOHNSTON TRUSTEE	1 00	X						0	0	0
EMILY KEHOE TRUSTEE	1 00	X						0	0	0
WALTER N LEWIS TRUSTEE	1 00	X						0	0	0
J CLIFF MCCURRY TRUSTEE	1 00	X						0	0	0
SR MARY KAREN MCNALLY RSM TRUSTEE	1 00	X						0	0	0
JAMES ALLEN MEADOWS III MD TRUSTEE	1 00	X						0	0	0
RICHARD D MOORE TRUSTEE	1 00	X						0	0	0
O GEORGE NEGREA MD TRUSTEE	1 00	X						0	0	0
REGINALD ROBINSON MD TRUSTEE	1 00	X						0	0	0
ARNOLD TENENBAUM TRUSTEE	1 00	X						0	0	0
SR MARY JUDE WALSH RSM TRUSTEE	1 00	X						0	0	0
GREGORY J SCHAACK VP/CFO	20 00			X				213,107	213,106	43,404
GREGORY A HARB VP/COO	20 00			X				187,032	187,030	37,859
VIVIAN M AUSTIN VP	20 00				X			172,473	172,472	20,635
SHERRY A DANELLO VP	20 00				X			161,245	161,244	58,737
DONALD H STUBBS VP	20 00				X			143,294	143,293	44,844
JAMES I SCOTT MD VP	20 00				X			131,885	131,883	37,480
PETER M SCHENK VP	20 00				X			126,580	126,579	54,302

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
WILLIAM M CARR VP	20 00				X			111,493	111,492	25,951
GEORGE EVANS VP	20 00				X			108,597	108,596	24,513
RAY R MADDOX PHARMACY DIR	20 00				X			101,647	101,647	29,020
VICTORIA BUTLER SURGICAL SER	20 00				X			84,283	84,283	16,140
JANE K JOHNSON RN	40 00					X		151,911	0	8,179
OLGA FOGAM RN	40 00					X		151,667	0	9,560
PAUL E CARPENTER PHARMACY MGR	40 00					X		145,854	0	22,061
JOSEPH LOYA MM DIRECTOR	40 00					X		142,290	0	18,931
LILIA D CRUZ RN	40 00					X		142,290	0	24,189

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization CANDLER HOSPITAL INC	Employer identification number 58-0593388
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		74,587
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			74,587	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	PART II-B, LINE 1G - COSTS INCURRED TO EDUCATE LEGISLATORS ON HEALTHCARE MATTERS AND ADVOCATE FOR HEALTHCARE ISSUES IMPORTANT TO GEORGIA CITIZENS AND THE ORGANIZATION

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization CANDLER HOSPITAL INC	Employer identification number 58-0593388
---	---

Part I

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

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

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

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

☐ Yes ☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

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

☐ Yes ☒ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,683,484		3,683,484
b Buildings		90,856,972	60,994,776	29,862,196
c Leasehold improvements		3,689,078	3,103,004	586,074
d Equipment		116,812,513	100,219,246	16,593,267
e Other		263,825		263,825
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				50,988,846

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	216,601,812
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	213,530,073
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,071,739
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-315,343
9	Total adjustments (net) Add lines 4 - 8	9	-315,343
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,756,396

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	216,286,469
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	216,286,469
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 XIV)	4b	315,343
c	Add lines 4a and 4b	4c	315,343
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	216,601,812

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	213,530,073
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 XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	213,530,073
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	213,530,073

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CAPITAL CONTRIBUTIONS -315,343
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	CAPITAL CONTRIBUTIONS 315,343

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
CANDLER HOSPITAL INC

Employer identification number
58-0593388

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals <input type="checkbox"/> Applied uniformly to most hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250 000 %</u> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500 000 %</u> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . .	3b	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?			
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?	4	Yes	
6a	Does the organization prepare an annual community benefit report?	5a	Yes	
6b	If "Yes," does the organization make it available to the public?	5b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	5c		No
		6a	Yes	
		6b	Yes	

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(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
a Charity care at cost (from Worksheets 1 and 2) . . .			4,687,124		4,687,124	2 470 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . .			23,202,398	16,462,732	6,739,666	3 560 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			27,889,522	16,462,732	11,426,790	6 030 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,066,297	104,350	961,947	0 510 %
f Health professions education (from Worksheet 5) . . .			15,595		15,595	0 010 %
g Subsidized health services (from Worksheet 6) . . .			104,145		104,145	0 050 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . .			554,236		554,236	0 290 %
j Total Other Benefits			1,740,273	104,350	1,635,923	0 860 %
k Total. Add lines 7d and 7j			29,629,795	16,567,082	13,062,713	6 890 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing			448		448	
2Economic development			457		457	
3Community support			1,196		1,196	
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			17,355		17,355	0 010 %
7Community health improvement advocacy			17,355		17,355	0 010 %
8Workforce development			53,873		53,873	0 030 %
9Other			38,944		38,944	0 020 %
10Total			129,628		129,628	0 070 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	5,435,356
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		
Section B. Medicare			
5	Enter total revenue received from Medicare (including DSH and IME)	5	71,109,217
6	Enter Medicare allowable costs of care relating to payments on line 5	6	75,027,557
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-3,918,340
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	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes

Part IVManagement Companies and Joint Ventures

(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 %
1SAVANNAH GASTROENTER	GASTROENTEROLOGY SERVICES	25 000 %		75 000 %
2SJCOIS OP IMAGING	O/P IMAGING SERVICES	25 000 %		75 000 %
3SJCOIS METRO IMAGIN	O/P IMAGING SERVICES	25 000 %		75 000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

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 charity care policy

See additional data

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals 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)

See additional data

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

GA

Additional Data

Software ID:
Software Version:
EIN: 58-0593388
Name: CANDLER HOSPITAL INC

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE HOSPITAL'S COMMUNITY BENEFIT REPORT IS REPORTED AS PART OF THE COMBINED ANNUAL REPORT PREPARED BY ST JOSEPH'S/CANDLER HEALTH SYSTEM

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE DATA REPORTED IN THIS AREA IS REPORTED AS INSTRUCTED BY CATHOLIC HEALTH ASSOCIATION'S "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFITS, 2008" SEE ALSO THE DESCRIPTION FOR PART III, LINE 4

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THIS SECTION INCLUDES MOBILE OUTREACH SERVICES WHICH PROVIDE FREE SCREENINGS IN THE COMMUNITY, AS WELL AS OTHER COMMUNITY OUTREACH PROGRAMS, SUCH AS ST MARY'S HEALTH CENTER

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

IN DERIVING THE DENOMINATOR TO BE USED FOR COLUMN (F), THE FOLLOWING ADJUSTMENTS WERE MADE TO THE TOTAL EXPENSES REPORTED ON FORM 990, PART IX, LINE 25 FORM 990, PART IX, LINE 25 213,530,073 LESS BAD DEBTS IN PART IX (24,074,883) DENOMINATOR FOR COLUMN (F) 189,455,190

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

COST IS DETERMINED USING THE HOSPITAL'S INTERNAL COST ACCOUNTING SYSTEM THIS SYSTEM ALLOCATES COSTS USING A STEP DOWN METHOD SIMILAR TO, BUT MORE DETAILED THAN, MEDICARE'S COST REPORTING METHODOLOGY OVERALL COST IS DEVELOPED AT THE CHARGE LEVEL BY PATIENT ACCOUNT AND THEN AGGREGATED TO CALCULATE COST TO CHARGE RATIOS BY PAYOR CATEGORY THE RATIOS ARE APPLIED TO THE CHARGES TO ARRIVE AT COST PAYMENTS ARE THEN SUBTRACTED FROM THESE COSTS TO DETERMINE LOSSES ON PARTICULAR PAYOR GROUPS THE COSTING METHODOLOGY USED FOR ST JOSEPH'S/CANDLER'S COMMUNITY BENEFIT REPORT IS CONSISTENT FOR ANY PAYOR GROUPINGS (CHARITY, BAD DEBT, MEDICAID, MEDICARE) EXCERPT FROM AUDITED FINANCIAL STATEMENTS - ALLOWANCE FOR DOUBTFUL ACCOUNTS MANAGEMENT PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON AN EVALUATION OF THE OVERALL COLLECTIBILITY OF THE ACCOUNTS RECEIVABLE AS ACCOUNTS ARE KNOWN TO BE UNCOLLECTIBLE, THEY ARE CHARGED AGAINST THE ALLOWANCE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE MEDICARE SHORTFALL OF 3,918,340 IS TREATED AS COMMUNITY BENEFIT COSTS FOR PART I, LINE 7A AND 7B AND PART III, SECTION A, LINE 2 AND OTHER COSTS WERE OBTAINED FROM THE ORGANIZATION'S ACCOUNTING RECORDS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PATIENT FINANCIAL COUNSELORS VISIT PATIENTS WHO HAVE NO INSURANCE, LIMITED COVERAGE AND MEDICAID PATIENTS WITHOUT SUPPLEMENTAL INSURANCE TO DISCUSS ASSISTANCE AND REFER THOSE PATIENTS TO OUR MEDICAID ELIGIBILITY VENDOR WHO SCREEN THESE PATIENTS FOR MEDICAID AND OTHER FEDERAL, STATE OR LOCAL PROGRAMS FOR ASSISTANCE CUSTOMER SERVICE AT THE HOSPITAL AND AT EXTENDED BUSINESS OFFICE WHICH DOES SELF-PAY BILLING AND COLLECTION, INFORM PATIENTS ABOUT OUR FINANCIAL ASSISTANCE PROGRAM AND ASSIST THEM IN MAKING AN APPLICATION BILLING STATEMENTS PROVIDE A MESSAGE AND TELEPHONE NUMBER TO CALL IF THE PATIENT HAS DIFFICULTY MAKING PAYMENT FOR PATIENTS WHO QUALIFY FOR CHARITY CARE AND FULL FINANCIAL ASSISTANCE THERE IS NO FINANCIAL OBLIGATION FOR THOSE WHO QUALIFY FOR PARTIAL FINANCIAL ASSISTANCE, COLLECTION PROCEDURES FOLLOW THE SAME PROCESS AS ALL OTHER PATIENTS WHO ARE RESPONSIBLE FOR UNPAID BALANCES THOSE PATIENTS WHO HAVE NOT MADE PAYMENT ARRANGEMENTS FOR THEIR REMAINING BALANCES ARE SENT LETTERS WHEN THEY ARE PAST DUE 30, 60, AND 90 DAYS IF PAYMENT ARRANGEMENTS ARE STILL NOT MADE AFTER 90 DAYS, THEN THOSE ACCOUNTS ARE REFERRED TO COLLECTIONS BEFORE REFERRAL TO A COLLECTION AGENCY, ANY ACCOUNT 2,500 OR LARGER IS SCORED FOR ABILITY TO PAY (USING PARO SOFTWARE) AND IF THE PATIENT QUALIFIES FOR CHARITY CARE OR FULL FINANCIAL ASSISTANCE, THE ACCOUNT IS WRITTEN OFF AS PRESUMPTIVE ELIGIBILITY AND NOT REFERRED TO THE AGENCY

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

ST JOSEPH'S/CANDLER HEALTH SYSTEM CONTINUALLY CONDUCTS VARIOUS TYPES OF ASSESSMENTS TO DETERMINE THE COMMUNITY'S NEEDS FOR HEALTH AND PERSONAL SUPPORT SERVICES. OUR SYSTEM COLLABORATES WITH NUMEROUS NOT-FOR-PROFIT AGENCIES AND PROGRAMS TO EXTEND AND STRENGTHEN OUR MISSION. OUR PROGRAMS ARE SUCCESSFUL DUE IN LARGE PART BECAUSE OF THESE COLLABORATIONS. SOME EXAMPLES INCLUDE THE CHATHAM COUNTY SAFETY NET, CITY OF SAVANNAH'S STEP UP POVERTY REDUCTION INITIATIVE, ARMSTRONG ATLANTIC STATE UNIVERSITY, SAVANNAH TECHNICAL COLLEGE, SAVANNAH ECONOMIC DEVELOPMENT AUTHORITY AND MANY MORE. MANY OF OUR SYSTEM CO-WORKERS ARE ALSO INVOLVED AT EVERY LEVEL OF THE COMMUNITY THROUGH THEIR WORK AS SYSTEM REPRESENTATIVES ON NOT-FOR-PROFIT BOARDS SUCH AS AMERICAN HEART ASSOCIATION, THE UNITED WAY, MERCY HOUSING, SECOND HARVEST FOOD BANK, WESLEY COMMUNITY CENTER AND SAFE SHELTER OF SAVANNAH. WITH OUR PARTNERS, WE LISTEN TO OUR PATIENTS AND CLIENTS, AS WELL AS ACCESS EXISTING NEEDS ASSESSMENTS AND STUDIES IN ORDER TO DETERMINE THE COMMUNITY'S MOST PRESSING NEEDS. ST JOSEPH'S/CANDLER USES FEDERAL INFORMATION AND REPORTS FROM AGENCIES SUCH AS THE U.S. CENSUS BUREAU AND BUREAU OF LABOR STATISTICS, AS WELL AS RESOURCES SUCH AS DEMOGRAPHICS NOW THAT PROVIDES A WIDE ARRAY OF DEMOGRAPHICS, HOUSEHOLD INCOME AND SERVICES, RETAIL OUTLETS, ETC. IN DEFINED ZIP CODES. THIS INFORMATION, COMBINED WITH OUR EXTENSIVE COLLABORATIONS AND OUR ROLE AS A LEADER IN THE COMMUNITY, PROVIDES US THE MEANS TO UNDERSTAND AND ADDRESS THE COMMUNITY'S NEEDS AND ENSURES OUR OUTREACH PROGRAMS ARE FOCUSED ON THE POPULATIONS WHO NEED OUR SERVICES THE MOST.

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

CUSTOMER SERVICE PERSONNEL AT THE HOSPITALS AND ST JOSEPH'S/CANDLER'S EXTENDED BUSINESS OFFICE INFORM PATIENTS ABOUT OUR FINANCIAL ASSISTANCE PROGRAM AND ASSIST THEM IN MAKING AN APPLICATION FOR PATIENTS WHO HAVE NO INSURANCE, LIMITED COVERAGE AND MEDICAID PATIENTS WITHOUT SUPPLEMENTAL INSURANCE, PATIENT FINANCIAL COUNSELORS DISCUSS THE FINANCIAL ASSISTANCE AND VARIOUS GOVERNMENT BENEFITS WHICH MAY BE AVAILABLE TO THEM PATIENT FINANCIAL COUNSELORS ALSO REFER APPROPRIATE PATIENTS TO A MEDICAID ELIGIBILITY VENDOR WHO SCREENS THEM FOR MEDICAID AND OTHER FEDERAL, STATE OR LOCAL PROGRAMS FOR ASSISTANCE ST JOSEPH'S/CANDLER POSTS FINANCIAL ASSISTANCE CONTACT INFORMATION ON ITS WEBSITE UPON ADMISSION TO THE HOSPITAL, PATIENTS ARE PROVIDED THE "GUIDE TO YOUR HOSPITAL BILL" WHICH INFORMS THEM HOW TO UNDERSTAND THEIR BILL AS WELL AS A SUMMARY OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IN ADDITION, THE BILLING STATEMENTS SENT TO PATIENTS PROVIDE A MESSAGE AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN THE EVENT THE PATIENT HAS DIFFICULTY PAYING THE BALANCE DUE

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

ST JOSEPH'S/CANDLER IS LOCATED IN SAVANNAH, GA WHICH HAS A METROPOLITAN POPULATION BASE OF APPROXIMATELY 275,000, WHILE THE 42 COUNTY / 8 CLUSTER REGION IS COMPRISED OF 1,038,000 PEOPLE FROM THE TOTAL POPULATION, THE PERSONS SERVED ARE DIVIDED INTO FOUR (4) CATEGORIES CAUCASIAN, AFRICAN- AMERICAN, HISPANIC, AND OTHER OUR SERVICE AREA IN SAVANNAH SHOWS THAT 55 4% OF THE TOTAL POPULATION IS CAUCASIAN AND 42 3% IS AFRICAN-AMERICAN THE REMAINING 5 1% IS SPLIT ALMOST EVENLY BETWEEN THE REMAINING TWO CATEGORIES, ALTHOUGH THE HISPANIC POPULATION HAS A MARGINAL LEAD SAVANNAH IS LOCATED IN CHATHAM COUNTY, GA CHATHAM COUNTY'S DEMOGRAPHIC PROFILE, BASED OFF OF THE 2000 CENSUS, REFLECTS THAT 46 7% OF THE POPULATION WHO IS 25-YEARS OR OLDER HAS ONLY A HIGH SCHOOL DIPLOMA OR LESS THIS STATISTIC DIRECTLY UNDERSCORES THE STATISTICS REFLECTING THE PERCENTAGE OF RESIDENTS BELOW POVERTY (15 60%) AND THE UNEMPLOYMENT RATE (6 10%) OTHER SOCIAL FACTORS AFFECTING SAVANNAH INCLUDE ACCESS TO HEALTHCARE, POOR NUTRITION, POOR EDUCATION, AND THE LACK OF AFFORDABLE HOUSING IN FACT, 4 8% OF SAVANNAH'S POPULATION IS LIVING IN PUBLIC HOUSING OR PARTICIPATING IN THE SECTION 8 PROGRAM IN CHATHAM COUNTY, THE TOP THREE (3) CAUSES OF DEATH FOR THE TOTAL POPULATION, ACCORDING TO THE CHATHAM AND EFFINGHAM COUNTY HEALTH DEPARTMENTS, ARE (1) HEART DISEASE, (2) CANCER, AND (3) STROKE

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

ST JOSEPH'S/CANDLER'S ST MARY'S COMMUNITY CENTER BELIEVES THAT MANY ASPECTS OF LIFE CONTRIBUTE TO GOOD HEALTH A PERSON'S PHYSICAL AND MENTAL HEALTH IS INFLUENCED BY THE ENVIRONMENT - WHETHER POSITIVE OR FILLED WITH DISEASE SINCE WE ARE CONCERNED WITH "THE WHOLE PERSON," ST JOSEPH'S/CANDLER PROVIDES ASSISTANCE IN HOUSING, EDUCATION, JOB TRAINING, FOOD, TRANSPORTATION AND ADVOCACY THE ST JOSEPH'S/CANDLER AFRICAN AMERICAN HEALTH INFORMATION AND RESOURCE CENTER, NOW 11 YEARS OLD, PROVIDES FREE COMPUTER CLASSES, AN INTERNET CENTER, SUPPORT AND HEALTH INFORMATION AND EDUCATION IN AN ENVIRONMENT OF TRUST SAFE, AFFORDABLE HOUSING IS ESSENTIAL TO GOOD HEALTH FOR FIFTEEN YEARS ST JOSEPH'S/CANDLER HAS BEEN A PARTNER WITH MERCY HOUSING WHICH BUILDS AND RENOVATES AFFORDABLE HOUSING ST JOSEPH'S/CANDLER'S CO-WORKERS ALSO VOLUNTEER FOR REBUILDING TOGETHER AND HABITAT FOR HUMANITY FIXING LEAKING ROOFS, MOLD, LEAD PAINT, DILAPIDATED FLOORING ALL CONTRIBUTE TO GOOD HEALTH ST JOSEPH'S/CANDLER SUPPORTS EDUCATION AS A MEANS TO A GOOD PAYING JOB THE SYSTEM FULLY FUNDS THE ST MARY'S GED PROGRAM, AND PROVIDES A PRESCHOOL PROGRAM, AFTER SCHOOL PROGRAM AND SUMMER CAMP FOR YOUNG CHILDREN THE THREE AND FOUR YEAR OLDS SERVED ARE TWO YEARS BEHIND THEIR COUNTERPARTS IN LANGUAGE DEVELOPMENT SUCCESSFUL LANGUAGE DEVELOPMENT INFLUENCES SCHOOL SUCCESS AND ULTIMATELY, A GOOD JOB

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

ALL OF ST JOSEPH'S/CANDLER'S HEALTHCARE FACILITIES, INCLUDING ITS HOSPITALS, FURTHER THEIR EXEMPT PURPOSES BY PROMOTING THE HEALTH IN OUR COMMUNITY IN A VARIETY OF WAYS AS WELL AS THOSE ALREADY DESCRIBED IN SCHEDULE H AND ST JOSEPH'S/CANDLER'S COMMUNITY BENEFIT REPORT THE GOVERNING BODIES OF ALL OF OUR ORGANIZATIONS ARE PRIMARILY COMPRISED OF PERSONS WHO ARE NOT EMPLOYEES, CONTRACTORS (NOR FAMILY MEMBERS THEREOF),AND WHO RESIDE IN ST JOSEPH'S/CANDLER'S PRIMARY SERVICE AREA THE HOSPITALS' MEDICAL STAFFS ARE OPEN TO ALL QUALIFIED PHYSICIANS IN THE REGION FOR THOSE PHYSICIANS IN THE REGION WHO DO NOT HAVE PRIVILEGES, ST JOSEPH'S/CANDLER PROVIDES A PROCESS FOR ADMITTING PATIENTS VIA THE HOSPITALISTS OR THROUGH OTHER PHYSICIANS FUNDS RECEIVED FROM THE OPERATIONS OF ST JOSEPH'S/CANDLER'S HOSPITALS AND FACILITIES (AFTER OPERATING EXPENSES) ARE USED TO SUPPORT VARIOUS OUTREACH EFFORTS DESCRIBED IN SCHEDULE H AND THE COMMUNITY BENEFIT REPORT, TO FURTHER IMPROVEMENT IN PATIENT CARE BY PROVIDING MEDICAL EDUCATION TO PATIENTS AND THE COMMUNITY, CONDUCTING RESEARCH, AND IMPLEMENTING TECHNOLOGY THAT NOT ONLY PROVIDES THE LATEST IN TREATMENT, BUT ALLOWS PATIENTS TO RECEIVE HIGH QUALITY CARE IN THEIR OWN COMMUNITY AND ALLOWS US TO CONTINUALLY IMPROVE PATIENT SAFETY BY IMPLEMENTING TECHNOLOGY THAT PREVENTS MEDICATION ERRORS, ETC IN ORDER TO SPECIFICALLY ASSIST LOW INCOME ELDERLY AND DISABLED CITIZENS TO REMAIN IN THEIR OWN HOMES AND AVOID INSTITUTIONAL NURSING HOME CARE, THESE NEEDS HAVE BEEN MET BY THE GEORGIA INFIRMARY IN TWO WAYS 1) PROVIDING DIRECT SERVICE AND 2) ADVOCATING AT STATE AND NATIONAL LEVELS FOR PROGRAMS THAT WILL SERVE THE NEEDS OF THESE CITIZENS GEORGIA INFIRMARY PROVIDES SERVICES TO SUCH PERSONS THROUGH AN ADULT DAY CARE CENTER SINCE 1974 GEORGIA INFIRMARY'S HOUSING MANAGEMENT SERVICES OPERATES SUBSIDIZED HOUSING FOR ELDERLY AND DISABLED PERSONS TO RECOGNIZE THAT COMMUNITY-BASED HEALTH ONLY WORKS IF BENEFICIARIES HAVE SAFE, AFFORDABLE HOMES GEORGIA INFIRMARY'S NATIONALLY RECOGNIZED SOURCE PROGRAM FOR CASE MANAGEMENT AND PRIMARY CARE PHYSICIAN SERVICES FOR ELDERLY AND DISABLED PERSONS WAS A RESPONSE TO NEEDS DISCOVERED IN HOUSING AND DAY SERVICES CLIENTS FOR COORDINATED MEDICAL CARE AND ACCOUNTABLE PERSONAL SUPPORT SERVICES IT IS A COLLABORATIVE EFFORT OF APPROXIMATELY 80 PHYSICIANS ACROSS 16 SOUTHEAST GEORGIA COUNTIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
CANDLER HOSPITAL INC

Employer identification number

58-0593388

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in 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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in 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?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	CEO RECEIVES THE BENEFIT AND THE AMOUNT IS INCLUDED IN THE CEO'S TAXABLE INCOME
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	PAUL P HINCHEY 0 225,000 0 GREGORY J SCHAACK 0 16,500 0 GREGORY A HARB 0 16,500 0 SHERRY A DANIELLO 0 16,500 0 DONALD H STUBBS 0 16,500 0 JAMES I SCOTT, MD 0 16,500 0 PETER M SCHENK 0 16,500 0 WILLIAM M CARR 0 12,705 0 GEORGE EVANS 0 11,715 0
NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, PAGE 1, PART I, LINE 7	THE CEO RECOMMENDED DISCRETIONARY BONUSES FOR CERTAIN KEY EMPLOYEES BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION AND RECEIVED APPROVAL FROM THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	PART I, LINE 4(B) - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE PRESIDENT AND CEO AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN UNDER IRC SECTION 457

Software ID:
Software Version:
EIN: 58-0593388
Name: CANDLER HOSPITAL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PAUL P HINCHEY	(i)	306,868	88,749			18,579	414,196	
	(ii)	306,868	88,748		225,000	18,578	639,194	
GREGORY J SCHAACK	(i)	165,430	33,278	14,399	8,250	13,452	234,809	
	(ii)	165,429	33,278	14,399	8,250	13,452	234,808	
GREGORY A HARB	(i)	145,475	29,501	12,056	8,250	10,680	205,962	
	(ii)	145,475	29,500	12,055	8,250	10,679	205,959	
VIVIAN M AUSTIN	(i)	122,582	49,891			10,318	182,791	
	(ii)	122,581	49,891			10,317	182,789	
SHERRY A DANIELLO	(i)	128,634	25,310	7,301	8,250	21,119	190,614	
	(ii)	128,634	25,309	7,301	8,250	21,118	190,612	
DONALD H STUBBS	(i)	110,590	22,086	10,618	8,250	14,172	165,716	
	(ii)	110,590	22,085	10,618	8,250	14,172	165,715	
JAMES I SCOTT MD	(i)	119,524	12,361		8,250	10,490	150,625	
	(ii)	119,523	12,360		8,250	10,490	150,623	
PETER M SCHENK	(i)	103,035	20,551	2,994	8,250	18,901	153,731	
	(ii)	103,035	20,550	2,994	8,250	18,901	153,730	
WILLIAM M CARR	(i)	93,293	18,200		6,353	6,623	124,469	
	(ii)	93,292	18,200		6,352	6,623	124,467	
GEORGE EVANS	(i)	94,722	4,875	9,000	5,858	6,399	120,854	
	(ii)	94,721	4,875	9,000	5,857	6,399	120,852	
RAY R MADDOX	(i)	98,251	1,000	2,396		14,510	116,157	
	(ii)	98,250	1,000	2,397		14,510	116,157	
VICTORIA BUTLER	(i)	73,066	6,209	5,008		8,070	92,353	
	(ii)	73,067	6,208	5,008		8,070	92,353	
JANE K JOHNSON	(i)	136,123	8,766	7,022		8,179	160,090	
	(ii)							
OLGA FOGAM	(i)	141,130	10,537			9,560	161,227	
	(ii)							
PAUL E CARPENTER	(i)	134,900	400	10,554		22,061	167,915	
	(ii)							
JOSEPH LOYA	(i)	133,560	1,325	7,405		18,931	161,221	
	(ii)							
LILIA D CRUZ	(i)	128,466	6,258	7,566		24,189	166,479	
	(ii)							

Additional Data

Software ID:
Software Version:
EIN: 58-0593388
Name: CANDLER HOSPITAL INC

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493111005141
SCHEDULE O (Form 990)	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
			Open to Public Inspection
Name of the organization CANDLER HOSPITAL INC			Employer identification number 58-0593388

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	ROOTED IN GOD'S LOVE, WE TREAT ILLNESS AND PROMOTE WELLNESS FOR ALL PEOPLE CANDLER HOSPITAL PROVIDES COMPREHENSIVE HEALTHCARE SERVICES TO THE SURROUNDING COUNTIES THROUGH THE OPERATION OF A 331-BED ACUTE CARE HOSPITAL IN SAVANNAH, GA

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	ACTIVE VOLUNTEERS 124 APPROXIMATE HOURS (FOR 12 MONTHS) 27,700 VOLUNTEERS SIGN IN EACH TIME THEY VOLUNTEER AND THESE HOURS ARE TOTALED SERVICES PROVIDED BY VOLUNTEERS -INFORMATION DESKS GREET & PROVIDE INFORMATION TO VISITORS AND GIVE PATIENT ROOM INFORMATION -COURTESY CAR PROVIDE RIDES TO AND FROM HOSPITALS BUILDINGS TO VISITOR'S CARS -PATIENT FAMILY ROOMS CONTACT PERSONS IN WAITING ROOMS - DELIVER PATIENT MAIL AND FLOWERS -OPERATE GIFT SHOPS -PATIENT VISITATION PATIENTS ARE VISITED AND GIVEN A WELCOME PACKET WITH PAPER, PENCIL AND INFORMATION SHEET COVERING HOSPITAL SERVICES -SECURITY MONITOR HOSPITAL CAMERAS AND TAKE CALLS FOR SECURITY (RELAYS TO HOSPITAL STAFF) -PATIENT FLOORS ASSIST STAFF WITH NON CLINICAL CHORES - OFFICE VOLUNTEER ASSIST VOLUNTEER OFFICE STAFF AS NEEDED

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	AND CONTRACTS DURING FYE JUNE 30, 2010, THE HOSPITAL SERVED PATIENTS FOR A TOTAL OF 66,004 PATIENT DAYS AND 15,641 DISCHARGES EMERGENCY ROOM VISITS TOTALED 51,709 THE HOSPITAL ALSO PROVIDED SERVICES FOR 322,499 OUTPATIENT VISITS

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	SISTERS OF MERCY SOUTH CENTRAL COMMUNITY (SMCC) IS THE ORIGINAL SPONSOR OF ST JOSEPH'S HOSPITAL AND IS THE SOLE MEMBER OF ST JOSEPH'S/CANDLER HEALTH SYSTEM (SJ/C) BOTH ST JOSEPH'S HOSPITAL AND SJ/C HAVE A BROTHER/SISTER RELATIONSHIP TO THE FILING ORGANIZATION THE SMCC HAS CERTAIN LIMITED RIGHTS SUCH AS APPOINTMENT OF THREE TRUSTEES TO THE SJ/C BOARD

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	SISTERS OF MERCY SOUTH CENTRAL COMMUNITY (SMCC) IS THE ORIGINAL SPONSOR OF ST JOSEPH'S HOSPITAL AND IS THE SOLE MEMBER OF ST JOSEPH'S/CANDLER HEALTH SYSTEM (SJ/C) BOTH ST JOSEPH'S HOSPITAL AND SJ/C HAVE A BROTHER/SISTER RELATIONSHIP TO THE FILING ORGANIZATION THE SMCC HAS CERTAIN LIMITED RIGHTS SUCH AS APPOINTMENT OF THREE TRUSTEES TO THE SJ/C BOARD THE SMCC ALSO HAVE SPECIFIC RESERVED POWERS WHICH REQUIRE THAT CERTAIN ACTIONS TAKEN BY THE SJ/C BOARD OF TRUSTEES, OR BOARD OF DIRECTORS OF ANY OTHER SJ/C ENTITY, ARE EFFECTIVE ONLY IF FIRST APPROVED BY SMCC THESE ACTIONS INCLUDE 1 ADOPTION, AMENDMENT OR CHANGE OF THE PHILOSOPHY, PURPOSE, MISSION, VALUES STATEMENT OR NAME OF SJ/C OR ST JOSEPH'S HOSPITAL (SJH) 2 ADMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR ANY OF THE GOVERNANCE DOCUMENTS OF ANY SJ/C SYSTEM ENTITIES THAT DIMINISHES OR ALTERS ANY SMCC RESERVED POWER 3 AMENDMENT OR RESTATEMENT OF THE ARTICLES OR INCORPORATION OR BYLAWS OF SJH 4 APPOINTMENT OF THE SJ/C CEO, BEGINNING WITH THE FIRST SUCCESSOR TO THE INITIAL SJ/C CEO 5 DISSOLUTION, MERGER, CONSOLIDATION OR SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SJ/C OR SJH 6 SALE OR OTHER DISPOSITION OF REAL PROPERTY OF SJH IF THE FMV OF THE PROPERTY AT THAT TIME EXCEEDS THE THRESHOLD ESTABLISHED BY ROMAN CATHOLIC CHURCH LAW FOR PROPERTY TRANSACTIONS 7 INCURRENCE OF ANY DEBT (INCLUDING LEASES OF REAL PROPERTY) BY SJH IN AN AMOUNT IN EXCESS OF THE THEN EXISTING THRESHOLD REQUIRING APPROVAL BY THE APPLICABLE AGENCY OF THE ROMAN CATHOLIC CHURCH 8 ADDITION OF ANY NEW SERVICE AT ANY SJ/C SYSTEM ENTITY OR DELETION OF ANY EXISTING SERVICE AT ANY SJ/C ENTITY IF SUCH ADDITION OR DELETION WOULD BE INCONSISTENT WITH THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES AS APPROVED BY THE NATIONAL CONFERENCE OF CATHOLIC BISHOPS 9 TAKING ANY ACTION THAT RESULTS IN ST JOSEPH'S HOSPITAL FAILING TO CONTINUE TO OPERATE AS AN ACUTE CARE HOSPITAL

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	A COPY OF THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND MADE AVAILABLE TO THE FULL BOARD FOR REVIEW PRIOR TO FILING THE ORGANIZATION'S MANAGEMENT TEAM PERFORMS A COMPLETE DETAILED REVIEW OF ALL FINANCIAL AND DISCLOSURE DATA PRIOR TO FILING THE RETURN WITH THE IRS

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	AT LEAST ANNUALLY, AND AS DEEMED NECESSARY, THE CONFLICT OF INTEREST POLICY IS REVIEWED TO DETERMINE IF ANY CHANGES OR ENHANCEMENTS ARE NEEDED THE ANNUAL DISCLOSURES ARE PROVIDED TO THE PRESIDENT'S ASSISTANT AND ARE REVIEWED BY THE ORGANIZATION'S CORPORATE COMPLIANCE OFFICER IF ANY CONFLICTING INTEREST IS IDENTIFIED, THE BOARD CHAIRMAN WILL DISCUSS WITH THE BOARD TO DETERMINE FURTHER ACTIONS NEEDED THE BOARD CHAIRMAN MAY ASK THE INTERESTED PERSON TO LEAVE THE MEETING DURING DISCUSSION OF THE MATTER THAT GIVES RISE TO THE POTENTIAL CONFLICT IF ASKED, THE INTERESTED PERSON SHALL LEAVE THE MEETING, BUT MAY MAKE A STATEMENT OR ANSWER ANY QUESTIONS ON THE MATTER BEFORE LEAVING THE INTERESTED PERSON WILL NOT VOTE ON THE MATTER THAT GIVES RISE TO THE POTENTIAL CONFLICT AND THE BOARD OR BOARD COMMITTEE MUST APPROVE THE TRANSACTION OR ARRANGEMENT BY MAJORITY VOTE OF THE BOARD MEMBERS PRESENT AT A MEETING THAT HAS A QUORUM, NOT INCLUDING THE VOTE OF THE INTERESTED PERSON

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	AN INDEPENDENT COMPANY EVALUATES THE COMPENSATION OF THE CEO USING COMPARABILITY DATA OBTAINED THROUGH COMPENSATION SURVEY S/STUDIES THEIR RECOMMENDATIONS ARE CONSIDERED BY A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT VOTING MEMBERS OF THE BOARD AND THE FINAL COMPENSATION PACKAGE REQUIRES FULL APPROVAL BY THE BOARD THE ACTIONS, MOTIONS, CONSIDERATIONS, MEMBERS PRESENT AND DISSENTING OPINIONS ARE RECORDED IN THE BOARD MINUTES

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	AN INDEPENDENT COMPANY EVALUATES THE COMPENSATION OF THE CFO AND OTHER OFFICERS USING COMPARABILITY DATA OBTAINED THROUGH COMPENSATION SURVEY S/STUDIES THEIR RECOMMENDATIONS ARE CONSIDERED BY A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT VOTING MEMBERS OF THE BOARD AND THE FINAL COMPENSATION PACKAGE REQUIRES FULL APPROVAL BY THE BOARD THE ACTIONS, MOTIONS, CONSIDERATIONS, MEMBERS PRESENT AND DISSENTING OPINIONS ARE RECORDED IN THE BOARD MINUTES

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	CERTAIN ORGANIZATIONAL POLICIES, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE LOCATED ON THE ST JOSEPH'S/CANDLER WEBSITE CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ANNUAL BOND DISCLOSURE REPORT POSTED TO A PUBLIC WEBSITE GOVERNING DOCUMENTS ARE CURRENTLY NOT PUBLICLY AVAILABLE

SCHEDULE R (Form 990) <small>Department of the Treasury Internal Revenue Service</small>	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009

Name of the organization CANDLER HOSPITAL INC	Employer identification number 58-0593388
--	--

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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
ST JOSEPH'SCANDLER HEALTH SYSTEM 5353 REYNOLDS STREET SAVANNAH, GA 31405 58-2288758	HEALTHCARE	GA	501	11A	NA
ST JOSEPH'S HOSPITAL INC 11705 MERCY BLVD SAVANNAH, GA 31419 58-0568702	HEALTHCARE	GA	501	3	NA
SJC HOME HEALTH SERVICES INC 5353 REYNOLDS STREET SAVANNAH, GA 31405 58-1329042	HEALTHCARE	GA	501	9	NA
GEORGIA INFIRMARY INC 5353 REYNOLDS STREET SAVANNAH, GA 31405 58-0668614	HEALTHCARE	GA	501	9	NA
CANCER CARE PAVILION INC 5353 REYNOLDS STREET SAVANNAH, GA 31405 11-3705418	HEALTHCARE	GA	501	11A	NA
CANDLER FOUNDATION INC 5353 REYNOLDS STREET SAVANNAH, GA 31405 58-1553254	HEALTHCARE	GA	501	11	NA

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
SJCOIS OUTPATIENT IMAGING LLC 1 JOHNSTON STREET 12 SAVANNAH, GA31405 27-2197169	IMAGING	GA	NA	EXCLUDED	-248,460	228,043		No		Yes	

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
SJC MEDICAL GROUP INC 5353 REYNOLDS STREET SAVANNAH, GA31405 58-2011805	HEALTHCARE	GA	N/A				
SJC VENTURES INC 5353 REYNOLDS STREET SAVANNAH, GA31405 58-2650129	HEALTHCARE	GA	N/A				
SJC PROPERTIES INC 5353 REYNOLDS STREET SAVANNAH, GA31405 58-1583360	HEALTHCARE	GA	N/A				
SJC HEALTH SERVICES INC 5353 REYNOLDS STREET SAVANNAH, GA31405 58-1701535	HEALTHCARE	GA	N/A				
SJC MERCY ONCOLOGY INC 5353 REYNOLDS STREET SAVANNAH, GA31405 58-1769474	HEALTHCARE	GA	N/A				

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

No

1p

No

1q

Yes

1r

Yes

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:

Software Version:

EIN: 58-0593388

Name: CANDLER HOSPITAL INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ST JOSEPH'SCANDLER HEALTH SYSTEM 5353 REYNOLDS STREET SAVANNAH, GA31405 58-2288758	HEALTHCARE	GA	501	11A	NA
ST JOSEPH'S HOSPITAL INC 11705 MERCY BLVD SAVANNAH, GA31419 58-0568702	HEALTHCARE	GA	501	3	NA
SJC HOME HEALTH SERVICES INC 5353 REYNOLDS STREET SAVANNAH, GA31405 58-1329042	HEALTHCARE	GA	501	9	NA
GEORGIA INFIRMARY INC 5353 REYNOLDS STREET SAVANNAH, GA31405 58-0668614	HEALTHCARE	GA	501	9	NA
CANCER CARE PAVILION INC 5353 REYNOLDS STREET SAVANNAH, GA31405 11-3705418	HEALTHCARE	GA	501	11A	NA
CANDLER FOUNDATION INC 5353 REYNOLDS STREET SAVANNAH, GA31405 58-1553254	HEALTHCARE	GA	501	11	NA