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68200PPMH

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 08/01/09 , and ending 07/31/10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☒ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) P. O. DRAWER 1828

Room/suite

City or town, state or country, and ZIP + 4 ALBANY GA 31702

D Employer identification number 58-1928247

E Telephone number 229-312-1000

G Gross receipts $ 490,712,051

F Name and address of principal officer
JOEL WERNICK, CEO
P.O. DRAWER 1828
ALBANY GA 31702

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.PHOEBEPUTNEY.COM

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1990

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO DELIVER SUPERIOR HEALTH CARE SERVICES THAT IMPROVES THE HEALTH AND WELLNESS OF THE PEOPLE AND COMMUNITIES WE SERVE.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	3707
6	Total number of volunteers (estimate if necessary)	6	512
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,843,789	4,373,605
9	Program service revenue (Part VIII, line 2g)	510,195,431	478,713,288
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,501,527	32,779
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,146,165	7,126,463
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	513,683,858	490,246,135
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	460,099	535,447
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	189,555,721	182,095,370
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	304,046,885	284,146,815
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	494,062,705	466,777,632
19	Revenue less expenses. Subtract line 18 from line 12	19,621,153	23,468,503

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	443,621,673	589,441,192
21	Total liabilities (Part X, line 26)	258,752,321	390,163,625
22	Net assets or fund balances. Subtract line 21 from line 20	184,869,352	199,277,567

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 6/15/11

▶ KERRY LOUDERMILK CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 6/15/11 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00861721

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DRAFFIN & TUCKER, LLP
PO BOX 6
ALBANY, GA 31702-0006

EIN ▶ 58-0914992

Phone no. ▶ 229-883-7878

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

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

DAA

Form **990** (2009)

917,18 12

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
TO DELIVER SUPERIOR HEALTH CARE SERVICES THAT IMPROVES THE HEALTH AND WELLNESS OF THE PEOPLE AND COMMUNITIES WE SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 359,023,517 including grants of $ 535,447) (Revenue $ 480,764,523)
PHOEBE PUTNEY MEMORIAL HOSPITAL IS A 461-BED ACUTE CARE HOSPITAL, WITH PATIENT DAYS OF 96,090 IN THE CURRENT YEAR. INTENSIVE CARE, NEONATAL INTENSIVE CARE, NURSERY, REHAB, AND PSYCHIATRY SERVICES ARE INCLUDED IN THE SERVICES PROVIDED. THE HOSPITAL ALSO OPERATES A HOME HEALTH AGENCY AND A 132 BED HOSPICE. OTHER: 17,921 INPATIENT ADMISSIONS, 13,398 SURGERIES, 2,962 BIRTHS, 53,717 EMERGENCY VISITS, AND 496,224 CLINIC VISITS. SEE ATTACHMENT FOR FORM 990, PART III, WHICH INCLUDES DETAILED DISCUSSIONS ON ALL CHARITABLE AND COMMUNITY ACTIVITIES OF THE HOSPITAL.

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** ▶ 359,023,517

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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		X
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	X	
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	X	
	• 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 related 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	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. (Yes: X / No:)	12A	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
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 United States? If "Yes," complete Schedule F, Part II	15		X
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 United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X	

Part IV Checklist of Required Schedules (continued)

			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21		X
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? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27		X
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? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	272		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3707		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	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			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ See 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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, 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			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			X
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			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
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 line 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	13		
b	Enter the number of voting members that are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

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		X
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	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process 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		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ GA

18 Section 6104 requires an organization to make its Forms 1023 (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.

[X] Own website [ ] Another's website [X] 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KERRY LOUDERMILK, CFO P.O. DRAWER 1828 ALBANY GA 31702 229-312-4068

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

[X] Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
JOEL WERNICK BD MMBER/CEO	20.00	X		X				0	951,282	385,290
JOHN TEMP PHILLIPS, III CHAIRMAN	5.00	X		X				0	0	0
JOHN CULBREATH VICE CHAIR	5.00	X		X				0	0	0
BERNARD P. SCOGGINS, M.D. BOARD MEMBER	5.00	X						0	0	0
MARY HELEN DYKES BOARD MEMBER	5.00	X						0	0	0
HASAN RIZVI, M.D. BOARD MEMBER	5.00	X						0	0	0
GORDON F. STANLEY BOARD MEMBER	5.00	X						0	0	0
KIMBERLY FIELDS BOARD MEMBER	5.00	X						0	0	0
STEVEN BELK BOARD MEMBER	5.00	X						0	0	0
MARK LANE BOARD MEMBER	5.00	X						0	0	0
JYOTIR K. MEHTA, M.D. BOARD MEMBER	5.00	X						0	0	0
CLAY BANKS BOARD MEMBER	5.00	X						0	0	0
KAREN ILER BOARD MEMBER	5.00	X						0	0	0
KERRY LOUDERMILK CFO	20.00			X				0	473,535	96,843
JOE AUSTIN COO	20.00			X				0	174,693	63,591
THOMAS CHAMBLESS SR VP GEN COUNCIL	20.00				X			0	399,320	68,354
DOUG PATTEN SR VP CMO	50.00				X			0	383,925	80,210

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

(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			
LAURA COOK SR VP CNO	50.00				X			291,546	0	43,099
JOHN FISCHER SR VP FACILITIES	50.00				X			263,199	0	31,985
DAVID BARANSKI SR VP HR	50.00				X			219,645	0	5,171
THOMAS SULLIVAN VP PPMH/EXEC DIR FND	50.00				X			206,730	0	20,810
DOUG CALHOUN CHIEF MIO	50.00					X		312,726	0	11,841
MARY WILLIAMS CRNA	50.00					X		234,950	0	9,518
BRITT BOONE CHIEF CRNA	50.00					X		231,156	0	16,675
HARRIET UNDERWOOD CRNA	50.00					X		230,120	0	10,868
WILLIAM BUNTIN CRNA	50.00					X		227,117	0	20,979
1b Total ▶								2,217,189	2,382,755	865,234

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 ▶ 121

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
PELLICANO COMPANY, INC. P.O. BOX 4009 ALBANY GA 31706	CONSTRUCTION	7,538,835
BRASFIELD & GORRE LLC 1990 VAUGHN ROAD KENNESAW GA 30144	CONSTRUCTION	6,277,940
SOUTHWESTERN EMERGENCY PHYSICIANS P.O. BOX 111 ALBANY GA 31702	CONTRACT LABOR	2,748,129
CROTHALL SERVICES GROUP 955 CHESTERBROOK BLVD SUITE 300 WAYNE PA 19087	CONTRACT LABOR	2,534,522
ARAMARK CTS/PREMIER INC. 12483 COLLECTIONS DRIVE CHICAGO IL 60693	CONTRACT LABOR	2,147,244

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 ▶ 80

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	3,976,481			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	397,124			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a–1f		4,373,605			
Program Service Revenue		Busn. Code				
	2a PATIENT SERVICE REVENUE		478,713,288	478,713,288		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f		478,713,288			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-5,688			-5,688
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents	504,467				
	b Less rental exps					
	c Rental inc. or (loss)	504,467				
	d Net rental income or (loss)		504,467			504,467
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		84,104			
	b Less cost or other basis & sales exps		45,637			
	c Gain or (loss)		38,467			
	d Net gain or (loss)		38,467			38,467
	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	532,902				
	b Less: cost of goods sold b	420,279				
	c Net income or (loss) from sales of inventory		112,623			112,623
	Miscellaneous Revenue	Busn. Code				
	11a CAFETERIA SALES		2,235,087			2,235,087
	b EMPLOYEE REVENUE		1,674,008			1,674,008
	c MISCELLANEOUS REVENUE		588,992	588,992		
	d All other revenue		2,011,286	1,462,243		549,043
	e Total. Add lines 11a–11d		6,509,373			
	12 Total Revenue. See instructions.		490,246,135	480,764,523	0	5,108,007

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	535,447	535,447		
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	1,082,185		1,082,185	
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	130,497,156	118,012,400	12,484,756	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,834,393	14,201,733	1,632,660	
9 Other employee benefits	25,151,706	22,558,353	2,593,353	
10 Payroll taxes	9,529,930	8,540,626	989,304	
11 Fees for services (non-employees):				
a Management	27,699,019	3,601,001	24,098,018	
b Legal	5,720	4,048	1,672	
c Accounting	393,350		393,350	
d Lobbying	445,073		445,073	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	34,738,632	24,016,076	10,722,556	
12 Advertising and promotion	2,757,935	657,671	2,100,264	
13 Office expenses	85,765,712	83,868,232	1,897,480	
14 Information technology	3,662,430	513,026	3,149,404	
15 Royalties				
16 Occupancy	5,870,021	3,572,934	2,297,087	
17 Travel	1,343,931	1,163,660	180,271	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,604,614		4,604,614	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,767,300	16,901,956	10,865,344	
23 Insurance	7,161,746	564,332	6,597,414	
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	53,034,945	53,034,945		
b MISCELLANEOUS	18,204,762	826,341	17,378,421	
c REPAIRS & MAINTENANCE	9,926,997	5,980,625	3,946,372	
d DUES & SUBSCRIPTIONS	562,661	268,598	294,063	
e RECRUITMENT	195,328	194,874	454	
f All other expenses	6,639	6,639		
25 **Total functional expenses.** Add lines 1 through 24f	466,777,632	359,023,517	107,754,115	
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	11,327	1	9,227
	2	Savings and temporary cash investments	88,682,594	2	231,587,483
	3	Pledges and grants receivable, net	47,744	3	13,732
	4	Accounts receivable, net	69,233,022	4	60,829,703
	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	1,363,990
	8	Inventories for sale or use	7,185,168	8	6,999,986
	9	Prepaid expenses and deferred charges	3,237,355	9	2,457,320
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 537,904,113			
	b	Less: accumulated depreciation — 10b: 279,837,131	242,840,771	10c	258,066,982
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	14,297,142	14	11,428,131
	15	Other assets. See Part IV, line 11	18,086,550	15	16,684,638
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	443,621,673	16	589,441,192
Liabilities	17	Accounts payable and accrued expenses	51,177,871	17	49,774,219
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	127,440,000	20	222,270,000
	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	3,057,203	23	1,955,033
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	77,077,247	25	116,164,373
	26	**Total liabilities.** Add lines 17 through 25	258,752,321	26	390,163,625
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	173,379,381	27	193,792,424
	28	Temporarily restricted net assets	10,507,078	28	4,428,748
	29	Permanently restricted net assets	982,893	29	1,056,395
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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	184,869,352	33	199,277,567
	34	Total liabilities and net assets/fund balances	443,621,673	34	589,441,192

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate 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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.	58-1928247

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 described in **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?

	Yes	No
(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 supported organization? — 11g(i)		
(ii) A family member of a person described in (i) above? — 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? — 11g(iii)		

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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

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 from 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 a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—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 III Support Schedule for Organizations Described in Section 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 section 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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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), then

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

Name of organization	Employer identification number
PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.	58-1928247

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 function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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.		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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 nontaxable 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		445,073
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total. Add lines 1c through 1i			445,073
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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 1i.
Also, complete this part for any additional information.

SCHEDULE C, PART IV, ADDITIONAL INFORMATION

SCHEDULE C, PART II-B, LINE 1G

LOBBYING ACTIVITIES WERE RELATED TO CARRYING OUT HEALTHCARE PROGRAMS TO SERVE THE RESIDENTS OF SOUTHWEST GEORGIA.

LOBBYING ACTIVITIES PERFORMED INCLUDE THE USE OF VOLUNTEERS, MANAGEMENT MEMBERS AND PAID STAFF MEMBERS TO WRITE LETTERS TO PUBLIC OFFICIALS ON

Part IV Supplemental Information (continued)

ISSUES THAT IMPACT THE ORGANIZATION'S ABILITY TO CONTINUE TO PROVIDE HEALTH SERVICES TO THE COMMUNITIES SERVED. MANAGEMENT MAY ORGANIZE AND/OR HOST MEETINGS AMONG HOSPITAL EXECUTIVES AND THEIR LEGISLATORS ON ISSUES THAT IMPACT THE ORGANIZATION'S ABILITY TO CONTINUE PROVIDING HEALTHCARE SERVICES TO ITS PATIENTS AND ON WAYS TO CONTINUE TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

Employer Identification number
58-1928247

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of certified historic structure

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

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 section 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 ▶ $ _ _ _ _ _ _ _

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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	355,694				
b Contributions					
c Net investment earnings, gains, and losses	8,976				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	364,670				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 100.00 %
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)		X
(ii) related organizations 3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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		7,429,072		7,429,072
b Buildings		277,102,757	95,518,724	181,584,033
c Leasehold improvements		2,306,992	1,166,039	1,140,953
d Equipment		226,251,058	183,152,368	43,098,690
e Other		24,814,234		24,814,234
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				258,066,982

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED PENSION COST	83,977,415
RELATED PARTY PAYABLES	20,766,455
INTEREST RATE SWAPS	7,199,470
ESTIMATED 3RD PARTY PAYOR SETTLEMENT	4,221,033
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	116,164,373

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	490,246,135
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	466,777,632
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	23,468,503
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	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	23,468,503

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	490,420,260
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	420,279		
e	Add lines 2a through 2d			2e	420,279
3	Subtract line 2e from line 1			3	489,999,981
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	246,154		
c	Add lines 4a and 4b			4c	246,154
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	490,246,135

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

1	Total expenses and losses per audited financial statements			1	466,951,757
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	420,279		
e	Add lines 2a through 2d			2e	420,279
3	Subtract line 2e from line 1			3	466,531,478
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	246,154		
c	Add lines 4a and 4b			4c	246,154
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	466,777,632

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, line 2; 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.

PART X - LIABILITY UNDER FIN 48 FOOTNOTE

THE ACCOUNTING POLICIES PRESCRIBE WHEN TO RECOGNIZE AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON ITS INCOME TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY THE RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED. BASED ON THAT EVALUATION, THE CORPORATION ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME

Part XIV Supplemental Information (continued)

TAX POSITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION. SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES.

BASED ON THE RESULTS OF MANAGEMENT'S EVALUATION, NO LIABILITY IS RECOGNIZED IN THE ACCOMPANYING BALANCE SHEET FOR UNRECOGNIZED INCOME TAX POSITIONS. FURTHER, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF JULY 31, 2010 AND 2009 OR FOR THE YEARS THEN ENDED. THE CORPORATION'S OPEN AUDIT PERIODS ARE FOR TAX YEARS ENDED 2007-2009.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

GIFT SHOP COGS	$ 420,279
HEALTHWORKS OTHER REVENUE	$ -74,389
LEGAL FEES	$ -171,765
GIFT SHOP COGS	$ -420,279
HEALTHWORKS REVENUE	$ 74,389
LEGAL FEES	$ 171,765

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

GIFT SHOP COGS	$ 420,279

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

HEALTHWORKS OTHER REVENUE	$ 74,389
LEGAL FEES	$ 171,765

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

GIFT SHOP COGS	$ 420,279

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

HEALTHWORKS REVENUE	$ 74,389
LEGAL FEES	$ 171,765

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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 PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

Employer identification number 58-1928247

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	X	
b	If "Yes," is it a written policy?	1b	X	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual 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 free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 125%	3a	X	
b	Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: ☒ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b	X	
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"?	4		X
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	X	
b	If "Yes," does the organization make it available to the public?	6b	X	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 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)			18,509,667	3,518,945	14,990,722	3.62
b Unreimbursed Medicaid (from Worksheet 3, column a)			69,246,295	53,568,971	15,677,324	3.79
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			87,755,962	57,087,916	30,668,046	7.41
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		89,150	3,845,307	716,702	3,128,605	0.76
f Health professions education (from Worksheet 5)		597	901,080		901,080	0.22
g Subsidized health services (from Worksheet 6)		6,733	36,779,987	29,652,011	7,127,976	1.72
h Research (from Worksheet 7)			662,451	351,635	310,816	0.08
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,259,883		1,259,883	0.30
j **Total.** Other Benefits		96,480	43,448,708	30,720,348	12,728,360	3.08
k **Total.** Add lines 7d and 7j		96,480	131,204,670	87,808,264	43,396,406	10.49

Part II Community 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
1 Physical improvements and housing		65	478,000		478,000	0.12
2 Economic development			57,988		57,988	0.01
3 Community support						
4 Environmental improvements			2,820		2,820	
5 Leadership development and training for community members						
6 Coalition building			825		825	
7 Community health improvement advocacy			575		575	
8 Workforce development						
9 Other						
10 Total		65	540,208		540,208	0.13

Part III Bad 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	X	
2 Enter the amount of the organization's bad debt expense (at cost)	2	18,417,620		
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	740,387		
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	118,000,000	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	160,891,718	
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-42,891,718	
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:			

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	X	
b 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	X	

Part IV Management 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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Descnbe)
PHOEBE PUTNEY MEMORIAL HOSPITAL P.O. DRAWER 1828 ALBANY GA 31702	X	X		X			X		

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.

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

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.

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

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.

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.).

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.

PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES EXPLANATION

THE NET COST ASSOCIATED WITH PHYSICIAN CLINIC SERVICES REPORTED ON SCHEDULE H, PART 7G IS $7,127,976.

PART I, LINE 7, COLUMN (F) - EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE

BAD DEBTS OF $53,034,945 WERE REMOVED FROM TOTAL EXPENSES TO CALCULATE THE COST-TO-CHARGE RATIO CALCULATED ON WORKSHEET 2 FROM THE IRS FORM 990 INSTRUCTIONS. DIRECT COMMUNITY CARE EXPENSES WERE ALSO REMOVED FROM THE CALCULATION OF THE COST-TO-CHARGE RATION.

IN ADDITION, BAD DEBTS WERE ALSO REMOVED FROM THE TOTAL EXPENSES INCLUDED IN THE CALCULATION OF THE NET COMMUNITY BENEFIT EXPENSE AS A PERCENT OF TOTAL EXPENSES.

PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION

THE COST OF CHARITY CARE WAS CALCULATED USING THE COST-TO-CHARGE RATIO AS CALCULATED USING WORKSHEET 2 FROM THE IRS FORM 990 INSTRUCTIONS.

THE COST OF MEDICAID SERVICES WAS BASED ON THE COST CALCULATED FROM THE MEDICARE COST REPORT.

THE COST OF OTHER BENEFITS WAS THE DIRECT COST OF THE SERVICES.

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.

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

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.

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

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.

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.).

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.

PART III, LINE 4 - BAD DEBT EXPENSE EXPLANATION

AMOUNTS ON PART III, LINES 2 AND 3 WERE CALCULATED USING THE RCC AS DEFINED IN WORKSHEET 2.

THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS BASED ON THE HISTORICAL EXPERIENCE OF THE RESPONSE RATES WITH INCOMPLETE DATA.

TEXT OF AUDITED FINANCIAL STATEMENTS FOOTNOTE REGARDING UNCOLLECTIBLE ACCOUNTS: "THE CORPORATION PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON THE EVALUATION OF THE OVERALL COLLECTABILITY OF THE ACCOUNTS RECEIVABLE. AS ACCOUNTS ARE KNOWN TO BE UNCOLLECTIBLE, THE ACCOUNT IS CHARGED AGAINST THE ALLOWANCE."

PART III, LINE 8 - MEDICARE EXPLANATION

THE MEDICARE SHORTFALL WAS CALCULATED USING THE COST-TO-CHARGE RATIO FROM WORKSHEET 2 OF THE IRS FORM 990 INSTRUCTIONS.

THE MEDICARE SHORTFALL OF $53,486,972 IS TREATED AS COMMUNITY BENEFIT.

PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION

THE ORGANIZATION WRITES OFF PATIENT ACCOUNTS RECEIVABLE BALANCES FOR PATIENTS QUALIFYING FOR CHARITY CARE OR

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.

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

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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.

FINANCIAL ASSISTANCE AND DOES NOT MAKE FURTHER COLLECTION EFFORTS.

NEEDS ASSESSMENT

NEEDS ASSESSMENTS HAVE TRADITIONALLY LED TO THE CREATION OF COMMUNITY-BASED DELIVERY SYSTEMS THAT EXPAND ACCESS TO HEALTH CARE, MEET THE NEEDS OF THE PEOPLE AND BUILD HEALTHY COMMUNITIES IN THE BROADEST SENSE BY IMPACTING MAJOR DETERMINANTS, SUCH AS ECONOMIC DEVELOPMENT, EMPLOYMENT, CHILDREN'S SAFETY, EDUCATION AND ADEQUATE HOUSING.

THE ORGANIZATION CONDUCTS REGULAR NEEDS ASSESSMENT THROUGH FORMAL AND INFORMAL SURVEYS AND PROCESSES, INCLUDING COLLABORATIONS WITH PUBLIC AND COMMUNITY AGENCIES. THROUGH STRATEGIC PLANNING AND COMMUNITY INTERVIEWS, THE ORGANIZATION DEVELOPS PROGRAMS AND SERVICES THAT CONSIDER THE ECONOMIC IMPERATIVES OF THE REGION, THE EFFECT OF LEGISLATION AND THE INVOLVEMENT OF OTHER COMMUNITY-BASED ORGANIZATIONS AND PARTNERS.

THE ORGANIZATION REGULARLY CONDUCTS FOCUS GROUPS IN THE COMMUNITY TO UNDERSTAND ISSUES AFFECTING ITS PATIENTS, AND HAS CREATED PROGRAMS IN RESPONSE TO HEALTH DISPARITIES PREVALENT IN THE AREA. THE ORGANIZATION ALSO

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.

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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.).

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.

CONTRIBUTES FINANCIALLY AND WITH PERSONNEL TO THE SOUTHWEST GEORGIA CANCER COALITION AND THE EMORY RESEARCH PREVENTION PROJECT, WHICH CONDUCTS HEALTH ASSESSMENT STUDIES AND IMPLEMENTS PROGRAMS TO ELIMINATE DISPARITIES IN ACCESS TO CARE AND THE DIAGNOSIS AND TREATMENT OF DISEASE.

THE ORGANIZATION, WHICH FUNDS NURSES IN ALL PUBLIC SCHOOLS IN DOUGHERTY COUNTY, ALSO COLLECTS HEALTH NEEDS INFORMATION FROM NURSES, WHO PROVIDE DIRECT CARE TO STUDENTS AND STAFF AND WHO COLLABORATE WITH OTHER AGENCIES TO DEVELOP HEALTH AWARENESS AND DISEASE PREVENTION PROGRAMS.

THE ORGANIZATION ALSO CONDUCTS REGULAR PHYSICIAN WORKFORCE STUDIES THROUGH ITS STRATEGIC PLANNING ARM TO DETERMINE UNMET PHYSICIAN NEEDS AND BARRIERS TO ACCESSING CARE.

THE ORGANIZATION MEASURES THE SUCCESS OF ITS COMMITMENT BY HOW WELL IT KEEPS PEOPLE HEALTHY AND HOW WELL IT IMPACTS THE SOCIAL/CULTURAL BONDS THAT WILL SECURE THE COMMUNITIES OF THE FUTURE.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

THE BOARD HAS CLEARLY WRITTEN INDIGENT AND CHARITY CARE POLICIES THAT ARE AVAILABLE ON THE ORGANIZATION WEB SITE AND THROUGH THE BUSINESS OFFICE.

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.

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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.).

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.

SIGNS ARE PROMINENTLY POSTED ON THE AVAILABILITY OF FREE AND CHARITY CARE.

PATIENT EDUCATION ON THE ORGANIZATION'S INDIGENT AND CHARITY CARE PROGRAMS ARE CONDUCTED DURING PRE-REGISTRATION, THROUGH FLOOR VISITS BY BUSINESS OFFICE REPRESENTATIVES FOR PATIENTS THAT STRESS CONCERN IN MEETING THE FINANCIAL OBLIGATIONS FOR THEIR SERVICES, THROUGH OUR CUSTOMER SERVICE DEPARTMENT, AND THE PHOEBE CARES DEPARTMENT. BROCHURES ARE PROMINENTLY DISPLAYED AT EACH REGISTRATION BOOTH. THE BUSINESS OFFICE CONTINUOUSLY PROVIDES UPDATED MATERIAL TO PHYSICIAN OFFICES FOR ISSUANCE TO THEIR PATIENTS THAT HIGHLIGHT OUR FINANCIAL ASSISTANCE PROGRAM AND POLICIES. OUR PATIENT STATEMENTS HIGHLIGHT THE ORGANIZATION'S CHARITY PROGRAM AND ENCOURAGE PATIENTS TO CALL FOR FINANCIAL ASSISTANCE.

COMMUNITY INFORMATION

THE ORGANIZATION SERVES A PREDOMINATELY RURAL AREA IN SOUTHWEST GEORGIA, IN ITS BROADEST BOUNDARIES STRETCHING FROM ALBANY TO COLUMBUS, SOUTH ALONG THE ALABAMA BORDER AND EAST ALONG THE FLORIDA BORDER TO VALDOSTA. THE PRIMARY SERVICE AREA IS FIVE CONTIGUOUS COUNTIES AND 15 COUNTIES IN THE SECONDARY AREA. ALBANY IS THE ECONOMIC AND MEDICAL HUB FOR THE REGION, AND THE ORGANIZATION DRAWS FROM A POPULATION OF 300,000 TO 400,000 RESIDENTS FOR

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.

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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.

MAJOR HEALTH CARE SERVICE LINES, SUCH AS HEART AND CANCER.

COMMUNITY BUILDING ACTIVITIES

THE ORGANIZATION AND ALL ITS VOLUNTEER BOARDS ARE COMPOSED OF COMMUNITY MEMBERS WITH DIVERSE PROFESSIONAL AND COMMUNITY SERVICE BACKGROUNDS, AS WELL AS PHYSICIAN MEMBERS. IN ALL FACILITIES, EMERGENCY CENTERS ARE OPERATED 24/7 AND OPEN TO ALL PERSONS, REGARDLESS OF ABILITY TO PAY. THE BOARDS MAINTAIN OPEN MEDICAL STAFF POLICIES WITH PRIVILEGES AVAILABLE TO ALL QUALIFYING PHYSICIANS. THE BOARD HAS CLEARLY WRITTEN INDIGENT AND CHARITY CARE POLICIES THAT ARE AVAILABLE ON THE ORGANIZATION WEB SITE AND THROUGH THE BUSINESS OFFICE. SIGNS ARE PROMINENTLY POSTED ON THE AVAILABILITY OF FREE AND CHARITY CARE.

HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE

THE ORGANIZATION HAS A MULTI-PRONGED APPROACH TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES: INCREASING ACCESS, BUILDING CAPACITY, INVESTING IN "UPSTREAM" PROGRAMS THAT GET AT THE CAUSE OF DISEASE AND ILLNESS, BUILDING COMMUNITY PARTNERSHIPS, ADVOCATING CHANGE, AND DEVELOPING LEADERSHIP. SURPLUS FUNDS ARE REINVESTED IN RESOURCES TO IMPROVE THE DELIVERY OF MEDICAL AND HEALTH CARE SERVICES.

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.

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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.).

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.

PRIMARY CARE IS FIRST AND CREATES A PROFOUND IMPACT ON THE COMMUNITIES SERVED. PRIMARY CARE SERVICES ARE ESTABLISHED IN AREAS WHERE RESIDENTS ARE MOST LIKELY TO SUFFER FROM SEVERE MANPOWER SHORTAGES, HIGH POVERTY LEVELS AND A LACK OF ACCESS TO CARE.

THE ORGANIZATION ALSO EASES THE BURDEN ON TAXPAYERS WITH SPECIFIC PROGRAMMING THAT INCLUDES EXERCISE, SEMINARS AND LIFESTYLE PROGRAMS FOR FIREFIGHTERS AND EMTS, WHO MUST MEET HEALTH BIOMETRIC REQUIREMENTS WITHIN THE NEXT YEAR. THESE PROGRAMS AND SERVICES SUCCESSFULLY REDUCE INAPPROPRIATE USE OF EMERGENCY CENTER SERVICES AND PROVIDE RESIDENTS WITH PRIMARY CARE AT THE LOCAL LEVEL, WHERE IT IS MOST EFFECTIVE AND LEAST COSTLY. THE ORGANIZATION FURTHER PROVIDES ALL INMATE CARE FREE TO DOUGHERTY COUNTY.

LIST OF STATES WHERE COMMUNITY BENEFIT REPORT IS FILED

GEORGIA

68200PPMH

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

Employer identification number 58-1928247

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL LOANS	236	535,447			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

EMPLOYEE MUST BE EMPLOYED AS A REGULAR FULL TIME EMPLOYEE (64+ HOURS PER PAY PERIOD) FOR AT LEAST ONE YEAR, 12 MONTHS. THEY MUST SCORE A "MEETS EXPECTATIONS" OR GREATER ON THEIR LAST EVALUATION. THE EMPLOYEE MUST MAINTAIN A SEMESTER OR QUARTER GPA OF 2.5 FOR UNDERGRADUATE STUDIES AND 3.0 FOR GRADUATE STUDIES TO RECEIVE TUITION ASSISTANCE. EMPLOYEE MUST SUBMIT A COPY OF GRADE TO THE BENEFITS DEPARTMENT AND MANAGER AFTER THE COMPLETION OF EACH COURSE. AN EMPLOYEE RECEIVING TUITION ASSISTANCE IS REQUIRED TO WORK FOR PHOEBE ONE YEAR, FULL-TIME UPON DEGREE COMPLETION OR CESSATION FROM THE DEGREE PROGRAM.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

Employer identification number 58-1928247

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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
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		X
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.			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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		X
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		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOEL WERNICK	(i)	0	0	0	0	0	0	0
	(ii)	516,587	202,424	232,271	364,331	20,959	1,336,572	0
KERRY LOUDERMILK	(i)	0	0	0	0	0	0	0
	(ii)	318,202	102,166	53,167	80,287	16,556	570,378	0
JOE AUSTIN	(i)	0	0	0	0	0	0	0
	(ii)	172,606	0	2,087	39,112	24,479	238,284	0
THOMAS CHAMBLESS	(i)	0	0	0	0	0	0	0
	(ii)	349,929	44,819	4,572	68,279	75	467,674	0
DOUG PATTEN	(i)	0	0	0	0	0	0	0
	(ii)	306,152	71,507	6,266	60,034	20,176	464,135	0
LAURA COOK	(i)	215,234	58,643	17,669	31,219	11,880	334,645	0
	(ii)	0	0	0	0	0	0	0
JOHN FISCHER	(i)	204,097	51,279	7,823	16,873	15,112	295,184	0
	(ii)	0	0	0	0	0	0	0
DAVID BARANSKI	(i)	172,216	46,448	981	3,478	1,693	224,816	0
	(ii)	0	0	0	0	0	0	0
THOMAS SULLIVAN	(i)	158,794	42,887	5,049	3,381	17,429	227,540	0
	(ii)	0	0	0	0	0	0	0
DOUG CALHOUN	(i)	282,407	26,738	3,581	4,900	6,941	324,567	0
	(ii)	0	0	0	0	0	0	0
MARY WILLIAMS	(i)	223,010	10,750	1,190	2,532	6,986	244,468	0
	(ii)	0	0	0	0	0	0	0
BRITT BOONE	(i)	220,258	10,750	148	4,415	12,260	247,831	0
	(ii)	0	0	0	0	0	0	0
HARRIET UNDERWOOD	(i)	217,106	11,053	1,961	4,377	6,491	240,988	0
	(ii)	0	0	0	0	0	0	0
WILLIAM BUNTIN	(i)	216,238	10,750	129	4,394	16,585	248,096	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION

COUNTRY CLUB DUES ARE PART OF THE COMPENSATION PACKAGE WHICH IS GROSSED UP FOR STATE AND FEDERAL TAXES TO COMPENSATE THE EMPLOYEE FOR ANY ADDITIIONAL TAX LIABILITY. THOSE THAT PARTICIPATE ARE:

JOEL WERNICK

KERRY LOUDERMILK

JOE AUSTIN

ROBERT LAGESSE

LAURA COOK

THOMAS SULLIVAN

MEDICAL AND LIFE INSURANCE IS PART OF THE COMPENSATION PACKAGE WHICH IS GROSSED UP FOR STATE AND FEDERAL TAXES TO COMPENSATE THE CEO FOR ANY ADDITIONAL TAX LIABILITY.

JOEL WERNICK IS THE ONLY PARTICIPANT.

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

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.

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
JOEL WERNICK	0	328,517	0
KERRY LOUDERMILK	0	54,866	0
JOE AUSTIN	0	28,150	0
DOUG PATTEN	0	34,639	0
LAURA COOK	0	6,587	0
JOHN FISCHER	0	12,452	0

PART III - OTHER ADDITIONAL INFORMATION

PART I, LINE 4 - DEFERRED COMPENSATION PLAN 457(B)

THE DEFERRED COMPENSATION PLAN IS AN ADDITIONAL RETIREMENT PLAN OFFERED THROUGH PHOEBE PUTNEY. THE 457(B) PLAN IS A NON-QUALIFIED RETIREMENT PLAN THAT ALLOWS YOU TO DEFER ADDITIONAL DOLLARS TOWARDS RETIREMENT. YOU MAY INVEST YOUR CONTRIBUTIONS IN A VARIETY OF INVESTMENT OPTIONS. A METLIFE REPRESENTATIVE IS AVAILABLE TO DISCUSS THE PROGRAM AND YOUR INVESTMENT OPTIONS.

HIGHLIGHTS INCLUDE:

O NOT LIMITED BY THE AMOUNTS DEFERRED INTO THE PHOEBE 403(B)

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.

O PLAN IS SUBJECT TO ANNUAL DEFERRAL LIMITS SET BY THE IRS

O PER IRS REGULATIONS, EACH PARTICIPANT IS A GENERAL UNSECURED CREDITOR OF THE PLAN SPONSOR, CREATING A RISK OF FORFEITURE

SERP IS A DEFINED CONTRIBUTION; ACCOUNT-BASED PROGRAM WITH ANNUAL CONTRIBUTIONS AND PARTICIPANT-DIRECTED INVESTMENT ALLOCATIONS. EMPLOYER-FUNDED.

SCHEDULE J, PART II, COLUMN B (III)

COLUMN B (III), OTHER REPORTABLE COMPENSATION INCLUDES A ONE TIME GROSSED UP PAYOUT FOR TERMINATION OF THE SPLIT DOLLAR RETIREMENT PROGRAM FOR WHICH THE EMPLOYEE RECEIVED NO NET COMPENSATION. THE TERMINATION OF THE PROGRAM PRODUCED A DEBT FOR THE AFFECTED EMPLOYEES THAT WAS FORGIVEN BY BOARD ACTION RESULTING IN TAXABLE INCOME FOR THE AFFECTED EMPLOYEES. THE ORGANIZATION GROSSED UP THE DEBT FOR THESE EMPLOYEES FOR STATE AND FEDERAL INCOME TAXES IN ACCORDANCE WITH IRS GUIDELINES. THE AFFECTED EMPLOYEES INCLUDE JOEL WERNICK AND KERRY LOUDERMILK.

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.

SCHEDULE J, PART II, COLUMN C

A SUBSTANTIAL PORTION OF THE AMOUNT REPORTED IN COLUMN C OF SCHEDULE J, PART II (RETIREMENT AND OTHER DEFERRED COMPENSATION) FOR EMPLOYEES IDENTIFIED ABOVE IS A SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM.

THE PURPOSE OF THE PLAN IS TO PROVIDE A RETIREMENT BENEFIT FOR AFFECTED EXECUTIVES CONSISTENT WITH THE BENEFIT AVAILABLE TO EMPLOYEES NOT IMPACTED BY IRS LIMITS ON DEFINED BENEFIT PLANS.

THE AMOUNTS REPORTED AS SUPPLEMENTAL EXECUTIVE RETIREMENT COMPENSATION FOR AFFECTED EMPLOYEES REPRESENTS CREDITED, BUT NOT EARNED, RETIREMENT BENEFITS AND IS AVAILABLE IN FUTURE PERIODS TO THE EMPLOYEE SUBJECT TO CONTINUING EMPLOYMENT. THE HEALTH SYSTEM MAINTAINS OWNERSHIP OF THE FUNDS UNTIL FUTURE SUBSTANTIAL PERFORMANCE REQUIREMENTS ARE MET.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

Employer identification number: 58-1928247

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	HOSP AUTH OF ALB-DO CO, GA 2008A	58-6001516	002170DK9	10/30/08	54,090,000	REFUNDING OF 1991, 1		X		X
B	HOSP AUTH OF ALB-DO CO, GA 2008B	58-6001516	002170DL7	10/30/08	53,970,000	REFUNDING OF 1991, 1		X		X
C	HOSP AUTH OF ALBANY-DO CO, GA 2010	58-6001516		07/01/10	99,000,000	REIMBURSEMENT FOR CA		X		X
D										
E										

Part II Proceeds

	A	B	C	D	E
1 Total proceeds of issue	52,600,000	52,490,000	99,000,000		
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds	522,732	522,731	359,731		
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds			88,278,977		
8 Year of substantial completion			2010		

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9 Were the bonds issued as part of a current refunding issue?	X		X			X				
10 Were the bonds issued as part of an advance refunding issue?		X		X		X				
11 Has the final allocation of proceeds been made?	X		X			X				
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X				
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X				

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?	X			X	X					
b Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X			X	X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X			X	X					

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2 Is the bond issue a variable rate issue?	X		X		X					
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X		X				
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6 Did the bond issue qualify for an exception to rebate?	X			X	X					

68200PPMH

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

Employer identification number 58-1928247

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues? Yes	(e) Sharing of org revenues? No
JOHN TEMP PHILLIPS, IV	FAMILY - BD MBR	229,000	COMPENSATION		X

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.	58-1928247

AMENDED RETURN EXPLANATION

THE PURPOSE FOR FILING AN AMENDED RETURN IS TO EXPAND ON THE DISCLOSURES FOR EXECUTIVE COMPENSATION.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE INDEPENDENT ACCOUNTING FIRM THAT PREPARES THE FORM 990 (BASED UPON INFORMATION PROVIDED BY THE ORGANIZATION) PROVIDES A COPY OF THE RETURN TO BE REVIEWED BY MANAGEMENT. UPON REVIEW, THE FORM 990 IS THEN FORWARDED TO THE FINANCE COMMITTEE FOR THEIR REVIEW, TO GAIN THEIR COMMENTS AND APPROVAL. UPON APPROVAL FROM THE FINANCE COMMITTEE, THE FORM 990 AND RELATED SCHEDULES ARE PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND FEEDBACK. ONCE THE FORM 990 IS REVIEWED BY ALL APPLICABLE PARTIES, A COPY OF THE FINAL VERSION IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ON AN ANNUAL BASIS, PHOEBE PUTNEY MEMORIAL HOSPITAL (PPMH) BOARD MEMBERS AS WELL AS ALL OFFICERS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. THIS QUESTIONNAIRE IS ADMINISTERED BY THE PHOEBE PUTNEY HEALTH SYSTEM (PPHS) COMPLIANCE DEPARTMENT AND THE DOCUMENT ASKS EACH INDIVIDUAL TO DISCLOSE ANY PERSONAL, BUSINESS, OR OTHER AFFILIATIONS AND MONETARY AMOUNT IF APPLICABLE THAT THEY OR THEIR IMMEDIATE FAMILY MEMBERS HAVE HAD WITHIN THE PAST 12 MONTHS WITH PPMH OR ANY RELATED ENTITIES. ALL RESPONSES ARE THEN EVALUATED BY THE PPHS COMPLIANCE DEPARTMENT.

Name of the organization: PHOEBE PUTNEY MEMORIAL HOSPITAL,

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FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION'S FORMAL PROCESS FOR DETERMINING TOTAL COMPENSATION FOR THE CEO IS INTENDED TO PROVIDE REASONABLE COMPENSATION FOR ACCOMPLISHING THE ORGANIZATION'S MISSION, ACHIEVE ITS STRATEGIC GOALS, TO RECOGNIZE PERFORMANCE, AND TO OPERATE IN KEEPING WITH THE ORGANIZATION'S OBLIGATIONS AS A TAX-EXEMPT CHARITABLE ORGANIZATION.

THE EXECUTIVE COMPENSATION COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF THE COMPENSATION OF THE CEO. THE COMMITTEE RETAINS A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT COMPETITIVE MARKET ANALYSIS OF THE MARKET RANGES OF BASE, INCENTIVE AND TOTAL CASH COMPENSATION. THE INFORMATION THE COMMITTEE MAY CONSIDER CAN INCLUDE BUT IS NOT LIMITED TO THE PERFORMANCE OF AN INDIVIDUAL, THE PERFORMANCE OF THE ORGANIZATION, AN INDIVIDUAL'S LENGTH OF SERVICE, CREDENTIALS AND EXPERIENCE, THE ELEMENTS OF TOTAL COMPENSATION AND SALARY HISTORY, THE ORGANIZATION'S COMPENSATION TARGETS, AND COMPARABILITY DATA, INCLUDING THE DATA PREPARED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE COMMITTEE.

THE COMMITTEE INCORPORATES A FORMAL PERFORMANCE APPRAISAL PROCESS IN THE CEO COMPENSATION REVIEW. IT UTILIZES A MULTI-PERSPECTIVE APPROACH AND PERFORMANCE MEASURES WHICH ARE LINKED TO THE ORGANIZATION'S LONG-TERM STRATEGIC PLAN AND ACHIEVEMENT OF ANNUAL SYSTEM OBJECTIVES. THE CEO IS NOT PRESENT WHEN THE COMMITTEE DISCUSSES AND ESTABLISHES HIS COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ORGANIZATION'S FORMAL PROCESS FOR DETERMINING TOTAL COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES IS INTENDED TO PROVIDE REASONABLE COMPENSATION FOR ACCOMPLISHING THE ORGANIZATION'S MISSION, ACHIEVE ITS

STRATEGIC GOALS, TO RECOGNIZE PERFORMANCE, AND TO OPERATE IN KEEPING WITH THE ORGANIZATION'S OBLIGATIONS AS A TAX-EXEMPT CHARITABLE ORGANIZATION. THE EXECUTIVE COMPENSATION COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF THE COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES. THE COMMITTEE RETAINS A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT COMPETITIVE MARKET ANALYSIS OF THE MARKET RANGES OF BASE, INCENTIVE AND TOTAL CASH COMPENSATION. THE INFORMATION THE COMMITTEE MAY CONSIDER CAN INCLUDE BUT IS NOT LIMITED TO THE PERFORMANCE OF AN INDIVIDUAL, THE PERFORMANCE OF THE ORGANIZATION, AN INDIVIDUAL'S LENGTH OF SERVICE, CREDENTIALS AND EXPERIENCE, THE ELEMENTS OF TOTAL COMPENSATION AND SALARY HISTORY, THE ORGANIZATION'S COMPENSATION TARGETS, AND COMPARABILITY DATA, INCLUDING THE DATA PREPARED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE COMMITTEE. THE COMMITTEE INCORPORATES A FORMAL PERFORMANCE APPRAISAL PROCESS IN THE OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION REVIEW. IT UTILIZES A MULTI-PERSPECTIVE APPROACH AND PERFORMANCE MEASURES WHICH ARE LINKED TO THE ORGANIZATION'S LONG-TERM STRATEGIC PLAN AND ACHIEVEMENT OF ANNUAL SYSTEM OBJECTIVES. THE CEO PROVIDES A PERFORMANCE NARRATIVE AND RECOMMENDED COMPENSATION ADJUSTMENT FOR THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THE COMMITTEE DETERMINES THE REASONABLENESS OF ANY COMPENSATION ADJUSTMENTS FOR OTHER OFFICERS AND KEY EMPLOYEES BASED ON THE PRESENTED EVALUATION AND COMPARATIVE COMPENSATION DATA.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC ITS CONFLICT OF INTEREST AND AUDITED FINANCIAL STATEMENTS ON THE ORGANIZATION'S WEBSITE, BY PROVIDING COPIES UPON REQUEST, AND BY INSPECTION AT THE ADMINISTRATIVE OFFICES OF THE

Name of the organization: PHOEBE PUTNEY MEMORIAL HOSPITAL, | Employer identification number: 58-1928247

ORGANIZATION.

SCH K - DIFFERENCES IN ISSUE PRICE EXPLANATION

PART II, COLUMN A, LINE 5

ISSUANCE COSTS- $444,212, CREDIT ENHANCEMENT FEE- $78,520

PART II, COLUMN B, LINE 5

ISSUANCE COSTS- $444,211, CREDIT ENHANCEMENT FEE- $78,520

PART II, COLUMN C, LINE 4

THIS DEBT WAS ISSUED ON A DRAW-DOWN BASIS. THE INITIAL PRINCIPAL AMOUNT DRAWN OF $88,638,708 WAS FOR REIMBURSEMENT OF PROJECT COSTS AND ISSUANCE COSTS. THE REMAINING PRINCIPAL IS EXPECTED TO BE DRAWN ON OR BEFORE AUGUST 1, 2012, AT WHICH TIME THE PRINCIPAL AMOUNT WOULD TOTAL $99,000,000.

SCHEDULE O - ADDITIONAL INFORMATION

AS DISCUSSED HEREIN, PHOEBE PUTNEY MEMORIAL HOSPITAL OPERATES AS A CHARITABLE ORGANIZATION CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS REVENUE RULING 69-545. IN THIS REGARD, THE GOVERNING BODY OF THE CORPORATION IS COMPOSED OF PROMINENT CITIZEN IN THE COMMUNITY. MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, CONSISTENT WITH THE SIZE AND NATURE OF THE FACILITIES. THE HOSPITAL OPERATES A FULL-TIME EMERGENCY ROOM OPEN TO ALL REGARDLESS OF THE ABILITY TO PAY FOR THESE SERVICES. PHYSICIANS WHO ARE MEMBERS OF THE HOSPITAL MEDICAL STAFF ADMIT AS PATIENTS THOSE UNABLE TO PAY FOR CARE AND THOSE ABLE TO PAY FOR CARE, EITHER THEMSELVES OR THROUGH THIRD-PARTY PAYORS SUCH AS PRIVATE HEALTH INSURANCE OR GOVERNMENT PROGRAMS SUCH AS MEDICARE AND MEDICAID.

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CONSISTENT WITH ITS CHARITABLE MISSION, THE CORPORATION TAKES SERIOUSLY ITS RESPONSIBILITY AS THE COMMUNITY'S SAFETY NET HOSPITAL AND HAS A STRONG RECORD OF MEETING AND EXCEEDING THE CHARITABLE CARE AND THE ORGANIZATIONAL AND OPERATIONAL STANDARDS REQUIRED FOR FEDERAL TAX-EXEMPT STATUS. THE CORPORATION DEMONSTRATES A CONTINUED AND EXPANDING COMMITMENT TO MEETING ITS MISSION AND SERVING THE CITIZENS BY PROVIDING COMMUNITY BENEFITS. A COMMUNITY BENEFIT IS A PLANNED, MANAGED, ORGANIZED, AND MEASURED APPROACH TO MEETING IDENTIFIED COMMUNITY HEALTH NEEDS, REQUIRING A PARTNERSHIP BETWEEN THE HEALTHCARE ORGANIZATION AND THE COMMUNITY TO BENEFIT RESIDENTS THROUGH PROGRAMS AND SERVICES THAT IMPROVE HEALTH STATUS AND QUALITY OF LIFE.

PHOEBE PUTNEY MEMORIAL HOSPITAL IS A NOT-FOR-PROFIT HEALTH CARE ORGANIZATION THAT EXISTS TO SERVE THE COMMUNITY. THE HOSPITAL OPENED IN 1911 TO SERVE THE COMMUNITY BY CARING FOR THE SICK REGARDLESS OF ABILITY TO PAY. AS A NOT-FOR-PROFIT HOSPITAL, THE HOSPITAL HAS NO STOCKHOLDERS OR OWNERS. ALL REVENUE AFTER EXPENSES IS REINVESTED IN OUR MISSION TO CARE FOR THE CITIZENS OF OUR COMMUNITY - INTO CLINICAL CARE, HEALTH PROGRAMS, STATE -OF-THE-ART TECHNOLOGY AND FACILITIES, RESEARCH AND TEACHING AND TRAINING OF MEDICAL PROFESSIONALS NOW AND FOR THE FUTURE.

THE CORPORATION IMPROVES THE HEALTH AND WELL BEING OF SOUTHWEST GEORGIA THROUGH CLINICAL SERVICES, EDUCATION, RESEARCH AND PARTNERSHIPS THAT BUILD HEALTH CAPACITY IN THE COMMUNITY. THE CORPORATION PROVIDES COMMUNITY BENEFITS FOR ALL CITIZENS IN ITS SERVICE AREA AS WELL AS THE MEDICALLY UNDERSERVED. THE CORPORATION CONDUCTS COMMUNITY NEEDS ASSESSMENTS AND PAYS

CLOSE ATTENTION TO THE NEEDS OF LOW INCOME AND OTHER VULNERABLE PERSONS AND THE COMMUNITY AT LARGE. THE CORPORATION OFTEN WORKS WITH COMMUNITY GROUPS TO IDENTIFY NEEDS, STRENGTHEN EXISTING COMMUNITY PROGRAMS AND PLAN NEWLY NEEDED SERVICES. IT PROVIDES A WIDE-RANGING ARRAY OF COMMUNITY BENEFIT SERVICES DESIGNED TO IMPROVE COMMUNITY HEALTH AND THE HEALTH OF INDIVIDUALS AND TO INCREASE ACCESS TO HEALTH CARE, IN ADDITION TO PROVIDING FREE AND DISCOUNTED SERVICES TO PEOPLE WHO ARE UNINSURED AND UNDERINSURED. THE CORPORATION'S EXCELLENCE IN COMMUNITY BENEFIT PROGRAMS WAS RECOGNIZED BY THE PRESTIGIOUS FOSTER MCGAW PRIZE AWARDED TO THE HOSPITAL IN 2003 FOR ITS BROAD-BASED OUTREACH IN BUILDING COLLABORATIVES THAT MAKE MEASURABLE IMPROVEMENTS IN HEALTH STATUS, EXPAND ACCESS TO CARE AND BUILD COMMUNITY CAPACITY, SO THAT PATIENTS RECEIVE CARE CLOSEST TO THEIR OWN NEIGHBORHOODS. DRAWING ON A DYNAMIC AND FLEXIBLE STRUCTURE, THE COMMUNITY BENEFIT PROGRAMS ARE DESIGNED TO RESPOND TO ASSESSED NEEDS AND ARE FOCUSED ON UPSTREAM PREVENTION.

AS SOUTHWEST GEORGIA'S LEADING PROVIDER OF COST-EFFECTIVE, PATIENT-CENTERED HEALTH CARE, PHOEBE PUTNEY MEMORIAL HOSPITAL IS ALSO THE REGION'S LARGEST EMPLOYER WITH MORE THAN 3,600 MEMBERS OF THE PHOEBE FAMILY CARING FOR PATIENTS.

IN CARRYING OUT ITS MISSION OF BEING THE LEADING PROVIDER OF QUALITY, COST EFFECTIVE, PATIENT-CENTER HEALTH SERVICES TO ALL RESIDENTS OF SOUTHWEST GEORGIA, THE BOARD OF DIRECTORS HAS ESTABLISHED A POLICY UNDER WHICH THE HOSPITAL PROVIDES CARE TO NEEDY MEMBERS OF ITS COMMUNITIES, REGARDLESS OF THEIR ABILITY TO PAY FOR THESE SERVICES. UNDER THESE PROGRAMS, THE CORPORATION PROVIDES CARE TO PATIENTS AT PAYMENT RATES THAT ARE DETERMINED

BY THE FEDERAL AND STATE GOVERNMENTS, REGARDLESS OF ACTUAL COST. IN SOME CASES, THESE PROGRAMS PAY THE CORPORATION AT AMOUNTS THAT ARE LESS THAN ITS COST OF PROVIDING SERVICES. THE FOLLOWING TABLE SUMMARIZES THE AMOUNTS OF CHARGES FOREGONE (I.E., CONTRACTUAL ADJUSTMENTS) AND ESTIMATES THE LOSSES INCURRED BY THE CORPORATION DUE TO INADEQUATE PAYMENTS BY THESE PROGRAMS AND FOR INDIGENT/CHARITY. THIS TABLE DOES NOT INCLUDE DISCOUNTS OFFERED BY THE CORPORATION UNDER MANAGED CARE AND OTHER AGREEMENTS:

	CHARGES FOREGONE	ESTIMATED UNREIMBURSED COST
MEDICARE	$ 345,300,000	$ 52,000,000
MEDICAID	148,900,000	23,400,000
INDIGENT/CHARITY	53,300,000	19,400,000
	$ 547,500,000	$ 94,800,000

THE FOLLOWING IS A SUMMARY OF THE COMMUNITY BENEFIT ACTIVITIES AND HEALTH IMPROVEMENT SERVICES OFFERED BY THE HOSPITAL AND ILLUSTRATES THE ACTIVITIES AND DONATIONS DURING FISCAL YEAR 2010.

I. COMMUNITY HEALTH IMPROVEMENT SERVICES

A. COMMUNITY HEALTH EDUCATION

PHOEBE PUTNEY MEMORIAL HOSPITAL PROVIDES HEALTH EDUCATION SERVICES THAT REACHED 37,651 INDIVIDUALS IN 2010 AT A COST OF $939,000. THESE SERVICES

Name of the organization: PHOEBE PUTNEY MEMORIAL HOSPITAL,

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INCLUDED THE FOLLOWING FREE CLASSES AND SEMINARS:

-PREPARED CHILDBIRTH CLASSES

-REFRESHER CHILDBIRTH CLASSES

-PREGNANCY CLASSES

-BREASTFEEDING CLASSES

-LACTATION CONSULTING

-BABY CARE BASICS CLASSES

-INFANT MASSAGE CLASSES

-TOURS OF POST PARTUM AND LABOR AND DELIVERY

-SPECIAL TOTS CLASSES

-MATERNITY COORDINATOR VISITS

-BIG BROTHER/BIG SISTER CLASSES

-SAFE SITTER CLASSES

-GOLDEN KEY HEALTH SEMINARS

THE CORPORATION IS INVOLVED IN MANY ACTIVITIES AIMED AT EDUCATING THE COMMUNITY ABOUT HEALTH-RELATED TOPICS. EXAMPLES OF THESE ACTIVITIES ARE A PERIODIC HEALTH INFORMATION NEWSLETTER PUBLISHED IN THE LOCAL NEWSPAPER AT A COST OF $4,500; A COMPREHENSIVE HEALTH INFORMATION MAGAZINE-FORMAT NEWSLETTER AT A COST OF $45,000; A MONTHLY HEALTH INFORMATION NEWSLETTER DISTRIBUTED TO 20,000 SENIOR CITIZENS AT A COST OF $41,000 AND FREQUENT ONGOING HEALTH SEMINARS HELD AT PHOEBE NORTHWEST FREE OF CHARGE AND ATTRACTING AUDIENCES RANGING FROM 30 TO 150 PERSONS.

THE CORPORATION ALSO PRODUCES PUBLIC SERVICE TELEVISION CAMPAIGNS CALLED "DO IT FOR LIFE," FREQUENTLY FEATURING CELEBRITY PERSONALITIES. THESE

CAMPAIGNS URGE VIEWERS TO ADOPT HEALTHY LIFESTYLE CHANGES AND TO PARTICIPATE IN SCREENINGS FOR CANCER, HEART DISEASE, DIABETES AND OTHER DISEASES. VIDEOS ON HEART AND STROKE PREVENTION AND ACTION, AS WELL AS VIDEOS ON CANCER TREATMENT CARE, ARE AVAILABLE TO THE GENERAL PUBLIC AND TO PATIENTS. MANY STAFF MEMBERS OF THE CORPORATION ALSO LEND THEIR TIME TO SCHOOLS AND CIVIC ORGANIZATIONS TO SPEAK ON HEALTH ISSUES.

MEN AND WOMEN'S HEALTH CONFERENCES

THE CORPORATION HOLDS MEN'S AND WOMEN'S ANNUAL HEALTH CONFERENCES THAT PROVIDE HEALTH SCREENINGS FOR PSA, CHOLESTEROL, HIV/AID, BLOOD PRESSURE, HEARING AND VISION, HEALTH INFORMATION, SPEAKERS AND FELLOWSHIP TO MORE THAN 1,350 ATTENDEES. THE HEALTH CONFERENCE PROGRAMS PROVIDE OUTREACH, HEALTH SCREENINGS, EDUCATIONAL PROGRAMS, AND HEALTH CONFERENCES AND EVENTS. THESE PROGRAMS TARGET MEN AND WOMEN AT RISK OF POOR HEALTH STATUS. THE PROGRAMS TARGET MEN AND WOMEN WITHOUT A PRIMARY CARE PHYSICIAN AND WHO ARE UNINSURED, AND MEN AND WOMEN WITHOUT KNOWLEDGE OF RECOMMENDED PREVENTIVE HEALTH CARE SERVICES. THE CORPORATION ALSO RUNS PUBLIC SERVICE TELEVISION SPOTS ON BREAST CANCER AWARENESS AND BREAST HEALTH, AS WELL AS ANNOUNCEMENTS ON PROSTRATE CANCER, HEART HEALTH AND SMOKING CESSATION. THE FOLLOWING ARE EXAMPLES OF HEALTH INITIATIVE PROGRAMS:

MEN ON THE MOVE - A FAITH BASED INITIATIVE, WHICH BEGAN IN 2001 TO SOLICIT CONGREGATIONAL SUPPORT OF MEN AROUND THE ISSUES AFFECTING MEN'S HEALTH. WE BEGAN BY CONTACTING AREA PASTORS AND INFORMING THEM OF OUR INTEREST TO BRING A MEN'S HEALTH AND WELLNESS MESSAGE TO THEIR CHURCHES. TWENTY CHURCHES OF DIFFERENT SIZES AND DENOMINATIONS PARTICIPATE, WITH NO LESS

THAN 25 MEN PER CHURCH TAKING ACTIVE ROLES FOR THE INITIATIVE. THESE PARTICIPANTS HAVE BECOME OUR MEMBERSHIP BASE OF MEN'S HEALTH ADVOCATES THAT WE CALL "MEN ON THE MOVE." THESE MEN VOLUNTEER THEIR TIME IN ASSISTING IN OUTREACH AND PROGRAM LOGISTICS.

MEN AT WORK - THIS EVENT HAS TAKEN PLACE FOR THE LAST SIX YEARS, SERVING THE CITY OF ALBANY, DOUGHERTY COUNTY AND THE WATER, GAS AND LIGHT MALE EMPLOYEES. THIS IS A PROGRAM THAT THE CORPORATION SPONSORS IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, DR. AJAYI/SOUTHWEST GA UROLOGY CLINIC, THE CITY/COUNTY AND SUBWAY, WHO SUPPLIES FREE FOOD FOR THE EVENT. THIS EVENT IS HELD IN OUR DOWNTOWN GOVERNMENT CENTER AND THE MEN ARE ALLOWED A LIBERAL LEAVE SO THAT THEY CAN GET THEIR PSA SCREENINGS, VISIT OUR VARIOUS EDUCATIONAL BOOTHS, AND HAVE LUNCH WITH THE DOCTOR. AT EACH EVENT OVER 200 MEN ARE SERVED.

SEMINARS/SCREENINGS - THESE PROGRAMS ARE HELD TWICE A MONTH AT CHURCHES AND OTHER COMMUNITY LOCATIONS, INCLUDING THE PHOEBE FITNESS CENTER. THESE EDUCATIONAL/AWARENESS EVENTS COVER TOPICS SUCH AS ERECTILE DYSFUNCTION, HEART HEALTH, NUTRITION AND FITNESS. THEY MAY ALSO INCLUDE PHYSICIAN-LED WORKSHOPS, FREE SCREENINGS WHICH INCLUDE: PSA, CHOLESTEROL, HIV/AID, BLOOD PRESSURE, HEARING AND VISION.

MEN'S PROSTATE HEALTH CLINIC - THIS ANNUAL EVENT IS IN ITS FOURTEENTH YEAR. MEN ARE GIVEN A DIGITAL RECTAL EXAM AS WELL AS A PSA. DRE'S ARE PERFORMED BY OUR RADIATION ONCOLOGIST AND PHYSICIANS FROM ALBANY UROLOGY, WHO VOLUNTEER THEIR TIME. OVER 250 MEN ARE REACHED AT THIS EVENT.

Name of the organization: PHOEBE PUTNEY MEMORIAL HOSPITAL,

Employer identification number: 58-1928247

GOLDEN KEY

THIS IS A MEMBERSHIP ORGANIZATION FOR PEOPLE AGE 55 AND OLDER. WITH OVER 22,700 MEMBERS, GOLDEN KEY OFFERS PROGRAMS THAT ENCOURAGE HEALTHY LIFESTYLES INCLUDING THE PRIVILEGE OF WALKING AT THE HOSPITAL'S PHYSICAL MEDICINE COMPLEX. TO ITS MEMBERS, IT PROVIDED A BI-MONTHLY NEWSLETTER (KEY NOTES). IN 2010, THE UNREIMBURSED COST WAS $150,000.

NETWORK OF TRUST

THIS IS A NATIONALLY RECOGNIZED PROGRAM AIMED AT TEEN MOTHERS TO ENCOURAGE THEM TO REMAIN IN SCHOOL, PROVIDE PARENTING SKILLS AND ATTEMPT TO REDUCE REPEAT PREGNANCIES. THIS PROGRAM ALSO INCLUDES A TEEN FATHER PROGRAM ALONG WITH OTHER TEENAGED CHILDREN PROGRAMS. NETWORK OF TRUST ENROLLED 210 TEEN PARENTS DURING THE 2009/2010 SCHOOL YEAR. THE PROGRAM'S SERVICES OPERATED AT A NET UNREIMBURSED COST OF $362,000 IN 2010.

B. COMMUNITY BASED CLINICAL SERVICES

FLU SHOTS

THE CORPORATION PROVIDES FREE FLU SHOTS TO VOLUNTEERS AND EMPLOYEES' FAMILY MEMBERS. IN 2010, THE CORPORATION ADMINISTERED 518 FLU SHOTS AT AN UNREIMBURSED COST OF $14,800.

HEALTH PROMOTION AND WELLNESS PROGRAMS

Name of the organization: PHOEBE PUTNEY MEMORIAL HOSPITAL,

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IN 2010, THE CORPORATION PROVIDED VARIOUS HEALTH FAIRS AND WELLNESS PROGRAMS TO 468 PERSONS IN THE COMMUNITY AT AN UNREIMBURSED COST OF $7,000. THE FOLLOWING ARE SOME EXAMPLES OF THE HEALTH FAIRS AND WELLNESS PROGRAMS:

-CARDIAC HEALTHY EATING

-PRETTY IN PINK HEALTH FAIR

-NUTRITION FOR CANCER SURVIVORS

-HEALTHY AT ANY AGE

-NURTURING MIND AND BODY

-RISKS OF MULTIPLE MEDICATIONS

-MULTI-CULTURAL HEALTH FAIRS

-HEALING FOR THE SURVIVING SOUL

-TEEN MAZE

-LABEL READING

SCHOOL NURSE PROGRAM

THE CORPORATION PLACES NURSES IN SIXTEEN ELEMENTARY SCHOOLS, SIX MIDDLE SCHOOLS, AND FOUR HIGH SCHOOLS IN DOUGHERTY COUNTY WITH A GOAL OF CREATING ACCESS TO CARE FOR STUDENTS, ASSESSING THE HEALTH CARE STATUS OF EACH POPULATION REPRESENTED AND EFFECTIVELY ESTABLISHING REFERRALS FOR ALL HEALTH CARE NEEDS. NURSES ALSO CONDUCTED THE EIGHTH GRADE HEALTH FAIRS. DURING THE 2009/2010 SCHOOL YEAR, THE SCHOOL NURSE PROGRAM COVERED 64,271 STUDENT VISITS. THIS PROGRAM OPERATED AT A NET UNREIMBURSED COST OF $1,453,000 IN 2010.

C. HEALTH CARE SUPPORT SERVICES

Name of the organization: PHOEBE PUTNEY MEMORIAL HOSPITAL,

Employer identification number: 58-1928247

NEW FOUNDATIONS

THE CORPORATION OFFERS NEW FOUNDATION BREAST FORMS AND FASHION BOUTIQUE. NEW FOUNDATIONS CATERS TO THE PHYSICAL AND MENTAL WELL-BEING OF WOMEN AND THEIR FAMILIES. THEY PROVIDE ONE-ON-ONE POST MASTECTOMY CONSULTATION TO HELP WOMEN OVERCOME THEIR ANXIETIES AND FEEL BETTER ABOUT THEMSELVES. THEY CARRY A LARGE VARIETY OF PROSTHESIS AND ALSO HAVE A WIDE SELECTION OF CLOTHING. THEY CONDUCT SUPPORT GROUPS AND HELP PATIENTS WITH BREAST CANCER ISSUES. IN 2010, THIS DEPARTMENT SAW 1,166 PATIENTS AND OPERATED AT AN UNREIMBURSED COST OF $198,000.

LIGHTS OF LOVE VANS

LIGHTS OF LOVE DONATED VANS TO THE CORPORATION TO TRANSPORT CANCER PATIENTS TO AND FROM THE HOSPITAL FOR THEIR TREATMENTS. IN 2010, THE CORPORATION PROVIDED 2,918 PATIENT TRANSPORTS AT A COST OF $137,000.

PHOEBE CARE REPRESENTATIVES

PHOEBE CARE REPRESENTATIVES ASSIST PATIENTS AND CITIZENS WITH PRE-QUALIFYING FOR FREE OR REDUCED-COST MEDICAL CARE BEFORE MEDICAL ATTENTION IS NEEDED BY APPLYING FOR THE PHOEBE CARE CARD. THIS IS ACCEPTED AT THE HOSPITAL AS WELL AS AT HOSPITAL-AFFILIATED SPECIALTY CLINICS. TO ENSURE THIS PROGRAM IS ACCESSIBLE AND UNDERSTOOD BY ITS INTENDED BENEFICIARIES, THE CORPORATION EMPLOYS PHOEBE CARE REPRESENTATIVES TO ASSIST PATIENTS IN VARIOUS WAYS. THEIR SERVICES INCLUDE HELPING WITH APPLICATIONS TO MEDICAL

Name of the organization: PHOEBE PUTNEY MEMORIAL HOSPITAL,

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ASSISTANCE PROGRAMS NOT LIMITED TO THE PHOEBE CARE CARD AND PROVIDING INFORMATION ON HOW TO ACCESS ASSISTANCE WITH MEDICINE, FOOD, CLOTHING, SHELTER, MEDICAL TRANSPORTATION AND MORE.

THE PHOEBE CARES DEPARTMENT ASSISTED 5,158 PATIENTS AND OPERATED AT A NET UNREIMBURSED COST OF $378,000 IN 2010. PATIENTS WHO QUALIFY FOR THE PHOEBE CARE CARD ARE PROVIDED MILLIONS OF DOLLARS OF UNCOMPENSATED CARE ANNUALLY, AND THE TOTAL AMOUNT OF COMMUNITY BENEFIT PROVIDED BY THE PROGRAM IS INCLUDED IN THE AMOUNT OF CHARITY CARE REPORTED IN THE CORPORATION'S FINANCIAL STATEMENT.

-INDIGENT FINANCIAL ASSISTANCE

PATIENTS WHOSE INCOME IS BELOW 125% OF THE FEDERAL POVERTY LEVELS ARE CLASSIFIED AS INDIGENT AND RECEIVE CARE AT NO COST.

-CHARITY FINANCIAL ASSISTANCE

PATIENTS WHOSE INCOME LEVEL IS BETWEEN 126% - 200% OF THE FEDERAL POVERTY LEVELS WILL BE CLASSIFIED AS CHARITY. THESE PATIENTS WILL BE RESPONSIBLE FOR A PERCENTAGE OF THE HOSPITAL CHARGES. THIS PERCENTAGE WILL BE BASED ON CALCULATIONS USING THE FEDERAL POVERTY LEVELS THAT ARE PUBLISHED IN THE "FEDERAL REGISTER" EACH YEAR. IF IT IS DETERMINED THE PATIENT RESPONSIBILITY WILL BE AN UNDUE HARDSHIP ON THE PATIENT/GUARANTOR, THESE CASES WILL BE REVIEWED ON AN INDIVIDUAL BASIS WITH THE PHOEBE CARES SUPERVISOR FOR POSSIBLE CATASTROPHIC CHARITY BASED ON SLIDING SCALE GUIDELINES.

-CATASTROPHIC FINANCIAL ASSISTANCE

PATIENTS WHOSE INCOME EXCEEDS 200% OF THE FEDERAL POVERTY LEVELS AND WHOSE HOSPITAL CHARGES EXCEED 25% OF THEIR ANNUAL INCOME, RESULTING IN EXCESSIVE HARDSHIP, ARE ELIGIBLE FOR A DISCOUNT UP TO 75% OF THE PATIENT BALANCE. THE PATIENT MAY PAY THE REMAINING BALANCE OVER 24 MONTHS.

II. HEALTH PROFESSIONS EDUCATION

THE CORPORATION RECOGNIZES THAT TO CONTINUOUSLY IMPROVE THE HOSPITAL'S LONG-TERM VALUE TO OUR COMMUNITY AND OUR CUSTOMERS, TO ENCOURAGE LIFE-LONG LEARNING AMONG EMPLOYEES AND TO ACHIEVE A WORLD-CLASS EMPLOYER STATUS, IT IS IN THE HOSPITAL'S BEST INTEREST TO PROVIDE OPPORTUNITIES THAT WILL ASSIST ELIGIBLE EMPLOYEES IN PURSUING FORMAL, HEALTHCARE RELATED EDUCATIONAL OPPORTUNITIES. THE CORPORATION ALSO PROVIDES NON-EMPLOYEES FINANCIAL SUPPORT IN PURSUING HEALTHCARE RELATED DEGREES. IN 2010, THE CORPORATION PROVIDED $754,000 IN CLINICAL SUPERVISION AND TRAINING OF NURSING STUDENTS, AND AN ADDITIONAL $147,000 IN CLINICAL SUPERVISION AND TRAINING TO PHARMACY, PHARMACY TECHS AND OTHER HEALTH PROFESSIONALS.

III. SUBSIDIZED HEALTH SERVICES

A. HOSPITAL OUTPATIENT SERVICES

PHOEBE FAMILY MEDICAL CENTERS

THE CORPORATION HAS A STRONG COMMITMENT TO PRIMARY CARE FOR THE SOUTHWEST GEORGIA REGION. OUR FAMILY MEDICAL CENTERS IN OUR SURROUNDING COUNTIES ARE A NETWORK OF CARE THAT SERVES THE ENTIRE FAMILY FOR THOSE WHO RESIDE OUTSIDE OF ALBANY. IN 2010, THE RURAL CLINICS OPERATED AT A NET LOSS OF $252,000, THE LEE COUNTY CLINIC OPERATED AT A NET LOSS OF $349,000 AND THE PELHAM CLINIC OPERATED AT A NET LOSS OF $163,000.

CONVENIENT CARES

PHOEBE'S CONVENIENT CARE PROVIDES TREATMENT FOR MINOR INJURIES AND AILMENTS IN A MORE TIMELY FASHION AND AT A MORE REASONABLE COST THAN AN EMERGENCY CENTER. IN 2010, THE CLINICS OPERATED AT A NET LOSS OF $1,085,000.

PHOEBE SPECIALTY CLINICS

-THE BEHAVIORAL HEALTH CLINIC AT PHOEBE PROVIDES TREATMENT FOR ADULTS AND ADOLESCENTS WITH ADDICTIVE DISEASES AND/OR PSYCHIATRIC DISORDERS. IN 2010, THIS CLINIC OPERATED AT A NET LOSS OF $600,000.

-THE CORPORATION OPERATES A SPECIALTY CLINIC ENCOMPASSING ENDOCRINOLOGY, RHEUMATOLOGY, AND PHYSIATRY. THE CLINIC OFFERS MEDICAL CARE ON A REFERRAL BASIS TO INPATIENTS AND OUTPATIENTS WITH ENDOCRINE OR RHEUMATOID PROBLEMS OR WITH PHYSICAL MEDICINE OR REHABILITATION NEEDS. THE CLINIC OPERATED AT A NET LOSS OF $297,000 IN 2010.

-INTERNAL MEDICINE PROVIDES PRIMARY AND CONSULTATIVE MEDICAL CARE OF ADULTS, WITH EMPHASIS ON DIAGNOSIS, PREVENTIVE HEALTH AND CONTINUITY OF CARE IN BOTH OUTPATIENT AND INPATIENT SETTINGS. THE HOSPITAL OPENED A SECOND LOCATION DURING 2006. IN 2010, THESE CLINICS OPERATED AT A NET LOSS OF $334,000.

-NEUROSURGERY PROVIDES A LOCAL NEUROSURGEON TO OUR COMMUNITY. IN 2010, THIS DEPARTMENT OPERATED AT A NET LOSS OF $111,000.

-THE CORPORATION OFFERS A PALLIATIVE CARE CLINIC. THIS CLINIC IS PRIMARILY DIRECTED AT PROVIDING RELIEF TO A TERMINALLY ILL PERSON THROUGH SYMPTOM MANAGEMENT AND PAIN MANAGEMENT. IN 2010, THIS CLINIC OPERATED AT A NET LOSS OF $77,000.

-MIDWIFERY CLINIC WAS OPENED TO PROVIDE ACCESS TO CARE FOR MEDICAID RECIPIENTS AFTER MANY LOCAL PHYSICIANS STOPPED ACCEPTING MEDICAID AS REIMBURSEMENT. THE CLINIC WAS TRANSFERRED TO ALBANY AREA PRIMARY HEALTH CARE TO ENHANCE PATIENT ACCESS. IN 2010, THIS CLINIC OPERATED AT A NET LOSS OF $304,000.

-INPATIENT MEDICAL SPECIALIST PRACTICE MANAGES CARE FOR ALL INPATIENT ADMISSIONS WHILE IN THE HOSPITAL AND COORDINATES CARE WITH THE PATIENT'S PRIMARY PHYSICIANS. IN 2010, THIS GROUP OPERATED AT A NET LOSS OF $782,000.

-MATERNAL/FETAL MEDICINE PROGRAM IS FOR HIGH RISK MOTHERS AND PREGNANT WOMEN WHO NEED SPECIALIZED CARE. IN 2010, THIS CLINIC OPERATED AT A NET LOSS OF $113,000.

-THE CORPORATION OPERATES A CARDIOVASCULAR SURGERY PROGRAM WHICH PERFORMS OPEN HEART, THORACIC AND VASCULAR PROCEDURES, INCLUDING PERIPHERAL VASCULAR INTERVENTION PROCEDURES. THIS GROUP OPERATED AT A NET LOSS OF $609,000.

-LEE QUICKCARE CLINIC PROVIDES WALK-IN TREATMENT FOR COMMON ILLNESSES AND CONDITIONS AFTER HOURS, 6 P.M. TO 10 P.M. MONDAYS THROUGH FRIDAYS. THE STAFF SERVES NON-URGENT PATIENTS AND CAN PRESCRIBE MEDICATIONS WHEN INDICATED. THE CLINIC OPERATED AT A NET LOSS OF $10,000.

-THE CORPORATION OPERATES A SURGICAL ONCOLOGY DEPARTMENT IN ITS CANCER CENTER. THIS PRACTICE SURGICALLY TREATS AND MANAGES CANCERS PRIMARILY OF THE ESOPHAGUS, STOMACH, LIVER, PANCREAS, COLON, BREAST AND SKIN, AND SOFT

TISSUES. IN 2010, THIS DEPARTMENT OPERATED AT A NET LOSS OF $67,000.

-THE CORPORATION OPERATES A WOUND CARE AND HYBERBARIC CENTER WITH TWO SATELLITE CLINICS IN SYLVESTER AND AMERICUS, GEORGIA FOR ADVANCED WOUND CARE TREATMENTS. THE CENTER PROVIDES TREATMENT FOR CHRONIC WOUNDS THAT HAVE RESISTED HEALING AND HYPERBARIC OXYGEN THERAPY. IN 2010, THE CENTER OPERATED AT A NET LOSS OF $27,000.

RESIDENCY PROGRAM

THE SOUTHWEST GEORGIA FAMILY MEDICINE RESIDENCY PROGRAM IS AN AWARD WINNING FACILITY CONTINUOUSLY ADDRESSING THE SHORTAGE OF HEALTH CARE PROFESSIONALS IN THE REGION. THEIR PRIMARY MISSION IS TO TRAIN FAMILY PHYSICIANS TO PRACTICE IN RURAL SOUTHWEST GEORGIA.

ESTABLISHED IN 1993, THIS PROGRAM OFFERS A RICH OPPORTUNITY FOR PHYSICIANS TO DEVELOP AS STRONG CLINICIANS CAPABLE OF DELIVERING HIGH-QUALITY PRIMARY CARE IN ANY SETTING. THE NEED FOR MEDICAL SERVICES IN THIS RURAL REGION IS GREAT. THE REGION HAS HIGH INCIDENCES OF CANCER, HEART ATTACK, STROKE AND OTHER DISEASES, AND THE NEED FOR MEDICAL AND OUTREACH SERVICES ARE TREMENDOUS. THIS DEPARTMENT OPERATED AT A NET LOSS OF $232,000 IN 2010.

B. OTHER SUBSIDIZED SERVICES

INMATE CARE

THE CORPORATION PROVIDES CARE TO PERSONS IN JAIL FOR DOUGHERTY COUNTY. IN 2010, THE CORPORATION PROVIDED $1,065,000 OF UNREIMBURSED MEDICAL TREATMENT

Name of the organization: PHOEBE PUTNEY MEMORIAL HOSPITAL,

Employer identification number: 58-1928247

TO 619 INMATES.

INDIGENT DRUG PHARMACY

INDIGENT DRUG PHARMACY PROVIDES MEDICATION UPON DISCHARGE TO PATIENTS THAT ARE EITHER INDIGENT OR UNINSURED. IN 2010, THE PHARMACY ASSISTED 6,114 PATIENTS AT A COST OF $172,000.

IV. CLINICAL RESEARCH

PHOEBE OFFERS CLINICAL TRIALS TO CANCER PATIENTS TO RESIDENTS OF SOUTHWEST GEORGIA. IN 2010, FORTY-ONE PATIENTS ELECTED TO PARTICIPATE AT AN ESTIMATED COST OF $1,065,000.

V. FINANCIAL AND IN-KIND SUPPORT

IN 2010, THE CORPORATION PROVIDED $960,000 IN CASH DONATIONS AND IN-KIND SUPPORT TO NON-PROFIT ORGANIZATIONS IN SOUTHWEST GEORGIA. LISTED ARE SOME HIGHLIGHTS:

-THE SOUTHWEST GEORGIA CANCER COALITION RECEIVED $375,000 FOR STAFF SUPPORT AND VARIOUS PROJECTS.

-THE AMERICAN HEART ASSOCIATION RECEIVED $25,000 SPONSORSHIP FOR CONTINUED SUPPORT OF THE START PROGRAM.

-THE CORPORATION PROVIDED RENT FREE SPACE TO FOURTEEN PRIVATE, NOT-FOR-PROFIT ORGANIZATIONS. IN 2010, THE ESTIMATED FORGONE RENT AND IMPROVEMENTS WERE $237,000.

-THE CORPORATION MADE A COMMEMORATIVE DONATION OF $12,000 TO THE ALBANY CIVIL RIGHTS MUSEUM'S HISTORY BOOK, HONORING THE CORPORATION'S 100TH ANNIVERSARY AND THE ROLE OF JUDGE FRANCIS FLAGG PUTNEY IN ESTABLISHING PHOEBE PUTNEY MEMORIAL HOSPITAL.

-THE LILY PAD RECEIVED $40,000 FOR THE PURCHASE OF A SECURE DIGITAL FORENSIC IMAGING-TELEMEDICINE DEVICE AND RELATED COMPUTER EQUIPMENT TO MEET THE NEEDS OF THE SEXUAL ASSAULT FORENSIC NURSE EXAMINERS.

-THE SOUTHWEST GEORGIA AREA HEALTH EDUCATION CENTER (SOWEGA-AHEC) RECEIVED $100,000 IN ASSISTANCE TO IMPROVE ACCESS TO HEALTHCARE BY IMPROVING THE NUMBER AND DISTRIBUTION OF HEALTHCARE PROVIDERS IN 38 COUNTIES IN SOUTHWEST GEORGIA.

VI. COMMUNITY BUILDING ACTIVITIES

A.PHYSICAL IMPROVEMENTS AND HOUSING

THE CORPORATION HAS A MISSION TO PROVIDE PROGRAMS AND RESOURCES TO BUILD AND MAINTAIN HEALTHY COMMUNITIES IN THE BROADEST DEFINITION OF HEALTH, BOTH INSIDE AND OUTSIDE THE HOSPITAL WALLS. THESE PROGRAMS ARE DYNAMIC IN NATURE AND DESIGNED TO MEET NEEDS AS THEY ARISE IN THE COMMUNITY BY INCREASING ACCESS TO CARE AND REMOVING BARRIERS TO CARE. IN 2010, THE CORPORATION CONTRIBUTED $28,000 AS FOLLOWS:

-THE RAMP PROJECT, IN COLLABORATION WITH THE SOWEGA COUNCIL ON AGING, ENGAGES VOLUNTEERS WHO BUILD HANDICAP-ACCESSIBLE RAMPS FOR DISABLED OR ELDERLY PEOPLE WHO OTHERWISE WOULD NOT BE DISCHARGED FROM THE HOSPITAL AND/OR ARE OFTEN HOMEBOUND. IN 2010, THIS PROGRAM PROVIDED RAMPS TO 65

HOUSEHOLDS AND OPERATED AT A NET UNREIMBURSED COST OF $23,000.

-REBUILDING TOGETHER ALBANY RECEIVED $5,000 TO REBUILD HOMES FOR LOW INCOME RESIDENTS.

B. ECONOMIC DEVELOPMENT

AS A CORPORATE CITIZEN, THE CORPORATION IS INVOLVED IN VARIOUS ECONOMIC DEVELOPMENT ACTIVITIES THROUGHOUT THE YEAR. IN 2010, THE CORPORATION CONTRIBUTED $62,000 TO VARIOUS ECONOMIC DEVELOPMENT INITIATIVES IN THE COMMUNITY.

C. WORKFORCE DEVELOPMENT

THE CORPORATION IS ACTIVELY INVOLVED WITH THE COMMUNITY TO HELP ADDRESS THE HEALTH CARE WORK FORCE SHORTAGE. IN 2010, THE CORPORATION CONTRIBUTED $2,150,000 TO VARIOUS COMMUNITY HIGHER EDUCATION INSTITUTIONS IN THE COMMUNITY.

-THE CORPORATION CONTRIBUTED $750,000 TO DARTON COLLEGE AND $1,000,000 TO GEORGIA SOUTHWESTERN STATE UNIVERSITY TO SUPPORT PROGRAMMATIC AND FACILITIES IMPROVEMENTS FOR NURSING AND ALLIED HEALTH SCIENCES. THESE INSTITUTIONS ARE A MAJOR PIPELINE FOR REGISTERED NURSES, TECHNICIANS AND EMERGENCY MEDICINE PERSONNEL.

-THE CORPORATION CONTRIBUTED $400,000 TO ALBANY TECHNICAL COLLEGE TO SUPPORT PROGRAMMATIC EXPANSIONS IN ALLIED HEALTH CURRICULUM INCLUDING ONLINE LEARNING PROGRAMS AIMED AT INCREASING THE PERCENTAGE OF THE ADULT POPULATION PURSUING POST-SECONDARY TRAINING.

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Employer identification number: 58-1928247

VII. COMMUNITY BENEFIT OPERATIONS

THE CORPORATION INCURRED $95,000 IN SUPPORT STAFF COSTS TO SUPPORT ITS COMMUNITY BENEFIT EFFORTS.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

Employer identification number 58-1928247

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to 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
PHOEBE PUTNEY HEALTH SYSTEM, INC. P.O. DRAWER 1828 58-2001014 ALBANY GA 31702	HEALTHCARE	GA	501C3	11A	N/A
PHOEBE FOUNDATION, INC. P.O. DRAWER 1828 58-1847104 ALBANY GA 31702	FOUNDATION	GA	501C3	11D	N/A
PHOEBE SUMTER MEDICAL CENTER, INC. 1048 E. FORSYTH STREET 26-3975185 AMERICUS GA 31709	HEALTHCARE	GA	501C3	3	N/A
PHOEBE WORTH MEDICAL CENTER, INC. P.O. BOX 545 38-3647394 SYLVESTER GA 31791	HEALTHCARE	GA	501C3	3	N/A
PHOEBE PHYSICIAN GROUP, INC. P.O. DRAWER 1828 26-3792403 ALBANY GA 31702	HEALTHCARE	GA	501C3	9	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Dispro-portionate alloc ? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
PHOEBE HEALTH PARTNERS, INC. P.O. DRAWER 1828 ALBANY GA 31702 58-2198241	HEALTHCARE	GA	N/A	C	264,169	522,697	50.000000

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	PHOEBE PUTNEY INDEMNITY LLC	L	7,922,056
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

68200PPMH

Forms 990 / 990-PF

Other Notes and Loans Receivable

For calendar year 2009, or tax year beginning 08/01/09 , and ending 07/31/10

2009

Name
PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

Employer Identification Number
58-1928247

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

	Name of borrower	Relationship to disqualified person
(1)	EMPLOYEE RECEIVABLE	
(2)	INTEREST RECEIVABLE	
(3)	DUE FROM MEDICAID	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Orginal amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)			5,420	
(2)			107,788	
(3)			1,250,782	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Totals			1,363,990	

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Forms **990 / 990-PF**

Mortgages and Other Notes Payable

For calendar year 2009, or tax year beginning 08/01/09 , and ending 07/31/10

2009

Name
PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

Employer Identification Number
58-1928247

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	ENDOSCOPY NOTE PAYABLE	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	3,690,000	12/31/08		$102,500 MONTHLY	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)		PURCHASE OF CLINIC
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		3,057,203	1,955,033
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		3,057,203	1,955,033

68200PPMH

Tax-Exempt Bond Liabilities

Form 990 | For calendar year 2009, or tax year beginning 08/01/09 , and ending 07/31/10 | 2009

Name: PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

Employer Identification Number: 58-1928247

FORM 990, PART X, LINE 20 - ADDITIONAL INFORMATION

	Name of lender	Purpose of issue
(1)	1993 SERIES REVENUE ANTICIPATION CER	
(2)	HOSP AUTH OF ALB-DO CO, GA 2008A	REFUNDING CERTIFICATES
(3)	HOSP AUTH OF ALB-DO CO, GA 2008B	REFUNDING CERTIFICATES
(4)	HOSP AUTH OF ALBANY-DO CO, GA 2010	REFUNDING CERTIFICATES
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Issue date	Original amount of issue	Form 8038 filed: Y/N	Form 8038 filed: Date filed	Date retired	Completion date of project	Unexpended bond proceeds
(1)		36,715,000	N				
(2)	10/30/08	54,090,000	Y	10/30/08	09/01/32		
(3)	10/30/08	53,970,000	Y	10/30/08	09/01/32		
(4)	07/01/10	99,000,000	Y	07/09/10	09/01/39		
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

	Third party use percent	Maturity date	Repayment terms	Interest rate
(1)			$1,200,000 TO $2,120,000	5.400
(2)		09/01/32	$1,490,000 TO $3,800,000	
(3)		09/01/32	$1,480,000 TO $3,795,000	
(4)		09/01/39	$440,000 TO $11,355,000	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

	Security provided by borrower	Amount outstanding at beginning of year	Amount outstanding at end of year
(1)	HOSPITAL REVENUES	19,380,000	18,180,000
(2)	HOSPITAL REVENUES	54,090,000	52,600,000
(3)	HOSPITAL REVENUES	53,970,000	52,490,000
(4)	HOSPITAL REVENUES		99,000,000
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		127,440,000	222,270,000