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<p><b>Form 990</b></p> <p></p> <p>Department of the Treasury Internal Revenue Service</p>	<p><b>Return of Organization Exempt From Income Tax</b></p> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <p>▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/foim990">www.irs.gov/foim990</a></p>	<p>OMB No 1545-0047</p> <p><b>2015</b></p> <p><b>Open to Public Inspection</b></p>
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<b>A</b> For the 2015 calendar year, or tax year beginning 08-01-2015 , and ending 07-31-2016			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PHOEBE PUTNEY HEALTH SYSTEM INC		<b>D</b> Employer identification number  58-2001014
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address) P O BOX 3770	Room/suite	<b>E</b> Telephone number  (229) 312-1000
	City or town, state or province, country, and ZIP or foreign postal code ALBANY, GA 317063770		<b>G</b> Gross receipts \$ 62,410,825
	<b>F</b> Name and address of principal officer JOEL WERNICK PO BOX 3770 ALBANY, GA 317063770		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J</b> Website: ▶ WWW.PHOEBEHEALTH.COM		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1990	<b>M</b> State of legal domicile GA

Part I Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO DEVELOP AND OPERATE A FINANCIALLY VIABLE FAMILY OF RELATED HEALTH CARE ORGANIZATIONS WHICH COLLECTIVELY SEEK TO ENHANCE THE QUALITY OF LIFE OF SOUTHWEST GEORGIANS    
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 8
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . . <b>5</b> 102
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 9
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>Prior Year</b> <b>Current Year</b> 0
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . . 24,280,751 26,778,908
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 16,709,260 2,033,646
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 4,172,113 2,462,430
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 45,162,124 31,274,984
	Expenses
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 11,069,215 12,915,374	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 20,854,371 6,044,263	
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 31,923,586 19,238,782	
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . . 13,238,538 12,036,202	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . . <b>Beginning of Current Year</b> <b>End of Year</b> 478,178,339 476,779,285
	<b>21</b> Total liabilities (Part X, line 26) . . . . . 14,866,394 7,758,376
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . . 463,311,945 469,020,909

**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.

<b>Sign Here</b>	*****		2017-06-09		
	Signature of officer		Date		
<b>Paid Preparer Use Only</b>	BRIAN CHURCH CFO				
	Type or print name and title				
	PnnT/Type preparer's name JEFFREY S WRIGHT	Preparer's signature JEFFREY S WRIGHT	Date 2017-06-09	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00226270
	Firm's name ▶ DRAFFIN & TUCKER LLP			Firm's EIN ▶ 58-0914992	
Firm's address ▶ PO BOX 71309 ALBANY, GA 317081309			Phone no (229) 883-7878		

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO DEVELOP AND OPERATE A FINANCIALLY VIABLE FAMILY OF RELATED HEALTH CARE ORGANIZATIONS WHICH COLLECTIVELY SEEK TO ENHANCE THE QUALITY OF LIFE OF SOUTHWEST GEORGIANS

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code ) (Expenses \$ 2,547,639 including grants of \$ 279,145 ) (Revenue \$ 26,832,454 )

See Additional Data

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 ▶ 2,547,639

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .			
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 . . . . .	25a		No
		25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		
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 . . . . .		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		
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)? . . . . .	Yes	
b	If "Yes," enter the name of the foreign country <b>CJ</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) . . . . .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
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 as charitable contributions? . . . . .		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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? . . . . .		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders . . . . .		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		
c	Enter the amount of reserves on hand . . . . .		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8	
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records BRIAN CHURCH CFO PO BOX 3770 ALBANY, GA 317063770 (229) 312-4068	

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

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

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

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

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	6,942,550	1,772,247	1,750,751

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 31

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
DENTON US LLP DEPT 7247-6670 PHILADELPHIA, PA 191706670	LEGAL	794,635
BAKER & MCKENZIE LLP 815 CONNECTICUT AVE NW WASHINGTON, DC 200064078	LEGAL	547,409
PARKER HUDSON RAINER DOBBS 1500 MARQUIS TWO TOWER ATLANTA, GA 303031233	LEGAL	443,353
TAILFIN MARKETING LLC 1246 VIRGINIA AVE NE ATLANTA, GA 303064802	MRKTING CONSULT	211,871
BAUDINO LAW GROUP PLC 2600 GRAND AVENUE DES MOINES, IA 503125300	LEGAL	133,117

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 7

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
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					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .						
Program Service Revenue	2a	ADMINISTRATIVE SVCS REIMB	Business Code 621990	26,778,908	26,778,908			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		26,778,908				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		-627,333			-627,333
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties . . . . .						
6a		(i) Real		(ii) Personal				
		Gross rents		2,860,970				
		b	Less rental expenses	452,086				
		c	Rental income or (loss)	2,408,884				
d		Net rental income or (loss) . . . . .		2,408,884			2,408,884	
7a		(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		31,712,333	1,632,401			
		b	Less cost or other basis and sales expenses	29,286,059	1,397,696			
		c	Gain or (loss)	2,426,274	234,705			
d		Net gain or (loss) . . . . .		2,660,979			2,660,979	
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
b		Less direct expenses . . . .						
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19 . . . .						
b		Less direct expenses . . . .						
c		Net income or (loss) from gaming activities . . .						
10a		Gross sales of inventory, less returns and allowances . . . . .						
b	Less cost of goods sold . . .							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS		621990	53,546	53,546			
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			53,546				
12	Total revenue. See Instructions . . . . .			31,274,984	26,832,454		4,442,530	

**Part IX Statement of Functional Expenses**

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	269,433	269,433		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	9,712	9,712		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	4,138,825		4,138,825	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	1,776,385		1,776,385	
<b>7</b>	Other salaries and wages . . . . .	4,566,036	1,046,723	3,519,313	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	100,199	22,970	77,229	
<b>9</b>	Other employee benefits . . . . .	1,822,273	417,740	1,404,533	
<b>10</b>	Payroll taxes . . . . .	511,656	51,097	460,559	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	-3,246,184		-3,246,184	
<b>c</b>	Accounting . . . . .	67,800		67,800	
<b>d</b>	Lobbying . . . . .	180,915	180,915		
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .	1,453,191		1,453,191	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	2,067,822		2,067,822	
<b>12</b>	Advertising and promotion . . . . .	1,291,419		1,291,419	
<b>13</b>	Office expenses . . . . .	66,473		66,473	
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	277,385	48,723	228,662	
<b>17</b>	Travel . . . . .	330,560	4,611	325,949	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2,060,591	267,671	1,792,920	
<b>23</b>	Insurance . . . . .	571,213		571,213	
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	DUES AND SUBSCRIPTIONS	379,351		379,351	
<b>b</b>	BAD DEBTS - SEE SCH O	228,044	228,044		
<b>c</b>	RECRUITMENT	168,543		168,543	
<b>d</b>	REPAIRS AND MAINTENANCE	103,215		103,215	
<b>e</b>	All other expenses	43,925		43,925	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	19,238,782	2,547,639	16,691,143	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			16,556,697	1	9,601,406
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			3,333	7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .				9	46,875
	10a	Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	10a	66,146,445			
	b	Less—accumulated depreciation . . . . .	10b	25,629,733	78,691,021	10c	40,516,712
	11	Investments—publicly traded securities . . . . .			330,334,045	11	326,608,273
	12	Investments—other securities See Part IV, line 11 . . . . .			53,671	12	1,087,652
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .			4,330,000	14	4,330,000
	15	Other assets See Part IV, line 11 . . . . .			48,209,572	15	94,588,367
16	Total assets.Add lines 1 through 15 (must equal line 34) . . . . .			478,178,339	16	476,779,285	
Liabilities	17	Accounts payable and accrued expenses . . . . .			14,866,394	17	7,758,376
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities.Add lines 17 through 25 . . . . .			14,866,394	26	7,758,376
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets . . . . .			463,311,945	27	469,020,909
28		Temporarily restricted net assets . . . . .				28	
29		Permanently restricted net assets . . . . .				29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds . . . . .				30	
31		Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
32		Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
33		Total net assets or fund balances . . . . .			463,311,945	33	469,020,909
34		Total liabilities and net assets/fund balances . . . . .			478,178,339	34	476,779,285

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,274,984
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,238,782
3	Revenue less expenses Subtract line 2 from line 1	3	12,036,202
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	463,311,945
5	Net unrealized gains (losses) on investments	5	-6,327,238
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	469,020,909

Part XII

Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

### Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 58-2001014  
**Name:** PHOEBE PUTNEY HEALTH SYSTEM INC

**Form 990, Part III, Line 4a**

**4a** (Code ) (Expenses \$ 2,547,639 including grants of \$ 279,145 ) (Revenue \$ 26,832,454 )

GUIDE THE TAX-EXEMPT ACTIVITIES OF RELATED ORGANIZATIONS, COORDINATE CAPITAL BUDGET AND BORROWINGS, OVERSEE INSURANCE RISK MANAGEMENT, COORDINATE CHARITY CARE, PERSONNEL POLICIES, AND COMMUNITY SERVICE PROGRAMS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOEL WERNICK ..... CEO/PRES/BRD	25 00 ..... 30 00	X		X				1,023,106	0	1,166,168
LAMAR H MOREE MD ..... BOARD MEMBER	1 00 ..... 50 00	X						0	742,802	22,563
LEMUEL V GRIFFIN ..... CHAIRMAN	1 00 ..... 0 00	X		X				0	0	0
WILL SIMS ..... VICE CHAIRMA	1 00 ..... 1 00	X		X				0	0	0
WILHELMINA HALL ..... BOARD MEMBER	1 00 ..... 0 00	X						0	0	0
ANTHONY PARKER PHD ..... BOARD MEMBER	1 00 ..... 0 00	X						0	0	0
JOHN T PHILLIPS III ..... BOARD MEMBER	1 00 ..... 0 00	X						0	0	0
BRUCE MELTON ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
BRAD LAFEVERS ..... BOARD MEMBER	1 00 ..... 1 00	X						0	0	0
MARK LANE ..... BOARD MEMBER	1 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES HOTZ ..... BOARD MEMBER	1 00 ..... 0 00	X						0	0	0
JOE AUSTIN ..... COO	25 00 ..... 29 00			X				848,171	0	180,931
BRIAN CHURCH ..... CFO	25 00 ..... 30 00			X				131,790	136,865	18,925
SURESH LAKHANPAL ..... SVP PHYSICAN	10 00 ..... 40 00				X			223,357	714,112	25,776
STEVEN KITCHEN ..... SVP CMO	50 00 ..... 0 00				X			446,498	0	18,519
DAWN BENSON ..... SVP GEN COUN	25 00 ..... 25 00				X			343,571	0	5,398
LAURA SHEARER ..... SVP OPERATIO	25 00 ..... 25 00				X			144,227	178,468	73,147
THOMAS SULLIVAN ..... SVP OPERATIO	50 00 ..... 0 00				X			258,959	0	85,776
JEFFERY FLOWERS ..... SVP OPERATIO	50 00 ..... 0 00				X			244,083	0	58,743
JOHNNY RAY ..... SVP HUMAN RE	0 00 ..... 50 00				X			234,655	0	11,406



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS CHAMBLESS ..... SVP GOVT REL	50 00 ..... 0 00					X		387,056	0	5,953
BRANDI LUNNEBORG ..... PSMC CEO	0 00 ..... 50 00					X		281,388	0	17,157
KIM GILMAN ..... PWMC & SGRMC	25 00 ..... 25 00					X		231,798	0	1,239
AUDREY PIKE ..... CHIEF COMPLI	50 00 ..... 0 00					X		223,289	0	12,986
JESSICA CASTLE ..... CORP DIR OF	50 00 ..... 0 00					X		171,191	0	19,090
KERRY LOUDERMILK ..... FORMER CFO	0 00 ..... 0 00						X	912,481	0	18,633
ROBERT LAGESSE ..... FORMER SVP P	0 00 ..... 0 00						X	432,593	0	4,309
DAVID BARANSKI ..... FORMER SVP H	0 00 ..... 0 00						X	404,337	0	4,032

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PHOEBE PUTNEY HEALTH SYSTEM INC

Employer identification number  
58-2001014

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 (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☒

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . .

6
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total6						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ►						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		No
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		No
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		No
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
<b>b</b> A family member of a person described in (a) above?		No
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/></div><div>The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input checked="" type="checkbox"/></div><div>The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div>	Yes	No
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>	Yes	
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>	Yes	

Part V

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

1

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			



**Part VI**   **Supplemental Information.**

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

Facts And Circumstances Test

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART I, LINE 11H	SOUTH GEORGIA SHARED SERVICES, INC 46-2746977 3 0 0

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	THE FILING ORGANIZATION'S GOVERNING DOCUMENTS STATE THAT PHOEBE PUTNEY HEALTH SYSTEM, INC 'S (PPHS) TAX-EXEMPT PURPOSE IS TO SUPPORT, PROMOTE, ADVANCE, AND STRENGTHEN PHOEBE PUTNEY MEMORIAL HOSPITAL, INC (PPMH) AND OTHER NONPROFIT HEALTH CARE PROVIDERS ORGANIZED FOR CH ARITABLE AND CIVIC PURPOSES PPHS, IN AN EFFORT TO PROMOTE SUCH PURPOSES, MAY CREATE SUBSI DIARY CORPORATIONS WHEREIN PPHS IS THE SOLE MEMBER OF THE SUBSIDIARY CORPORATION ALL CORP ORATIONS LISTED IN THIS SECTION ARE UNDER THE DIRECTION AND CONTROL OF PPHS AS THEIR SOLE MEMBER

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART IV, SECTION E, LINE 3A	THE BOARD OF DIRECTORS OF PPHS HAS THE RIGHT TO APPOINT ALL DIRECTORS OF THE SUPPORTED ORG ANIZATIONS, AND TO SELECT OR REMOVE THE OFFICERS OF EACH SUPPORTED ORGANIZATION

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 3B	AS SOLE MEMBER OF EACH SUPPORTED ORGANIZATION, PPHS HAS THE FOLLOWING RESPONSIBILITIES - APPOINT OR REMOVE DIRECTORS OF THE SUPPORTED ORGANIZATIONS - SELECT OR REMOVE THE ORGANIZ ATION'S OFFICERS - APPROVE ALL AMENDMENTS TO THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS BEFORE THEY MAY BECOME EFFECTIVE - APPROVE ANY ANNUAL OPERATING OR CAPITAL BU DGETS - APPOINT OR REMOVE THE INDEPENDENT AUDITORS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART I, LINE 11G, COLUMN (VI) PPHS WAS FORMED TO SERVE AS THE PARENT ORGANIZATION OF THE SUPPORTED ORGANIZATIONS AND AS SUCH, ITS PRIMARY PURPOSES IS TO PLAN, COORDINATE, AND DIRECT THE SUPPORTED ORGANIZATIONS AND TO PROVIDE CENTRALIZED ADMINISTRATIVE AND MANAGEMENT SERVICES TO THE SUPPORTED ORGANIZATIONS THE AMOUNTS INCLUDED IN COLUMN (VI) ARE THE AMOUNTS RELATED TO THE MANAGEMENT SERVICES PROVIDED TO THE SUPPORTED ORGANIZATIONS

**Schedule A (Form 990 or 990-EZ) 2015**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-2001014  
**Name:** PHOEBE PUTNEY HEALTH SYSTEM INC

**Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) PHOEBE PUTNEY MEMORIAL HOSPITAL INC	581928247		Yes		0	20,837,881
(A) PHOEBE SUMTER MEDICAL CENTER INC	263975185			No	0	2,060,314
(B) PHOEBE WORTH MEDICAL CENTER INC	383647394			No	0	409,887
(C) PHOEBE PHYSICIAN GROUP INC	263792403			No	0	2,120,256
(D) PHOEBE DORMINY MEDICAL CENTER INC	452041878			No	0	0
(E) SOUTH GEORGIA SHARED SERVICES INC	462746977			No	0	0

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.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization PHOEBE PUTNEY HEALTH SYSTEM INC	Employer identification number 58-2001014
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				



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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b>	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?														

☐ **Y e s** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		180,915
j	Total. Add lines 1c through 1i			180,915
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	LOBBYING ACTIVITIES WERE RELATED TO LEGISLATION IMPACTING HEALTHCARE PROGRAMS TO SERVE THE RESIDENTS OF SOUTHWEST GEORGIA. THE ORGANIZATION RETAINED PROFESSIONAL CONSULTANTS WITH EXPERTISE IN ACCESS TO HEALTHCARE SERVICES TO MONITOR AND EXPRESS SUPPORT FOR OR OPPOSITION TO LEGISLATION DIRECTLY IMPACTING THE ORGANIZATION'S ABILITY TO INCREASE ACCESS TO HEALTHCARE SERVICES TO THE CITIZENS OF SOUTHWEST GEORGIA, INCLUDING THOSE WITHOUT THE ABILITY TO PAY. THE AMOUNT DEVOTED TO CONSULTANTS FEES RELATED TO LEGISLATIVE MATTERS IN FY2016 WAS 180,915.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
PHOEBE PUTNEY HEALTH SYSTEM INC

Employer identification number  
58-2001014

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

(a) Donor advised funds

(b) Funds and other accounts

1 Total number at end of year

2 Aggregate value of contributions to (during year)

3 Aggregate value of grants from (during year)

4 Aggregate value at end of year

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

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

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education)  
☐ Protection of natural habitat  
☐ Preservation of open space  
☐ Preservation of an historically important land area  
☐ Preservation of a 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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

Held at the End of the Year

2a

2b

2c

2d

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

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?  
☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

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

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land . . . . .		16,695,658		16,695,658
b Buildings . . . . .		48,276,751	24,493,472	23,783,279
c Leasehold improvements . . . . .				
d Equipment . . . . .		1,174,036	1,136,261	37,775
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				40,516,712



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 58-2001014  
Name: PHOEBE PUTNEY HEALTH SYSTEM INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	PHOEBE PUTNEY HEALTH SYSTEM, INC , PHOEBE PUTNEY MEMORIAL HOSPITAL, INC , PHOEBE WORTH MEDICAL CENTER, INC , PHOEBE SUMTER MEDICAL CENTER, INC , PHOEBE PHYSICIAN GROUP, INC , AND PHOEBE FOUNDATION, INC ARE NOT-FOR- PROFIT CORPORATIONS THAT HAVE BEEN RECOGNIZED AS TAX-E XEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE PHOEBE PUTNEY INDEMNITY, LLC IS NOT SUBJECT TO FEDERAL INCOME TAXES DUE TO ITS ORGANIZATION AS A SINGLE MEMBER LLC PHOEBE PUTNEY HEALTH VENTURES, INC IS A FOR-PROFIT ENTITY WITH RESPECT TO ITS FOR-PROFIT ENTITY AS WELL AS ANY UNRELATED BUSINESS INCOME GENERATED THROUGH THE TAX EXEMPT ENTITIES, THE CORPORATION ACCOUNTS FOR INCOME TAXES USING THE ASSET AND LIABILITY METHOD UNDER THIS METHOD, DEFERRED INCOME TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR FUTURE INCOME TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE INCOME TAX BASES, AND OPERATING LOSS AND INCOME TAX CREDIT CARRYFORWARDS DEFERRED INCOME TAX ASSETS OR LIABILITIES ARE MEASURED USING ENACTED RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED THE EFFECT ON DEFERRED INCOME TAX ASSETS AND LIABILITIES OF A CHANGE IN RATES IS RECOGNIZED IN INCOME IN THE PERIOD IN WHICH THE ENACTMENT DATE OCCURS THE CORPORATION IS REQUIRED TO ESTABLISH A VALUATION ALLOWANCE FOR ANY PORTION OF THE DEFERRED TAX ASSETS THAT MANAGEMENT BELIEVES WILL NOT BE REALIZED 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 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 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, 2016 AND 2015 OR FOR THE YEARS THEN ENDED THE CORPORATION'S TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES FOR FEDERAL INCOME TAX PURPOSES, THE TAX RETURNS ESSENTIALLY REMAIN OPEN FOR POSSIBLE EXAMINATION FOR A PERIOD OF THREE YEARS AFTER THE RESPECTIVE FILING DEADLINES OF THOSE RETURNS



# 2015

**Open to Public Inspection**

58-2001014

☒ Yes      ☐ No

**(h) Purpose of grant or assistance**

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL LOANS	6	9,712			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	CONTRIBUTIONS ARE MADE ONLY TO TAX EXEMPT ENTITIES BOARD APPROVAL IS REQUIRED FOR MAJOR CONTRIBUTIONS AND A FOLLOW-UP WITH THE TAX EXEMPT ENTITY IS REQUIRED FOR MONITORING THE USE OF THE FUNDS TUITION POLICY 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

Additional Data

Software ID:  
Software Version:  
EIN: 58-2001014  
Name: PHOEBE PUTNEY HEALTH SYSTEM INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALBANY AREA CHAMBER OF COMMERCE INC 225 W BROAD AVE ALBANY,GA 317012566	58-0134930	501C6	158,333				GENERAL SUPPORT
FLINT RIVER QUARIUM INC 117 PINE AVENUE ALBANY,GA 317012593	02-0687836	501C3	24,000				GENERAL SUPPORT
HORIZONS COMMUNITY SOLUTIONS INC 810 13TH AVENUE SUITE 105 ALBANY,GA 317011333	82-0567901	501C3	77,520				GENERAL SUPPORT

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
PHOEBE PUTNEY HEALTH SYSTEM INC

Employer identification number  
58-2001014

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?	4a Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?	5a	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?	6a	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
<b>7</b> For persons listed on 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	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
<b>9</b> If "Yes" on 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III** Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	COUNTRY CLUB DUES ARE PART OF JOEL WERNICK'S COMPENSATION PACKAGE. THESE DUES ARE INCLUDED IN HIS TAXABLE INCOME AND REPORTED ON HIS W-2.
SCHEDULE J, PAGE 1, PART I, LINE 4	JOEL WERNICK 0 1,094,723 0 JOE AUSTIN 0 154,889 0 LAURA SHEARER 0 32,270 0 THOMAS SULLIVAN 0 31,075 0 JEFFERY FLOWERS 0 44,423 0 KERRY LOUDERMILK 558,324 0 0 ROBERT LAGESSE 155,400 13,506 0 DAVID BARANSKI 0 43,859 0
SCHEDULE J, PART III	<p>SCHEDULE J, PART I, LINE 4 - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS. DEFERRED COMPENSATION PLAN 457(B). THE DEFERRED COMPENSATION PLAN IS AN ADDITIONAL RETIREMENT PLAN OFFERED THROUGH PHOEBE PUTNEY. THE 457(B) PLAN IS AN ELIGIBLE DEFERRED COMPENSATION PLAN THAT ALLOWS ONE TO DEFER ADDITIONAL DOLLARS TOWARDS RETIREMENT. HIGHLIGHTS INCLUDE:</p> <ul style="list-style-type: none"><li>o NOT LIMITED BY THE AMOUNTS DEFERRED INTO THE PHOEBE 403(B) 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.</li><li>o SENIOR VICE PRESIDENTS AND ABOVE AND PHYSICIANS MAKING OVER 120,000 ARE ELIGIBLE TO PARTICIPATE IN THE 457(B) PLAN.</li><li>o SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) 457(F). THE ORGANIZATION RELIES ON AN INDEPENDENT COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, SURVEYS, WELL DOCUMENTED METHODS AND BOARD APPROVAL TO ESTABLISH TOTAL COMPENSATION OF THE CEO AND EXECUTIVE OFFICERS. CERTAIN BOARD APPROVED EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN A SERP. THE PURPOSE OF THE SERP IS TO PROVIDE A RETIREMENT BENEFIT FOR AFFECTED EXECUTIVES CONSISTENT WITH THE BENEFIT AVAILABLE TO EMPLOYEES NOT IMPACTED BY IRS COMPENSATION LIMITS ON DEFINED BENEFIT PLANS. THE SERP BENEFITS FOR ELIGIBLE EMPLOYEES ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THE AMOUNTS REPORTED AS SUPPLEMENTAL EXECUTIVE RETIREMENT COMPENSATION FOR ELIGIBLE EMPLOYEES REPRESENT CREDITED, BUT NOT VESTED, RETIREMENT BENEFITS, AND THE AMOUNTS ARE AVAILABLE IN FUTURE PERIODS TO THE EMPLOYEE SUBJECT TO CONTINUING EMPLOYMENT. PPHS MAINTAINS OWNERSHIP OF THE FUNDS ALLOCATED TO EACH PARTICIPANT UNTIL VESTING AND PAYMENT. PRIOR TO NORMAL RETIREMENT AGE, PPHS RETAINS AT LEAST TWO YEARS OF BENEFITS WHICH ARE SUBJECT TO CONTINUING EMPLOYMENT FOR THE PARTICIPANT TO RECEIVE THE FUNDS AT THE NEXT VESTING DATE. THE PLAN IS A DEFINED CONTRIBUTION ACCOUNT BASED AND PARTICIPANT DIRECTED INVESTMENT PROGRAM THAT IS EMPLOYER FUNDED. A SUBSTANTIAL PORTION OF THE AMOUNTS REPORTED IN COLUMN C OF SCHEDULE J, PART II (RETIREMENT AND OTHER DEFERRED COMPENSATION) ARE THE CURRENT YEAR DEFERRALS FOR ELIGIBLE PARTICIPANTS IN THE SERP. THE CURRENT YEAR DEFERRALS ARE REPORTED IN THE PART I, LINE 4 TABLE ABOVE. A PARTICIPANT'S FIRST VESTING DATE WILL OCCUR ON THE DATE THE PARTICIPANT ATTAINS FIVE YEARS OF PARTICIPATION UNDER THE PLAN. IF AN ELIGIBLE PARTICIPANT ATTAINS NORMAL RETIREMENT AGE PRIOR TO THIS SEPARATION FROM SERVICE, THEY SHALL VEST IN 100% OF THE ACCOUNT BALANCE. ONCE VESTED, EACH PARTICIPANT SHALL RECEIVE A DISTRIBUTION OF THEIR ENTIRE VESTED AMOUNT WITHIN A REASONABLE PERIOD NOT TO EXCEED 25 MONTHS. THIS DISTRIBUTION IS TREATED AS REPORTABLE COMPENSATION TO THE PARTICIPANT AND IS INCLUDED IN PART II, COLUMN B(III). THEREFORE, PART II, COLUMN B(III) INCLUDES PRIOR YEAR SERP DEFERRALS PREVIOUSLY REPORTED IN PART II, COLUMN C. ANY DISTRIBUTION AMOUNT INCLUDED IN PART II, COLUMN B(III) THAT WAS PREVIOUSLY REPORTED IN PRIOR PERIODS AS DEFERRED COMPENSATION IN PART II, COLUMN C IS DISCLOSED IN PART II, COLUMN F. THE FOLLOWING PARTICIPANTS VESTED AND RECEIVED PAYMENT OF SERP BENEFITS IN THE 2015 CALENDAR YEAR: JOE AUSTIN 274,470 (PARTIAL VESTING - MULTI-YEAR VESTED AMOUNT); ROBERT LAGESSE 139,101 (FINAL VESTING - MULTI-YEAR VESTED AMOUNT); DAVID BARANSKI 195,889 (FINAL VESTING - MULTI-YEAR VESTED AMOUNT). SCHEDULE J, PART II, COLUMN B(II) CERTAIN EXECUTIVE OFFICERS AND PHYSICIANS ARE ELIGIBLE FOR BONUS/INCENTIVE PAYMENTS. THESE BONUSES ARE DETERMINED BASED ON THE ACHIEVEMENT OF VARIOUS ORGANIZATIONAL AND PERSONAL PERFORMANCE GOALS ESTABLISHED BY A FORMAL PROCESS IN KEEPING WITH THE ORGANIZATION'S TAX-EXEMPT STATUS.</li></ul>

Additional Data

Software ID:

Software Version:

EIN: 58-2001014

Name: PHOEBE PUTNEY HEALTH SYSTEM INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOEL WERNICK CEO/PRES/BRD MEMBER	(i)	784,703	227,910	10,493	1,149,207	16,961	2,189,274	
	(ii)	-	-	-	-	-	-	-
1LAMAR H MOREE MD BOARD MEMBER	(i)	-	-	-	-	-	-	-
	(ii)	523,374	215,693	3,735	5,706	16,857	765,365	
2JOE AUSTINCOO	(i)	459,214	111,249	277,708	160,561	20,370	1,029,102	274,470
	(ii)	-	-	-	-	-	-	-
3BRIAN CHURCHCFO	(i)	118,148	13,529	113	2,154	5,745	139,689	
	(ii)	126,759	10,000	106	2,615	8,411	147,891	
4SURESH LAKHANPAL SVP PHYSICAN SVCS	(i)	196,000	27,357	-	-	-	223,357	
	(ii)	666,974	32,300	14,838	5,975	19,801	739,888	
5STEVEN KITCHENSVP CMO	(i)	367,307	63,361	15,830	5,300	13,219	465,017	
	(ii)	-	-	-	-	-	-	-
6DAWN BENSON SVP GEN COUNSEL	(i)	303,634	38,625	1,312	5,398	-	348,969	
	(ii)	-	-	-	-	-	-	-
7LAURA SHEARER SVP OPERATIONS	(i)	89,504	50,423	4,300	59,635	3,313	207,175	
	(ii)	169,082	-	9,386	3,958	6,241	188,667	
8THOMAS SULLIVAN SVP OPERATIONS	(i)	204,370	41,448	13,141	66,379	19,397	344,735	
	(ii)	-	-	-	-	-	-	-
9JEFFERY FLOWERS SVP OPERATIONS	(i)	194,835	38,439	10,809	44,423	14,320	302,826	
	(ii)	-	-	-	-	-	-	-
10JOHNNY RAY SVP HUMAN RESOURCES	(i)	209,293	25,070	292	2,505	8,901	246,061	
	(ii)	-	-	-	-	-	-	-
11THOMAS CHAMBLESS SVP GOVT RELATIONS	(i)	302,545	78,312	6,199	5,953	-	393,009	
	(ii)	-	-	-	-	-	-	-
12BRANDI LUNNEBORG PSMC CEO	(i)	219,523	42,975	18,890	2,017	15,140	298,545	
	(ii)	-	-	-	-	-	-	-
13KIM GILMAN PWMC & SGRMC CEO/CNO	(i)	192,541	38,202	1,055	-	1,239	233,037	
	(ii)	-	-	-	-	-	-	-
14AUDREY PIKE CHIEF COMPLIANCE OFF	(i)	194,476	28,650	163	1,025	11,961	236,275	
	(ii)	-	-	-	-	-	-	-
15JESSICA CASTLE CORP DIR OF MRKTING	(i)	147,186	17,878	6,127	1,590	17,500	190,281	
	(ii)	-	-	-	-	-	-	-
16KERRY LOUDERMILK FORMER CFO	(i)	243,688	100,599	568,194	5,393	13,240	931,114	
	(ii)	-	-	-	-	-	-	-
17ROBERT LAGESSE FORMER SVP PHYS SVCS	(i)	131,739	-	300,854	2,737	1,572	436,902	125,595
	(ii)	-	-	-	-	-	-	-
18DAVID BARANSKI FORMER SVP HR	(i)	150,188	48,321	205,828	3,399	633	408,369	152,030
	(ii)	-	-	-	-	-	-	-





**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JUSTIN GRIFFIN	FAMILY - BD MBR	57,370	EMPLOYEE		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART V	JUSTIN GRIFFIN IS THE GRANDSON OF BOARD MEMBER, LEMUEL GRIFFIN, AND IS EMPLOYED AND COMPENSATED BY PPHS

**SCHEDULE O**  
**(Form 990 or**  
**990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
PHOEBE PUTNEY HEALTH SYSTEM INC**Employer identification number**

58-2001014

Return Reference	Explanation
FORM 990	<p>SERVICE TO THE COMMUNITY PHOEBE PUTNEY HEALTH SYSTEM, INC (PPHS) IS A NOT-FOR-PROFIT HEALTH CARE ORGANIZATION THAT WAS FORMED TO SERVE AS THE PARENT ORGANIZATION OF A GROUP OF AFFILIATED ENTITIES AND AS SUCH, ITS PRIMARY PURPOSE IS TO PLAN, COORDINATE, AND DIRECT THE GROUP AND TO PROVIDE CENTRALIZED ADMINISTRATIVE AND MANAGEMENT SERVICES TO THE EXEMPT ENTITIES IN THE GROUP. PPHS IS RECOGNIZED AS EXEMPT UNDER SECTION 501(C)(3) OF THE CODE AND IS CLASSIFIED AS A PUBLIC CHARITY UNDER SECTION 509(A)(3) OF THE CODE. CURRENTLY, THE AFFILIATED ENTITIES COMPRISING THE GROUP INCLUDE PHOEBE PUTNEY MEMORIAL HOSPITAL, INC (PPMH), PHOEBE FOUNDATION, INC (FOUNDATION), PHOEBE PUTNEY HEALTH VENTURES, INC (HEALTH VENTURES), PHOEBE PHYSICIAN GROUP, INC (PPG), PHOEBE PUTNEY INDEMNITY, LLC (PPI), PHOEBE SUMTER MEDICAL CENTER, INC (PSMC) AND PHOEBE WORTH MEDICAL CENTER, INC (PWMC). AS A TAX-EXEMPT ORGANIZATION, PPHS HAS NO STOCKHOLDERS OR OWNERS. ALL REVENUE AFTER EXPENSES IS REINVESTED IN OUR MISSION TO CARE FOR THE CITIZENS OF THE COMMUNITIES SERVED BY PPHS AND ITS AFFILIATED ENTITIES AND INCLUDES CLINICAL CARE, HEALTH PROGRAMS, STATE-OF-THE-ART TECHNOLOGY AND FACILITIES, RESEARCH AND TEACHING AND TRAINING OF MEDICAL PROFESSIONALS TO MEET CURRENT AND FUTURE NEEDS. PPHS 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. PPHS 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. PPHS DEMONSTRATES A CONTINUED AND EXPANDING COMMITMENT TO MEETING OUR MISSION 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. THROUGH ITS AFFILIATED GROUP OF HOSPITALS, PPHS IMPROVES THE HEALTH AND WELL-BEING OF SOUTHWEST GEORGIA THROUGH CLINICAL SERVICES, EDUCATION, RESEARCH AND PARTNERSHIPS THAT BUILD HEALTH CAPACITY IN THE COMMUNITY. EACH HOSPITAL PROVIDES COMMUNITY BENEFITS FOR EVERY CITIZEN IN ITS SERVICE AREA AS WELL AS FOR THE MEDICALLY UNDERSERVED. THE HOSPITALS CONDUCT COMMUNITY NEEDS ASSESSMENTS AND PAY CLOSE ATTENTION TO THE NEEDS OF LOW INCOME AND OTHER VULNERABLE PERSONS AND THE COMMUNITY AT LARGE. THE ORGANIZATION OFTEN WORKS WITH COMMUNITY GROUPS TO IDENTIFY NEEDS, STRENGTHEN EXISTING COMMUNITY PROGRAMS AND PLAN NEWLY NEEDED SERVICES. IN ADDITION TO PROVIDING FREE AND DISCOUNTED SERVICES TO PEOPLE WHO ARE UNINSURED AND UNDERINSURED, THE ORGANIZATION PROVIDES A WIDE-RANGING ARRAY OF COMMUNITY BENEFIT SERVICES DESIGNED TO IMPROVE COMMUNITY AND INDIVIDUAL HEALTH AND TO INCREASE ACCESS TO HEALTH CARE.</p>

Return Reference	Explanation
FORM 990	<p>TH CARE PPHS'S EXCELLENCE IN COMMUNITY BENEFIT PROGRAMS WAS RECOGNIZED BY THE PRESTIGIOUS FOSTER MCGAW PRIZE A 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, PPHS'S AFFILIATED HOSPITALS PARTICIPATE IN THE MEDICARE AND MEDICAID PROGRAMS AND ARE AMONG THE LEADING PROVIDERS OF MEDICAID SERVICES IN GEORGIA. THE FOLLOWING TABLE SUMMARIZES THE AMOUNTS OF CHARGES FOREGONE (IE, CONTRACTUAL ADJUSTMENTS) AND ESTIMATES THE LOSSES INCURRED BY THE ORGANIZATIONS DUE TO INADEQUATE PAYMENTS BY THESE PROGRAMS AND FOR INDIGENT/CHARITY. THIS TABLE DOES NOT INCLUDE DISCOUNTS OFFERED BY THE ORGANIZATIONS UNDER MANAGED CARE AND OTHER AGREEMENTS. CHARGES ESTIMATED FOREGONE UNREIMBURSED COST MEDICARE 574,000,000 202,000,000 MEDICAID 216,000,000 76,000,000 INDIGENT/CHARITY 65,000,000 23,000,000 855,000,000 301,000,000. THE FOLLOWING IS A SUMMARY OF THE COMMUNITY BENEFIT ACTIVITIES AND HEALTH IMPROVEMENT SERVICES OFFERED BY THE HOSPITALS AND ILLUSTRATES THE ACTIVITIES AND DONATIONS DURING FISCAL YEAR 2016.</p> <p>1. COMMUNITY HEALTH IMPROVEMENT SERVICES. A. COMMUNITY HEALTH EDUCATION. PPHS'S AFFILIATED HOSPITALS PROVIDED HEALTH EDUCATION SERVICES THAT REACHED 4,651 INDIVIDUALS IN 2016 AT A COST OF 372,696. THESE SERVICES INCLUDED THE FOLLOWING FREE CLASSES AND SEMINARS: - NUTRITION AND DIABETES AWARENESS CLASSES - CPR TRAINING FOR 500 HEALTH CARE WORKERS - COMPREHENSIVE HEALTH FAIRS - CAMP GOOD GRIEF - TEEN MAZE - VARIOUS SCHOOL-BASED HEALTH FAIRS - GO NODDLE ACTIVITY PROGRAMS. MEN'S HEALTH CONFERENCES. PSMC HELD ITS ANNUAL MEN'S HEALTH CONFERENCE THAT PROVIDED HEALTH SCREENINGS FOR PSA, CHOLESTEROL, BLOOD PRESSURE, HEARING AND VISION, HEALTH INFORMATION, SPEAKERS, AND FELLOWSHIP TO MORE THAN 200 ATTENDEES. THE HEALTH CONFERENCE PROGRAMS PROVIDE OUTREACH, HEALTH SCREENINGS, EDUCATIONAL PROGRAMS, AND HEALTH CONFERENCES AND EVENTS. THESE PROGRAMS TARGET MEN AT RISK OF POOR HEALTH STATUS. THE PROGRAMS TARGET UNINSURED OR UNDERINSURED MEN WITHOUT A PRIMARY CARE PHYSICIAN OR KNOWLEDGE OF RECOMMENDED PREVENTIVE HEALTH CARE SERVICES. THE PPMH'S MEN'S CONFERENCE PROVIDED BLOOD PRESSURE, GLUCOSE, AND CHOLESTEROL AND BMI SCREENINGS FOR EACH PARTICIPANT AND WAS MADE POSSIBLE BY A BROAD COALITION OF PROVIDERS SUCH AS THE FAITH-BASED INITIATIVE, HEART AND CANCER SOCIETY, CANCER COALITION OF SOUTH GEORGIA, AND PUBLIC HEALTH AMONG OTHERS WITH 350 MEN IN ATTENDANCE. WOMEN'S HEALTH CONFERENCES. PSMC HELD ITS ANNUAL WOMEN'S HEALTH CONFERENCE THAT PROVIDED SCREENINGS FOR GLUCOSE AND CHOLESTEROL, BLOOD PRESSURE, AND BMI, AS WELL AS SPEAKERS AND FELLOWS.</p>

Return Reference	Explanation
FORM 990	<p>WSHIP FOR 200 ATTENDEES THE HEALTH CONFERENCE PROGRAMS PROVIDE OUTREACH, HEALTH SCREENING S, EDUCATIONAL PROGRAMS, AND HEALTH CONFERENCES AND EVENTS THESE PROGRAMS TARGET WOMEN AT RISK OF POOR HEALTH STATUS THE PROGRAMS TARGET UNINSURED OR UNDERINSURED WOMEN WITHOUT A PRIMARY CARE PHYSICIAN OR KNOWLEDGE OF RECOMMENDED PREVENTIVE HEALTH CARE SERVICES PPMH WOMEN'S CONFERENCES ATTRACTED APPROXIMATELY 370 PARTICIPANTS AND FOCUSED ON BREAST HEALTH AND A FULL RANGE OF HEALTH SCREENINGS NETWORK OF TRUST THIS IS A NATIONALLY RECOGNIZED P ROGRAM A I M E D AT TEEN MOTHERS TO PREVENT REPEAT PREGNANCIES, PROVIDE PARENTING SKILLS, AND COMPLETE HIGH SCHOOL THIS PROGRAM ALSO INCLUDES A TEEN FATHER PROGRAM ALONG WITH OTHER TE EN A G E D CHILDREN PROGRAMS NETWORK OF TRUST ENROLLED 75 TEEN PARENTS DURING THE 2015/2016 S CHOO L Y E A R AT A C O S T O F 301,768 PROJECT RESULTS DEMONSTRATE TEENS THAT GRADUATED FROM THE TWO-SEMESTER PROGRAM ARE LESS LIKELY TO HAVE A SECOND PREGNANCY PRIOR TO AGE 21 B COMMU N I T Y B A S E D C L I N I C A L S E R V I C E S F L U S H O T S A N D H E A L T H S C R E E N I N G S P P H S ' S A F F I L I A T E D H O S P I T A L S P R O V I D E F R E E F L U S H O T S T O V O L U N T E E R S I N 2016, PPMH AND PSMC ADMINISTERED 1,310 FLU SHOTS AT AN UNREIMBURSED COST OF 22,537 PPMH ALSO PROVIDED FREE HEALTH SCREENINGS TO INDIVIDUA L S I N S O U T H W E S T G E O R G I A I N 2016, PPMH ADMINISTERED 417 HEALTH SCREENINGS AT AN UNREIMBURS E D C O S T O F 171,634 S C H O O L N U R S E P R O G R A M PPMH AND PSMC PROVIDE NURSES I N 20 E L E M E N T A R Y S C H O O L S , E I G H T M I D D L E S C H O O L S , A N D S E V E N H I G H S C H O O L S I N D O U G H E R T Y A N D S U M T E R C O U N T I E S W I T H A G O A L O F C R E A T I N G A C C E S S T O C A R E F O R S T U D E N T S , A S S E S S I N G T H E H E A L T H C A R E S T A T U S O F E A C H P O P U L A T I O N R E P R E S E N T E D A N D E F F E C T I V E L Y E S T A B L I S H I N G R E F E R R A L S F O R A L L H E A L T H C A R E N E E D S N U R S E S A L S O C O N D U C T E D V A R I O U S S C H O O L - B A S E D H E A L T H F A I R S T H R O U G H O U T T H E S C H O O L Y E A R D U R I N G T H E 2015/2016 S C H O O L Y E A R , T H E S C H O O L N U R S E P R O G R A M C O V E R E D 32,321 S T U D E N T V I S I T S T H E S E P R O G R A M S O P E R A T E D A T A L O S S O F 426,545 I N 2016 C H E A L T H C A R E S U P P O R T S E R V I C E S G O V E R N M E N T S P O N S O R E D E L I G I B I L I T Y A P P L I C A T I O N S T O T H E P O O R A N D N E E D Y PPMH C O N T R A C T S W I T H C H A N G E H E A L T H C A R E ( F O R M E R L Y C H A M B E R L A I N E D M O N D S ) T O P R O C E S S E L I G I B I L I T Y A P P L I C A T I O N S O N B E H A L F O F T H E P O O R A N D N E E D Y T H A T M A Y B E E L I G I B L E F O R M E D I C A I D I N S O M E C A S E S , I T C A N T A K E U P T O T W O Y E A R S T O B E D E E M E D E L I G I B L E I N 2016, PPMH PAID 668,197 T O C H A N G E H E A L T H C A R E T O P R O C E S S M E D I C A I D A P P L I C A T I O N S - I N D I G E N T F I N A N C I A L A S S I S T A N C E P A T I E N T S W H O S E H O U S E H O L D I N C O M E I S A T O R B E L O W 125% O F T H E F E D E R A L P O V E R T Y G U I D E L I N E S A R E C L A S S I F I E D A S I N D I G E N T A N D A R E E L I G I B L E F O R F R E E C A R E A S P R O V I D E D I N T H E F I N A N C I A L A S S I S T A N C E P O L I C Y - C H A R I T Y F I N A N C I A L A S S I S T A N C E P A T I E N T S W H O S E H O U S E H O L D I N C O M E I S B E T W E E N 126% A N D 200% O F T H E F E D E R A L P O V E R T Y G U I D E L I N E S Q U A L I F Y F O R D I S C O U N T E D C H A R G E S F O R C A R E B A S E D O N A S L I D I N G S C H E D U L E I N T H E F I N A N C I A L A S S I S T A N C E P O L I C Y - C A T A S T R O P H I C F I N A N C I A L A S S I S T A N C E P A T I E N T S W H O S E I N C O M E E X C E E D S 200 % O F T H E F E D E R A L P O V E R T Y G U I D E L I N E S , W H O S E B A L A N C E O W E D E X C E E D S 25% O F T H E I R A N N U A L I N C O M E , R E S U L T I N G I N E X C E S S I V E H A R D S</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, LINE 4B	CAYMAN ISLANDS, BERMUDA, IRELAND, CANADA

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	JOHN T PHILLIPS, III BRUCE MELTON BOARD MEMBER BOARD MEMBER BUSINESS RELATIONSHIP

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE INDEPENDENT ACCOUNTING FIRM THAT PREPARES THE FORM 990 (BASED UPON INFORMATION PROVIDED BY THE ORGANIZATION) PROVIDES A COMPLETE COPY OF THE RETURN WITH APPLICABLE SCHEDULES TO BE REVIEWED BY MANAGEMENT MANAGEMENT PERFORMS A DETAILED REVIEW WHICH CONSISTS OF REVIEWING THE FINANCIAL DATA, THE NARRATIVES DISCLOSED, AND OTHER FACTS PRESENTED ON THE RETURN 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 WITH THE INTERNAL REVENUE SERVICE



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ON AN ANNUAL BASIS, PHOEBE PUTNEY HEALTH SYSTEM (PPHS) BOARD MEMBERS AS WELL AS ALL OFFICERS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE THIS QUESTIONNAIRE IS ADMINISTERED BY THE 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 PPHS OR ANY RELATED ENTITIES ALL RESPONSES ARE THEN EVALUATED BY THE PPHS COMPLIANCE DEPARTMENT

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	<p>THE ORGANIZATIONS FORMAL PROCESS FOR DETERMINING TOTAL COMPENSATION FOR THE CEO IS INTENDED TO PROVIDE REASONABLE COMPENSATION FOR ACCOMPLISHING THE ORGANIZATIONS MISSION, ACHIEVE ITS STRATEGIC GOALS, TO RECOGNIZE PERFORMANCE, AND TO OPERATE IN KEEPING WITH THE ORGANIZATIONS OBLIGATIONS AS A TAX-EXEMPT CHARITABLE ORGANIZATION THE EXECUTIVE COMPENSATION COMMITTEE OF THE ORGANIZATIONS 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 INDIVIDUALS LENGTH OF SERVICE, CREDENTIALS AND EXPERIENCE, THE ELEMENTS OF TOTAL COMPENSATION AND SALARY HISTORY, THE ORGANIZATIONS 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 ORGANIZATIONS LONG-TERM STRATEGIC PLAN AND ACHIEVEMENT OF ANNUAL SYSTEM OBJECTIVES THE CEO IS NOT PRESENT WHEN THE COMMITTEE DISCUSSES AND ESTABLISHES HIS COMPENSATION</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	<p>THE ORGANIZATIONS FORMAL PROCESS FOR DETERMINING TOTAL COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES IS INTENDED TO PROVIDE REASONABLE COMPENSATION FOR ACCOMPLISHING THE ORGANIZATIONS MISSION, ACHIEVE ITS STRATEGIC GOALS, TO RECOGNIZE PERFORMANCE, AND TO OPERATE IN KEEPING WITH THE ORGANIZATIONS OBLIGATIONS AS A TAX-EXEMPT CHARITABLE ORGANIZATION THE EXECUTIVE COMPENSATION COMMITTEE OF THE ORGANIZATIONS 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 INDIVIDUALS LENGTH OF SERVICE, CREDENTIALS AND EXPERIENCE, THE ELEMENTS OF TOTAL COMPENSATION AND SALARY HISTORY , THE ORGANIZATIONS 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 ORGANIZATIONS 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	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 ORGANIZATION

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT SERVICES 0 2,034,206 0 CONSULTANT SERVICES 0 33,616 0

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
PHOEBE PUTNEY HEALTH SYSTEM INC

Employer identification number  
58-2001014

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PHOEBE PUTNEY INDEMNITY LLC 1327 ASHLEY RIVER ROAD CHARLESTON, SC 294075384 51-0599645	INSURANCE	SC	11,048,941	74,420,218	PPHS

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)PHOEBE PUTNEY MEMORIAL HOSPITAL INC PO BOX 3770  ALBANY, GA 317063770 58-1928247	HEALTHCARE	GA	501C3	3	PPHS	Yes	
(2)PHOEBE FOUNDATION INC PO BOX 3770  ALBANY, GA 317063770 58-1847104	FOUNDATION	GA	501C3	11A	PPHS	Yes	
(3)PHOEBE SUMTER MEDICAL CENTER INC 126 HIGHWAY 280 W  AMERICUS, GA 317198645 26-3975185	HEALTHCARE	GA	501C3	3	PPHS	Yes	
(4)PHOEBE WORTH MEDICAL CENTER INC PO BOX 545  SYLVESTER, GA 317910545 38-3647394	HEALTHCARE	GA	501C3	3	PPHS	Yes	
(5)PHOEBE PHYSICIAN GROUP INC PO BOX 3770  ALBANY, GA 317063770 26-3792403	HEALTHCARE	GA	501C3	9	PPHS	Yes	
(6)SOUTH GEORGIA SHARED SERVICES INC 417 WEST THIRD AVENUE  ALBANY, GA 317011943 46-2746977	COOPERATIV	GA	501C3	3	PPHS	Yes	
(7)PHOEBE DORMINY MEDICAL CENTER INC PO BOX 3770  ALBANY, GA 317063770 45-2041878	HEALTHCARE	GA	501C3	3	PPHS	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
PHOEBE PUTNEY HEALTH (1)VENTURES INC  PO BOX 3770 ALBANY, GA 317063770 58-1963401	HEALTHCARE	GA	PPHS	C CORP	3,587,723	8,042,047	100 000 %	Yes	

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

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

	<b>Yes</b>	<b>No</b>
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	<b>No</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	<b>No</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<b>No</b>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	<b>No</b>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	<b>Yes</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	<b>No</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	<b>Yes</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	<b>No</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	<b>No</b>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<b>Yes</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	<b>No</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	<b>No</b>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	<b>Yes</b>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	<b>Yes</b>

<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			



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

[illegible]

**Part VII**    **Supplemental Information**

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

Return Reference	Explanation
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-2001014  
**Name:** PHOEBE PUTNEY HEALTH SYSTEM INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PHOEBE PUTNEY MEMORIAL HOSPITAL INC PO BOX 3770 ALBANY, GA 317063770 58-1928247	HEALTHCARE	GA	501C3	3	PPHS	Yes	
PHOEBE FOUNDATION INC PO BOX 3770 ALBANY, GA 317063770 58-1847104	FOUNDATION	GA	501C3	11A	PPHS	Yes	
PHOEBE SUMTER MEDICAL CENTER INC 126 HIGHWAY 280 W AMERICUS, GA 317198645 26-3975185	HEALTHCARE	GA	501C3	3	PPHS	Yes	
PHOEBE WORTH MEDICAL CENTER INC PO BOX 545 SYLVESTER, GA 317910545 38-3647394	HEALTHCARE	GA	501C3	3	PPHS	Yes	
PHOEBE PHYSICIAN GROUP INC PO BOX 3770 ALBANY, GA 317063770 26-3792403	HEALTHCARE	GA	501C3	9	PPHS	Yes	
SOUTH GEORGIA SHARED SERVICES INC 417 WEST THIRD AVENUE ALBANY, GA 317011943 46-2746977	COOPERATIV	GA	501C3	3	PPHS	Yes	
PHOEBE DORMINY MEDICAL CENTER INC PO BOX 3770 ALBANY, GA 317063770 45-2041878	HEALTHCARE	GA	501C3	3	PPHS	Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	PHOEBE PUTNEY MEMORIAL HOSPITAL INC	J	741,328	GENERAL LEDGER
<b>(1)</b>	PHOEBE PHYSICIANS GROUP INC	J	1,390,358	GENERAL LEDGER
<b>(2)</b>	ALL ENTITIES	L	25,457,791	GENERAL LEDGER
<b>(3)</b>	ALL ENTITIES	O		VALUE UNDETERMINED
<b>(4)</b>	PHOEBE PHYSICIANS GROUP INC	R	66,000,000	GENERAL LEDGER
<b>(5)</b>	PHOEBE PUTNEY HEALTH VENTURES	S	273,945	GENERAL LEDGER
<b>(6)</b>	PHOEBE PUTNEY INDEMNITY LLC	R	12,358,476	GENERAL LEDGER
<b>(7)</b>	PHOEBE PUTNEY MEMORIAL HOSPITAL INC	S	78,358,476	GENERAL LEDGER