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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

CANDLER HOSPITAL INC

Doing business as

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

Room/suite

5353 REYNOLDS STREET

City or town, state or province, country, and ZIP or foreign postal code

SAVANNAH, GA 314056015

D Employer identification number

58-0593388

E Telephone number

(912) 819-6162

G Gross receipts \$ 301,449,841

F Name and address of principal officer

PAUL P HINCHEY

5353 REYNOLDS STREET

SAVANNAH, GA 314056015

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SJCHS.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1934

M State of legal domicile GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

ROOTED IN GOD'S LOVE, WE TREAT ILLNESS AND PROMOTE WELLNESS FOR ALL PEOPLE. CANDLER HOSPITAL, INC. PROVIDES COMPREHENSIVE HEALTHCARE SERVICES TO THE SURROUNDING COUNTIES THROUGH THE OPERATION OF A 331-BED ACUTE CARE HOSPITAL IN SAVANNAH, GEORGIA

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .

Part II Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

2018-03-15

Date

GREGORY J SCHAACK, TRUSTEE/CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JACQUELINE G ATKINS

Preparer's signature

JACQUELINE G ATKINS

Date

2018-04-04

Check ☐ if self-employed

PTIN

P00861721

Firm's name ▶ DRAFFIN & TUCKER LLP

Firm's EIN ▶ 58-0914992

Firm's address ▶ PO BOX 71309

Phone no. (229) 883-7878

ALBANY, GA 317081309

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**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

ROOTED IN GOD'S LOVE, WE TREAT ILLNESS AND PROMOTE WELLNESS FOR ALL PEOPLE CANDLER HOSPITAL, INC PROVIDES COMPREHENSIVE HEALTHCARE SERVICES TO THE SURROUNDING COUNTIES THROUGH THE OPERATION OF A 331-BED ACUTE CARE HOSPITAL IN SAVANNAH, GEORGIA

**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

<b>4a</b>	(Code )	(Expenses \$ 227,436,840	including grants of \$ 126,149 )	(Revenue \$ 291,247,356 )
	See Additional Data			

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ►	227,436,840		
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**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)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	<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? If "Yes," complete Schedule C, Part III	<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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<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? If "Yes," complete Schedule D, Part IV	<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? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<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? If "Yes," complete Schedule D, Part VI	<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? If "Yes," complete Schedule D, Part VII	<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? If "Yes," complete Schedule D, Part VIII	<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? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<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)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<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? If "Yes," complete Schedule F, Parts I and IV	<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? If "Yes," complete Schedule F, Parts II and IV	<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? If "Yes," complete Schedule F, Parts III and IV	<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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	<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? If "Yes," complete Schedule G, Part III	<b>19</b>	No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b> Yes	
<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> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b> Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b> Yes	
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	No
<b>38</b> 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 . . . . .	<b>38</b> 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	1a	0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,119
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country 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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	5	
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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	1	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	No
<b>3</b>	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?	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	Yes
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>	No

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: GA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ►GREGORY J SCHAACK 5353 REYNOLDS STREET SAVANNAH, GA 314056015 (912) 819-6162

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) GREGORY J SCHAACK TRUSTEE/CFO	20 00 ..... 25 00	X		X				255,118	184,740	69,660
(2) SHERRY A DANIELLO TRUSTEE/VP	20 00 ..... 21 00	X		X				188,515	136,511	85,132
(3) THOMAS S POUND CHAIRMAN/VP	20 00 ..... 22 00	X		X				146,403	106,017	46,354
(4) JULIA MIKELL MD TRUSTEE/PHYS	21 00 ..... 20 00	X						69,885	50,606	6,500
(5) BARRY SCHLAFSTEIN MD TRUSTEE	1 00 ..... 3 00	X						0	0	0
(6) PAUL P HINCHEY PRESIDENT &	20 00 ..... 25 00			X				466,443	337,769	469,889
(7) KYLE L MCCANN COO	20 00 ..... 21 00			X				229,276	166,027	46,607
(8) SR MARGIE BEATTY RSM VP	20 00 ..... 22 00			X				0	0	0
(9) JAMES I SCOTT MD VP	20 00 ..... 21 00				X			157,529	114,073	56,143
(10) NOLAN D HENNESSEE VP	20 00 ..... 21 00				X			154,324	111,752	42,107
(11) BRADLEY TROWER VP	20 00 ..... 21 00				X			137,554	99,608	31,135
(12) PETER M SCHENK PAST VP	20 00 ..... 22 00				X			134,915	97,697	38,576
(13) GREGORY A MENKE VP	20 00 ..... 21 00				X			98,912	71,626	15,462
(14) JOHN PABLO DIRECTOR-ONC	40 00 .....					X		1,050,229	0	22,836
(15) WILLIAM E RICHARDS RADIATION ON	40 00 .....					X		968,477	0	25,277
(16) JOSHUA T MCKENZIE RADIATION ON	40 00 .....					X		661,347	0	26,260
(17) HOWARD A ZAREN MEDDIRECTOR-	40 00 .....					X		636,358	0	35,962

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JOHN L MIKELL ..... RADIATION ON .....	40 00					X		448,030	0	11,219

<b>1b Sub-Total</b> . . . . .	▶			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>d Total (add lines 1b and 1c)</b> . . . . .	▶	5,803,315	1,476,426	1,029,119

**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 ▶ 94

	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> . . . . .		No
<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> . . . . .	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> . . . . .	Yes	

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON'S MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA, GA 30368	DIETARY	3,051,720
SUMMIT CANCER CARE PC 225 CANDLER DRIVE SUITE 300 SAVANNAH, GA 31405	ONCOLOGY SVCS	2,824,184
AMERICAN ANESTHESIA ASSOCIATES 400 MALL BLVD SAVANNAH, GA 31406	ANESTHESIA	1,811,459
CHATHAM HOSPITALIST LLC 5354 REYNOLDS STREET STE 424 SAVANNAH, GA 31405	CONSULTING	1,525,011
SC CANCER SPECIALISTS PA 45 HOSPITAL CENTER COMMONS HILTON HEAD ISLAND, SC 29926	ONCOLOGY SVCS	1,387,877

**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 ▶ 43



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>	756,864			
	<b>e</b> Government grants (contributions)	<b>1e</b>	18,000			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	285,834			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,060,698			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> NET PATIENT REVENUE	624100	278,622,249	278,622,249		
	<b>b</b> PRESCRIPTION CENTER RELATED	624100	5,680,809	5,680,809		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		284,303,058			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,829,610			2,829,610
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		3,002,355				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)	3,002,355				
	<b>d</b> Net rental income or (loss) . . . . .		3,002,355			3,002,355
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code				
<b>11a</b> OTHER OPERATING REVENUE	621990	6,928,618	6,928,618			
<b>b</b> REFERENCE LAB	621500	1,789,668		1,789,668		
<b>c</b> WELLNESS CENTER	713940	625,637		625,637		
<b>d</b> All other revenue . . . . .		910,197	15,680	561,215	333,302	
<b>e Total.</b> Add lines 11a-11d . . . . .		10,254,120				
<b>12 Total revenue.</b> See Instructions . . . . .		301,449,841	291,247,356	2,976,520	6,165,267	

**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.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	126,149	126,149		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	2,348,516		2,348,516	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	97,485,590	76,559,816	20,925,774	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,597,032	1,997,318	599,714	
<b>9</b> Other employee benefits.	12,156,162	9,349,027	2,807,135	
<b>10</b> Payroll taxes.	5,741,074	4,415,329	1,325,745	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	940,972		940,972	
<b>c</b> Accounting.	246,374		246,374	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	46,949,620	38,074,301	8,875,319	
<b>12</b> Advertising and promotion.	1,279,524	114,725	1,164,799	
<b>13</b> Office expenses.	4,508,172	2,185,007	2,323,165	
<b>14</b> Information technology.	600,938	600,938		
<b>15</b> Royalties.				
<b>16</b> Occupancy.	9,032,017	5,886,320	3,145,697	
<b>17</b> Travel.	329,625	250,857	78,768	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	118,861	79,422	39,439	
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	13,620,242	12,300,403	1,319,839	
<b>23</b> Insurance.	3,333,675	121,721	3,211,954	
<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> MEDICAL SUPPLIES	70,111,725	70,106,110	5,615	
<b>b</b> REPAIRS & MAINTENANCE	10,740,434	4,586,368	6,154,066	
<b>c</b> PRESCRIPTION CENTER SUPPL	467,232	467,232		
<b>d</b> DUES	231,745	200,871	30,874	
<b>e</b> All other expenses	14,926	14,926		
<b>25</b> Total functional expenses. Add lines 1 through 24e.	282,980,605	227,436,840	55,543,765	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		19,952	<b>1</b>	50,214
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		42,073,337	<b>4</b>	45,251,885
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			<b>5</b>	
	<b>6</b>	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.			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		5,199,439	<b>8</b>	5,364,572
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,277,795	<b>9</b>	1,091,563
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	287,254,925		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	209,087,126		
				78,350,758	<b>10c</b>	78,167,799
	<b>11</b>	Investments—publicly traded securities . . . . .		560,229	<b>11</b>	648,198
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		1,613,444	<b>12</b>	1,726,532
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		48,975,241	<b>14</b>	48,323,352
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		17,928,845	<b>15</b>	9,551,806	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		195,999,040	<b>16</b>	190,175,921	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		15,736,201	<b>17</b>	15,797,516
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		31,587,578	<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		33,313,194	<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		4,161,493	<b>25</b>	46,597,244
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		84,798,466	<b>26</b>	62,394,760
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		105,205,823	<b>27</b>	120,935,947
	<b>28</b>	Temporarily restricted net assets . . . . .		5,059,751	<b>28</b>	5,910,214
	<b>29</b>	Permanently restricted net assets		935,000	<b>29</b>	935,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		111,200,574	<b>33</b>	127,781,161
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		195,999,040	<b>34</b>	190,175,921

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	301,449,841
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	282,980,605
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	18,469,236
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	111,200,574
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,888,649
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	127,781,161

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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:** 58-0593388  
**Name:** CANDLER HOSPITAL INC

Form 990 (2016)

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

CANDLER HOSPITAL, INC IS AN ACUTE CARE HOSPITAL LOCATED IN SAVANNAH, GEORGIA IN FURTHERANCE OF ITS TAX-EXEMPT PURPOSE, CANDLER HOSPITAL, INC 1) MAINTAINS AND OPERATES PERMANENT FACILITIES THAT PROVIDE BOTH INPATIENT AND OUTPATIENT SERVICES FOR PROVIDING DIAGNOSES AND TREATMENT OF PATIENTS SUFFERING FROM ILLNESS OR INJURY, 2) PROMOTES AND PROVIDES HEALTH EDUCATION PROGRAMS, SUPPORT GROUPS, AND VARIOUS COMMUNITY SERVICES FOR ALL PEOPLE OF SAVANNAH AND THE SURROUNDING COUNTIES, 3) ENCOURAGES AND PARTICIPATES IN HEALTH SCIENCES RESEARCH FOR TREATMENT OF ILLNESS AND PROMOTION OF HEALTH, 4) PRESERVES AND INCORPORATES ITS FAITH-BASED PHILOSOPHY OF THE HOSPITAL IN ALL ITS ACTIVITIES AND CONTRACTS DURING THE FISCAL YEAR ENDED JUNE 30, 2017, THE HOSPITAL SERVED THE FOLLOWING 62,991 ACUTE CARE PATIENT DAYS AND 13,551 DISCHARGES INCLUDING NEWBORN, 5,354 REHAB DAYS WITH 375 DISCHARGES, AND 2,718 SKILLED NURSING DAYS WITH 216 DISCHARGES EMERGENCY ROOM VISITS TOTALED 56,438 THE HOSPITAL ALSO PROVIDED SERVICES FOR 256,822 OUTPATIENT VISITS

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

CANDLER HOSPITAL INC

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

58-0593388

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

☐

Enter the number of supported organizations \_\_\_\_\_
- g

☐

Provide the following information about the supported organization(s) \_\_\_\_\_

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, 8, or 9 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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						
Section B. Total Support						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					<b>14</b>	
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14					<b>15</b>	
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <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>	<b>1</b>	
<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>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<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>3b</b>	
<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>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<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 <b>Part VI</b> 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>4c</b>	
<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 <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</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>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<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>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<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>10b</b>	

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

Part V

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

Section D - Distributions	Current Year
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013. . . . .			
c Excess from 2014. . . . .			
d Excess from 2015. . . . .			
e Excess from 2016. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**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

**2016**

**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 CANDLER HOSPITAL INC	Employer identification number 58-0593388
--	--

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<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

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		79,744
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		28,360
<b>j</b>	Total. Add lines 1c through 1i			108,104
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	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?	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)		

**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	DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, ETC. - COSTS INCURRED TO EDUCATE LEGISLATORS ON HEALTHCARE MATTERS AND ADVOCATE FOR HEALTHCARE ISSUES IMPORTANT TO GEORGIA CITIZENS AND THE ORGANIZATION. OTHER ACTIVITIES - THE HOSPITAL BELONGS TO NATIONAL AND STATE INDUSTRY ASSOCIATIONS AND AS PART OF THEIR ANNUAL DUES, PAYS A SMALL PERCENTAGE TO SUPPORT THE LOBBYING EFFORTS BY THESE ASSOCIATIONS.



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<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization CANDLER HOSPITAL INC				Employer identification number 58-0593388	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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				
b	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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	5,994,751	5,622,398	5,238,564	4,700,097	4,624,261
b Contributions . . . . .	1,919,111	1,133,368	1,260,174	916,430	949,868
c Net investment earnings, gains, and losses	136,156	-6,892	33,592	138,818	71,204
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,202,504	754,123	834,932	514,080	945,236
f Administrative expenses . . . . .	2,300		75,000	2,701	
g End of year balance . . . . .	6,845,214	5,994,751	5,622,398	5,238,564	4,700,097

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 ▶ 13 660 %

c

Temporarily restricted endowment ▶ 86 340 %

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 . . . . .

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		4,994,832		4,994,832
b Buildings		147,595,018	100,081,219	47,513,799
c Leasehold improvements		3,834,305	3,274,463	559,842
d Equipment . . . . .		130,034,199	105,731,444	24,302,755
e Other . . . . .		796,571		796,571
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				78,167,799

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN FOUNDATION	7,837,049
(2) THIRD PARTY SETTLEMENTS	1,329,012
(3) OTHER RECEIVABLES	516,181
(4) INTEREST RATE SWAP VALUATION	-130,436
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) . . . . . ▶	9,551,806

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATE	45,949,046
DEFERRED COMPENSATION PAYABLE	648,198
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	46,597,244

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

☒

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	299,777,080
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	284,310
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	284,310
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	299,492,770
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,957,071
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,957,071
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	301,449,841

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	281,669,147
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	281,669,147
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,311,458
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,311,458
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	282,980,605

**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:** 58-0593388  
**Name:** CANDLER HOSPITAL INC

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENTS INCLUDE FUNDS RESERVED FOR BUILDING AND DEVELOPMENT, EDUCATION AND SCHOLARSHIPS , DIABETES FUNDS AND OTHER HEALTHCARE RELATED PURPOSES ALL ENDOWMENTS ARE HELD BY CANDLER FOUNDATION, INC , A RELATED AND SUPPORTING ORGANIZATION

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	<p>THE SYSTEM, CH, SJH, HOME HEALTH AND INFIRMARY ARE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ONLY NET INCOME FROM ACTIVITIES DESIGNATED AS UNRELATED TO THE EXEMPT PURPOSES OF CH, SJH, HOME HEALTH, AND INFIRMARY ARE SUBJECT TO FEDERAL AND STATE UNRELATED BUSINESS INCOME TAX GEECHEE IS ORGANIZED AS A SINGLE MEMBER LLC OWNED BY SYSTEM AND IS TREATED AS A DISREGARDED ENTITY FOR TAX PURPOSES THE SYSTEM APPLIES ACCOUNTING POLICIES THAT 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 SYSTEM 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 BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES BASED ON THE RESULTS OF MANAGEMENT'S EVALUATION, NO LIABILITY IS RECOGNIZED IN THE ACCOMPANYING COMBINED BALANCE SHEETS FOR UNRECOGNIZED INCOME TAX POSITIONS FURTHER, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF JUNE 30, 2017 AND 2016 OR FOR THE YEARS THEN ENDED THE SYSTEM'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 SJCV, SJCMG, PROPERTIES AND HEALTH SERVICES HAVE GENERALLY INCURRED OPERATING LOSSES FOR TAX PURPOSES AND HAVE NOT RECORDED A CURRENT OR DEFERRED TAX PROVISION DUE TO SIGNIFICANT NET OPERATING LOSS (NOL) CARRYFORWARDS WHICH WOULD BE UTILIZED TO OFFSET ANY POTENTIAL TAX LIABILITIES GENERATED FROM FUTURE TAXABLE INCOME AT JUNE 30, 2017, NOL CARRYFORWARDS EXPIRING THROUGH 2037 AMOUNTED TO APPROXIMATELY 85,460,000 AND ARE AVAILABLE FOR THE OFFSET OF FUTURE TAXABLE INCOME ACRONYMS SYSTEM - ST JOSEPH'S/CANDLER HEALTH SYSTEM, INC CH - CANDLER HOSPITAL, INC SJH - SAINT JOSEPH'S HOSPITAL, INC HOME HEALTH - SJC HOME HEALTH, INC INFIRMARY - GEORGIA INFIRMARY, INC GEECHEE - GEECHEE REINSURANCE COMPANY, LLC SJCV - SJC VENTURES, INC SJCMG - SJC MEDICAL GROUP, INC PROPERTIES - SJC PROPERTIES, INC HEALTH SERVICES - SJC HEALTH SERVICES, INC</p>

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	UNREALIZED CHANGE IN DERIVATIVES -394,316 UNREALIZED RATE SWAP VALUATION GAIN 678,626



Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	CAPITAL CONTRIBUTIONS 645,613 FOUNDATION CONTRIBUTIONS FOR PT ASSISTANCE 126,149 PENSION COSTS 1,185,309

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	FOUNDATION CONTRIBUTIONS FOR PT ASSISTANCE 126,149 PENSION COSTS 1,185,309

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XIII	PARTS XI AND XII - RECONCILIATIONS ARE COMPLETED USING THE COMBINING STATEMENTS OF EXCESS REVENUES (EXPENSES) FROM THE AUDITED FINANCIAL STATEMENTS OF ST JOSEPH'S/CANDLER HEALTH SYSTEM, INC

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

CANDLER HOSPITAL INC

Employer identification number

58-0593388

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 250 0000000000 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 500 0000000000 %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			17,019,615		17,019,615	6 010 %
b Medicaid (from Worksheet 3, column a)			31,308,333	21,601,959	9,706,374	3 430 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			48,327,948	21,601,959	26,725,989	9 440 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,338,671		1,338,671	0 470 %
f Health professions education (from Worksheet 5)			68,127		68,127	0 020 %
g Subsidized health services (from Worksheet 6)			421,197		421,197	0 150 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			385,360		385,360	0 140 %
j Total. Other Benefits			2,213,355		2,213,355	0 780 %
k Total. Add lines 7d and 7j			50,541,303	21,601,959	28,939,344	10 230 %

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

Cat No 50192T

Schedule H (Form 990) 2016

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development			14,650	1,513	13,137	
<b>3</b> Community support			84,778	1,737	83,041	0.030 %
<b>4</b> Environmental improvements			875		875	
<b>5</b> Leadership development and training for community members			750		750	
<b>6</b> Coalition building			1,250		1,250	
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			134,043		134,043	0.050 %
<b>9</b> Other						
<b>10 Total</b>			236,346	3,250	233,096	0.080 %

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	3,328,743	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	107,611,524
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	117,140,735
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-9,529,211
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> SAVANNAH NEUROSURGER	NEUROLOGY SERVICES	25.000 %		50.000 %
<b>2</b> SJCOIS MANAGEMENT	O/P IMAGING SERVICES	25.000 %		50.000 %
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

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

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

CANDLER HOSPITAL INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW SJCHS ORG</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>HTTP //WWW SJCHS ORG/MEDIA/FILE/SJC%20</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	No
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

CANDLER HOSPITAL INC																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP</td><td><b>13</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %</td><td></td><td></td></tr><tr><td><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td><b>c</b> <input checked="" type="checkbox"/> Asset level</td><td></td><td></td></tr><tr><td><b>d</b> <input checked="" type="checkbox"/> Medical indigency</td><td></td><td></td></tr><tr><td><b>e</b> <input checked="" type="checkbox"/> Insurance status</td><td></td><td></td></tr><tr><td><b>f</b> <input checked="" type="checkbox"/> Underinsurance discount</td><td></td><td></td></tr><tr><td><b>g</b> <input type="checkbox"/> Residency</td><td></td><td></td></tr><tr><td><b>h</b> <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td><b>14</b> Explained the basis for calculating amounts charged to patients?</td><td><b>14</b> Yes</td><td></td></tr><tr><td><b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</td><td><b>15</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td><td></td><td></td></tr><tr><td><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td><td></td><td></td></tr><tr><td><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td><b>e</b> <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td><b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</td><td><b>16</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW SJCHS ORG</td><td></td><td></td></tr><tr><td><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW SJCHS ORG</td><td></td><td></td></tr><tr><td><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW SJCHS ORG</td><td></td><td></td></tr><tr><td><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>g</b> <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td><td></td><td></td></tr><tr><td><b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</td><td></td><td></td></tr><tr><td><b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td><td></td><td></td></tr><tr><td><b>j</b> <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr></table>		Yes	No	Did the hospital facility have in place during the tax year a written financial assistance policy that			<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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<b>h</b> <input type="checkbox"/> Other (describe in Section C)																																																																																								
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes																																																																																							
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes																																																																																							
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application																																																																																								
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application																																																																																								
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process																																																																																								
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications																																																																																								
<b>e</b> <input type="checkbox"/> Other (describe in Section C)																																																																																								
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes																																																																																							
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW SJCHS ORG																																																																																								
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW SJCHS ORG																																																																																								
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW SJCHS ORG																																																																																								
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)																																																																																								
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)																																																																																								
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)																																																																																								
<b>g</b> <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention																																																																																								
<b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP																																																																																								
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations																																																																																								
<b>j</b> <input type="checkbox"/> Other (describe in Section C)																																																																																								



**Part V Facility Information** (continued)**Billing and Collections**

CANDLER HOSPITAL INC

**Name of hospital facility or letter of facility reporting group**

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

CANDLER HOSPITAL INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
<b>1</b> CANDLER HOSPITAL SNF 5353 REYNOLDS STREET SAVANNAH, GA 314056015	SNF
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 6A - RELATED ORGANIZATION INFORMATION	THE HOSPITAL'S COMMUNITY BENEFIT REPORT IS REPORTED AS PART OF THE COMBINED ANNUAL REPORT PREPARED BY ST JOSEPH'S/CANDLER HEALTH SYSTEM, INC
PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES EXPLANATION	THIS SECTION INCLUDES MOBILE OUTREACH SERVICES WHICH PROVIDE FREE SCREENINGS IN THE COMMUNITY, AS WELL AS OTHER SUBSIDIZED CARE IN HOME CARE SERVICES, ASSISTED LIVING AND THE SUPPLY OF DURABLE MEDICAL EQUIPMENT AND SUPPLIES

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	THE DATA REPORTED IN THIS AREA IS REPORTED AS INSTRUCTED BY CATHOLIC HEALTH ASSOCIATION'S "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFITS, 2008"
PART II - COMMUNITY BUILDING ACTIVITIES	ST JOSEPH'S/CANDLER'S ST MARY'S COMMUNITY CENTER BELIEVES THAT MANY ASPECTS OF LIFE CONTRIBUTE TO GOOD HEALTH A PERSON'S PHYSICAL AND MENTAL HEALTH IS INFLUENCED BY THE ENVIRONMENT - WHETHER POSITIVE OR FILLED WITH DISEASE SINCE WE ARE CONCERNED WITH "THE WHOLE PERSON," ST JOSEPH'S/CANDLER PROVIDES ASSISTANCE IN SPIRITUAL CARE, HOUSING, EDUCATION, JOB TRAINING, FOOD, TRANSPORTATION AND ADVOCACY WITH TEN FULL-TIME CHAPLAINS - MORE THAN ANY OTHER HOSPITAL IN THE STATE OF GEORGIA - ST JOSEPH'S/CANDLER PROVIDES PASTORAL CARE OUTREACH TO ANYONE SEEKING ASSISTANCE (AS REPORTED IN THE COMMUNITY HEALTH IMPROVEMENT SERVICES) SUCH UNREIMBURSED SERVICES PROVIDE NECESSARY SPIRITUAL SUPPORT FOR MANY UNDERSERVED CITIZENS WHO ARE WITHOUT A CHURCH HOME OR ACCESS TO A MINISTER OUR IN-HOUSE PASTORAL CARE SERVICES ALSO REDUCE THE BURDEN OF MINISTERS AND CHURCHES THROUGHOUT THE COMMUNITY ST JOSEPH'S/CANDLER AFRICAN AMERICAN HEALTH INFORMATION AND RESOURCE CENTER, NOW MORE THAN 15 YEARS OLD, PROVIDES FREE COMPUTER CLASSES, AN INTERNET CENTER, SUPPORT AND HEALTH INFORMATION AND EDUCATION IN AN ENVIRONMENT OF TRUST SAFE, AFFORDABLE HOUSING IS ESSENTIAL TO GOOD HEALTH FOR OVER EIGHTEEN YEARS, ST JOSEPH'S/CANDLER HAS BEEN A PARTNER WITH MERCY HOUSING, WHICH BUILDS AND RENOVATES AFFORDABLE HOUSING ST JOSEPH'S/CANDLER'S CO-WORKERS ALSO VOLUNTEER FOR HABITAT FOR HUMANITY FIXING LEAKING ROOFS, MOLD, LEAD PAINT, AND DILAPIDATED FLOORING ALL CONTRIBUTE TO GOOD HEALTH ST JOSEPH'S/CANDLER SUPPORTS EDUCATION AS A MEANS TO A GOOD PAYING JOB THE SYSTEM FULLY FUNDS THE ST MARY'S GED PROGRAM, AND PROVIDES A PRESCHOOL PROGRAM, AFTER SCHOOL PROGRAM, AND SUMMER CAMP FOR YOUNG CHILDREN THE THREE AND FOUR YEAR OLDS SERVED ARE TWO YEARS BEHIND THEIR COUNTERPARTS IN LANGUAGE DEVELOPMENT SUCCESSFUL LANGUAGE DEVELOPMENT INFLUENCES SCHOOL SUCCESS AND ULTIMATELY, A GOOD JOB

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	AMOUNTS INCLUDED ON PART III LINE 2 REPRESENT THE AMOUNT OF CHARGES CONSIDERED UNCOLLECTIBLE AFTER REASONABLE ATTEMPTS TO COLLECT, AND WRITTEN OFF TO BAD DEBT EXPENSE
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	SEE PAGES 11 AND 12 FOR THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS ATTACHED

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	MEDICARE ALLOWABLE COSTS ARE COMPUTED IN ACCORDANCE WITH COST REPORTING METHODOLOGIES UTILIZED ON THE MEDICARE COST REPORT AND IN ACCORDANCE WITH RELATED REGULATIONS. INDIRECT COSTS ARE ALLOCATED TO DIRECT SERVICE AREAS USING THE MOST APPROPRIATE STATISTICAL BASIS.
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	PATIENT FINANCIAL COUNSELORS VISIT PATIENTS WHO HAVE NO INSURANCE, LIMITED COVERAGE AND MEDICAID PATIENTS WITHOUT SUPPLEMENTAL INSURANCE TO DISCUSS ASSISTANCE AND REFER THOSE PATIENTS TO OUR MEDICAID ELIGIBILITY VENDOR WHO SCREEN THESE PATIENTS FOR MEDICAID AND OTHER FEDERAL, STATE OR LOCAL PROGRAMS FOR ASSISTANCE. CUSTOMER SERVICE AT THE HOSPITAL AND AT THE EXTENDED BUSINESS OFFICE, WHICH DOES SELF-PAY BILLING AND COLLECTION, INFORM PATIENTS ABOUT OUR FINANCIAL ASSISTANCE PROGRAM AND ASSIST THEM IN MAKING AN APPLICATION. BILLING STATEMENTS PROVIDE A MESSAGE AND TELEPHONE NUMBER TO CALL IF THE PATIENT HAS DIFFICULTY MAKING PAYMENT. FOR PATIENTS WHO QUALIFY FOR CHARITY CARE AND FULL FINANCIAL ASSISTANCE, THERE IS NO FINANCIAL OBLIGATION. FOR THOSE WHO QUALIFY FOR PARTIAL FINANCIAL ASSISTANCE, COLLECTION PROCEDURES FOLLOW THE SAME PROCESS AS ALL OTHER PATIENTS WHO ARE RESPONSIBLE FOR UNPAID BALANCES. THOSE PATIENTS WHO HAVE NOT MADE PAYMENT ARRANGEMENTS FOR THEIR REMAINING BALANCES ARE SENT LETTERS WHEN THEY ARE PAST DUE 30, 60, AND 90 DAYS. IF PAYMENT ARRANGEMENTS ARE STILL NOT MADE AFTER 90 DAYS, THEN THOSE ACCOUNTS ARE REFERRED TO COLLECTIONS. BEFORE REFERRAL TO A COLLECTION AGENCY, ANY ACCOUNT 2,500 OR LARGER IS SCORED FOR ABILITY TO PAY (USING PARO SOFTWARE), AND IF THE PATIENT QUALIFIES FOR CHARITY CARE OR FULL FINANCIAL ASSISTANCE, THE ACCOUNT IS WRITTEN OFF AS PRESUMPTIVE ELIGIBILITY AND NOT REFERRED TO THE AGENCY.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>ST JOSEPH'S/CANDLER HEALTH SYSTEM, INC CONTINUALLY CONDUCTS VARIOUS TYPES OF ASSESSMENTS TO DETERMINE THE COMMUNITY'S NEEDS FOR HEALTH AND PERSONAL SUPPORT SERVICES OUR SYSTEM COLLABORATES WITH NUMEROUS NOT-FOR-PROFIT AGENCIES AND PROGRAMS TO EXTEND AND STRENGTHEN OUR MISSION OUR PROGRAMS ARE SUCCESSFUL DUE IN LARGE PART BECAUSE OF THESE COLLABORATIONS SOME EXAMPLES INCLUDE THE CHATHAM COUNTY SAFETY NET, CITY OF SAVANNAH'S STEP UP POVERTY REDUCTION INITIATIVE, ARMSTRONG ATLANTIC STATE UNIVERSITY, SAVANNAH TECHNICAL COLLEGE, SAVANNAH ECONOMIC DEVELOPMENT AUTHORITY AND MANY MORE MANY OF OUR SYSTEM CO-WORKERS ARE ALSO INVOLVED AT EVERY LEVEL OF THE COMMUNITY THROUGH THEIR WORK AS SYSTEM REPRESENTATIVES ON NOT-FOR-PROFIT BOARDS SUCH AS AMERICAN HEART ASSOCIATION, THE UNITED WAY, MERCY HOUSING, SECOND HARVEST FOOD BANK, WESLEY COMMUNITY CENTER, AND SAFE SHELTER OF SAVANNAH ST JOSEPH'S/CANDLER ALSO SOLICITS INPUT ON COMMUNITY NEEDS FROM COMMUNITY LEADERS, PROFESSIONALS AND MEMBERS WHO PARTICIPATE ON OUTREACH ADVISORY BOARDS SJ/C'S AFRICAN AMERICAN HEALTH INFORMATION &amp; RESOURCE CENTER, GOOD SAMARITAN CLINIC, SMART SENIOR, ST MARY'S COMMUNITY CENTER AND ST MARY'S HEALTH CENTER HAVE INDIVIDUAL ADVISORY BOARDS COMPRISED OF THOSE PERSONS WHO HAVE SPECIAL INTEREST, SKILLS, KNOWLEDGE AND ENTHUSIASM ABOUT THE PROGRAM'S UNIQUE SERVICES PROGRAM FORUMS AT EACH OUTREACH SITE ALSO PROVIDE DIRECT FEEDBACK FROM THE CLIENTS WHO USE THEIR SERVICES THIS ENSURES EACH SITE CONTINUES TO PROVIDE A SERVICE THE COMMUNITY NEEDS AND BENEFITS FROM WITH OUR PARTNERS, WE LISTEN TO OUR PATIENTS AND CLIENTS, AS WELL AS ACCESS EXISTING NEEDS ASSESSMENTS AND STUDIES IN ORDER TO DETERMINE THE COMMUNITY'S MOST PRESSING NEEDS ST JOSEPH'S/CANDLER USES FEDERAL INFORMATION AND REPORTS FROM AGENCIES SUCH AS THE U S CENSUS BUREAU AND BUREAU OF LABOR STATISTICS, AS WELL AS RESOURCES SUCH AS CLARITAS AND "DEMOGRAPHICS NOW" THAT PROVIDE A WIDE ARRAY OF DEMOGRAPHICS, HOUSEHOLD INCOME AND SERVICES, RETAIL OUTLETS, ETC IN DEFINED ZIP CODES THIS INFORMATION, COMBINED WITH OUR EXTENSIVE COLLABORATIONS AND OUR ROLE AS A LEADER IN THE COMMUNITY, PROVIDES US THE MEANS TO UNDERSTAND AND ADDRESS THE COMMUNITY'S NEEDS AND ENSURES OUR OUTREACH PROGRAMS ARE FOCUSED ON THE POPULATIONS WHO NEED OUR SERVICES THE MOST</p>
<p>PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE</p>	<p>CUSTOMER SERVICE PERSONNEL AT THE HOSPITALS AND ST JOSEPH'S/CANDLER'S EXTENDED BUSINESS OFFICE INFORM PATIENTS ABOUT OUR FINANCIAL ASSISTANCE PROGRAM AND ASSIST THEM IN MAKING AN APPLICATION FOR PATIENTS WHO HAVE NO INSURANCE, LIMITED COVERAGE, AND MEDICAID PATIENTS WITHOUT SUPPLEMENTAL INSURANCE, PATIENT FINANCIAL COUNSELORS DISCUSS THE FINANCIAL ASSISTANCE AND VARIOUS GOVERNMENT BENEFITS WHICH MAY BE AVAILABLE TO THEM PATIENT FINANCIAL COUNSELORS ALSO REFER APPROPRIATE PATIENTS TO A MEDICAID ELIGIBILITY VENDOR WHO SCREENS THEM FOR MEDICAID AND OTHER FEDERAL, STATE OR LOCAL PROGRAMS FOR ASSISTANCE ST JOSEPH'S/CANDLER POSTS FINANCIAL ASSISTANCE CONTACT INFORMATION ON ITS WEBSITE UPON ADMISSION TO THE HOSPITAL, PATIENTS ARE PROVIDED THE "GUIDE TO YOUR HOSPITAL BILL", WHICH INFORMS THEM HOW TO UNDERSTAND THEIR BILL, AS WELL AS A SUMMARY OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IN ADDITION, THE BILLING STATEMENTS SENT TO PATIENTS PROVIDE A MESSAGE AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN THE EVENT THE PATIENT HAS DIFFICULTY PAYING THE BALANCE DUE</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	<p>ST JOSEPH'S/CANDLER IS LOCATED IN SAVANNAH, GA SAVANNAH IS THE OLDEST CITY IN GA AND THE COUNTY SEAT OF CHATHAM COUNTY ST JOSEPH'S/CANDLER'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT DEFINED CHATHAM COUNTY AS THE PRIMARY SERVICE AREA FOR THE SYSTEM CHATHAM COUNTY IS LOCATED ON THE SOUTHEAST COAST OF THE UNITED STATES THE U S CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY 2016 POPULATION ESTIMATE FOR CHATHAM COUNTY IS 289,535 PEOPLE, 113,232 HOUSEHOLDS, 129,822 HOUSING UNITS AND 71,309 FAMILIES EACH CATEGORY SHOWS SIGNIFICANT GROWTH BETWEEN YEARS 2010 AND YEAR 2016 THE MOST POPULOUS LOCATION IS IN ZIP CODE 31419 (51,630 PEOPLE) LOCATED ON SAVANNAH'S SOUTH SIDE FEMALES MAKE UP THE MAJORITY OF THE POPULATION AT 51 6% OF THE TOTAL POPULATION CAUCASIANS MAKE UP THE HIGHEST PERCENTAGE OF THE TOTAL POPULATION AT 52 30%, FOLLOWED BY AFRICAN AMERICANS AT 39 43% AND HISPANICS AT 6 42% THE MEDIAN HOUSEHOLD INCOME IN CHATHAM COUNTY IS 48,238 THE U S CENSUS BUREAU REPORTS MEDIAN HOUSEHOLD INCOME AMONG CAUCASIANS IN 2016 WAS 59,402 COMPARED TO HISPANICS AT 40,943 AND AFRICAN AMERICANS AT 34,930 THE HIGHEST NUMBER OF PEOPLE LIVING IN POVERTY RESIDE IN ZIP CODE 31401 IN 2016, THE U S CENSUS BUREAU REPORTS THAT BY INDUSTRY, HEALTH CARE AND SOCIAL ASSISTANCE SERVICES EMPLOY THE MOST PEOPLE IN CHATHAM COUNTY AT 16,449 (13 03%) ACCOMMODATIONS/FOODSERVICES AND RETAIL TRADE FOLLOW CLOSELY BEHIND AT 11 59% AND 11 25% RESPECTIVELY IN 2016, THE U S CENSUS BUREAU REPORTS 10 57% OF CHATHAM COUNTY RESIDENTS REPORT BEING UNEMPLOYED COMPARED TO 8 2% REPORTED IN THE 2013 CHNA CHATHAM COUNTY'S RATE WAS marginally HIGHER IN 2016 AT 10 68% IN THE CHATHAM COUNTY POPULATION OF PEOPLE TWENTY-FIVE (25) AND OLDER, 5,993 (3 13%) HAVE LESS THAN A 9TH GRADE EDUCATION AND 14,903 (7 78%) HAVE SOME HIGH SCHOOL, BUT HAVE NEVER GRADUATED</p>
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>ALL OF ST JOSEPH'S/CANDLER'S HEALTHCARE FACILITIES, INCLUDING ITS HOSPITALS, FURTHER THEIR EXEMPT PURPOSES BY PROMOTING THE HEALTH IN OUR COMMUNITY IN A VARIETY OF WAYS AS WELL AS THOSE ALREADY DESCRIBED IN SCHEDULE H AND ST JOSEPH'S/CANDLER'S COMMUNITY BENEFIT REPORT THE GOVERNING BODIES OF ALL OF OUR ORGANIZATIONS ARE PRIMARILY COMPRISED OF PERSONS WHO ARE NOT EMPLOYEES, CONTRACTORS (NOR FAMILY MEMBERS THEREOF), AND WHO RESIDE IN ST JOSEPH'S/CANDLER'S PRIMARY SERVICE AREA THE HOSPITALS' MEDICAL STAFFS ARE OPEN TO ALL QUALIFIED PHYSICIANS IN THE REGION FOR THOSE PHYSICIANS IN THE REGION WHO DO NOT HAVE PRIVILEGES, ST JOSEPH'S/CANDLER PROVIDES A PROCESS FOR ADMITTING PATIENTS VIA THE HOSPITALISTS OR THROUGH OTHER PHYSICIANS FUNDS RECEIVED FROM THE OPERATIONS OF ST JOSEPH'S/CANDLER'S HOSPITALS AND FACILITIES (AFTER OPERATING EXPENSES) ARE USED TO SUPPORT VARIOUS OUTREACH EFFORTS DESCRIBED IN SCHEDULE H AND THE COMMUNITY BENEFIT REPORT, TO FURTHER IMPROVEMENT IN PATIENT CARE BY PROVIDING MEDICAL EDUCATION TO PATIENTS AND THE COMMUNITY, CONDUCTING RESEARCH, AND IMPLEMENTING TECHNOLOGY THAT NOT ONLY PROVIDES THE LATEST IN TREATMENT, BUT ALLOWS PATIENTS TO RECEIVE HIGH QUALITY CARE IN THEIR OWN COMMUNITY AND ALLOWS US TO CONTINUALLY IMPROVE PATIENT SAFETY BY IMPLEMENTING TECHNOLOGY THAT PREVENTS MEDICATION ERRORS, ETC IN ORDER TO SPECIFICALLY ASSIST LOW INCOME ELDERLY AND DISABLED CITIZENS TO REMAIN IN THEIR OWN HOMES AND AVOID INSTITUTIONAL NURSING HOME CARE, THESE NEEDS HAVE BEEN MET BY THE GEORGIA INFIRMARY IN TWO WAYS 1) PROVIDING DIRECT SERVICE, AND 2) ADVOCATING AT STATE AND NATIONAL LEVELS FOR PROGRAMS THAT WILL SERVE THE NEEDS OF THESE CITIZENS GEORGIA INFIRMARY PROVIDES SERVICES TO SUCH PERSONS THROUGH AN ADULT DAY CARE CENTER SINCE 1974 GEORGIA INFIRMARY'S HOUSING MANAGEMENT SERVICES OPERATES SUBSIDIZED HOUSING FOR ELDERLY AND DISABLED PERSONS TO RECOGNIZE THAT COMMUNITY-BASED HEALTH ONLY WORKS IF BENEFICIARIES HAVE SAFE, AFFORDABLE HOMES GEORGIA INFIRMARY'S NATIONALLY RECOGNIZED SOURCE PROGRAM FOR CASE MANAGEMENT AND PRIMARY CARE PHYSICIAN SERVICES FOR ELDERLY AND DISABLED PERSONS WAS A RESPONSE TO NEEDS DISCOVERED IN HOUSING AND DAY SERVICES CLIENTS FOR COORDINATED MEDICAL CARE AND ACCOUNTABLE PERSONAL SUPPORT SERVICES IT IS A COLLABORATIVE EFFORT OF APPROXIMATELY 105 PHYSICIANS ACROSS 16 SOUTHEAST GEORGIA COUNTIES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	<p>ST JOSEPH'S/CANDLER HEALTH SYSTEM, INC (SYSTEM), A NOT-FOR-PROFIT MEMBERSHIP CORPORATION, WAS FORMED IN 1997 UNDER A JOINT OPERATING AGREEMENT ENTERED INTO BETWEEN CANDLER HOSPITAL, INC (CH), SAINT JOSEPH'S HOSPITAL, INC (SJH) AND THEIR VARIOUS RESPECTIVE AFFILIATES, SUCH THAT THE SYSTEM BECAME THE PARENT ORGANIZATION OF CH, SJH AND THE AFFILIATES THE SISTERS OF MERCY OF THE AMERICAS, INC (SMA) IS THE SOLE MEMBER OF THE SYSTEM THE SYSTEM OPERATES A COMPREHENSIVE INTEGRATED HEALTHCARE NETWORK AND SERVES AS THE CONTROLLING BODY OF ITS AFFILIATED ENTITIES AS FOLLOWS CH IS A NOT-FOR-PROFIT CORPORATION, OF WHICH THE SYSTEM IS THE SOLE MEMBER, ESTABLISHED TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES THROUGH THE OPERATION OF A 331-BED ACUTE CARE HOSPITAL IN SAVANNAH, GEORGIA CH IS THE SOLE MEMBER OF AND OPERATES SJC ONCOLOGY SERVICES - GEORGIA, LLC IN SAVANNAH, GEORGIA, SJC ONCOLOGY SERVICES - SOUTH CAROLINA, LLC IN HILTON HEAD, SOUTH CAROLINA, CANDLER MEDICAL ONCOLOGY PRACTICE, LLC, AND CANDLER ENT PRACTICE, LLC ALL OF WHICH ARE SINGLE MEMBER LLC'S THAT PROVIDE ADVANCED RADIATION ONCOLOGY AND OTHER SPECIALIZED SERVICES SJH IS A NOT-FOR-PROFIT CORPORATION, OF WHICH THE SYSTEM IS THE SOLE MEMBER, ESTABLISHED TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES THROUGH THE OPERATION OF A 305-BED ACUTE CARE HOSPITAL IN SAVANNAH, GEORGIA SJH IS THE SOLE MEMBER OF AND OPERATES ST JOSEPH'S MEDICAL GROUP, LLC, AND ST JOSEPH'S CARDIOLOGY GROUP, LLC, AND ST JOSEPH'S VASCULAR GROUP, LLC, ALL OF WHICH ARE SINGLE MEMBER LLC'S THAT PROVIDE SPECIALIZED PHYSICIAN SERVICES SJC HOME HEALTH, INC (HOME HEALTH) IS A NOT-FOR-PROFIT CORPORATION, OF WHICH THE SYSTEM IS THE SOLE MEMBER, ESTABLISHED TO PROVIDE HOME HEALTH SERVICES IN A TWENTY-ONE COUNTY AREA IN SOUTHEAST GEORGIA GEORGIA INFIRMARY, INC (INFIRMARY) IS A NOT-FOR-PROFIT CORPORATION, OF WHICH THE SYSTEM IS THE SOLE CORPORATE MEMBER THE SYSTEM SHALL HAVE, AND MAY EXERCISE WITH RESPECT TO THE INFIRMARY, ALL RIGHTS AND AUTHORITIES GRANTED BY LAW TO MEMBERS OF NONPROFIT CORPORATIONS IN GEORGIA OR THE BYLAWS OF THE INFIRMARY, EXCEPT THAT THE SYSTEM DOES NOT HAVE THE AUTHORITY TO CHANGE THE MISSION OF THE INFIRMARY AS OUTLINED IN THE INFIRMARY'S ORIGINAL ARTICLES OF INCORPORATION IN THE EVENT OF ANY MERGER OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE SYSTEM, ALL MEMBERSHIP INTEREST OF THE SYSTEM IN THE INFIRMARY SHALL BE DEEMED SURRENDERED BY THE SYSTEM AND REVERTED TO THE INFIRMARY THE INFIRMARY IS AN ADULT DAY HEALTH PROVIDER AND ALSO PROVIDES A CASE MANAGEMENT PROGRAM TO IMPROVE HEALTH OUTCOMES FOR ELDERLY OR DISABLED MEDICAID RECIPIENTS WITH CHRONIC MEDICAL CONDITIONS SJC VENTURES, INC (SJCVC) IS A FOR-PROFIT CORPORATION AND WHOLLY OWNED STOCK SUBSIDIARY OF THE SYSTEM ORGANIZED TO BE THE SOLE SHAREHOLDER OF SJC MEDICAL GROUP, INC , SJC PROPERTIES, INC AND SJC HEALTH SERVICES, INC , THEREBY CREATING AN AFFILIATED GROUP OF CORPORATIONS ELIGIBLE TO REPORT ON A CONSOLIDATED BASIS FOR FEDERAL INCOME TAX PURPOSES WITHIN THE MEANING OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED SJC MEDICAL GROUP, INC (SJCIMG) IS A FOR-PROFIT CORPORATION WHICH OWNS, OPERATES, AND MANAGES PHYSICIAN PRACTICES, IN ADDITION TO PERFORMING BILLING SERVICES, OF WHICH SJCVC IS THE SOLE SHAREHOLDER SJC PROPERTIES, INC (PROPERTIES) IS A FOR-PROFIT CORPORATION, WHOLLY OWNED BY SJCVC, WHICH OWNS AND DEVELOPS CERTAIN REAL ESTATE AND MANAGES SEVERAL MEDICAL OFFICE BUILDINGS SJC HEALTH SERVICES, INC (HEALTH SERVICES) IS A FOR-PROFIT CORPORATION, WHOLLY OWNED BY SJCVC, ORGANIZED TO FURTHER THE HEALTH CARE DELIVERY SYSTEM OF THE SYSTEM GEECHEE REINSURANCE COMPANY, LLC (GEECHEE) IS A CAPTIVE INSURANCE COMPANY FORMED UNDER THE LAWS OF THE STATE OF SOUTH CAROLINA TO INSURE THE GENERAL AND PROFESSIONAL LIABILITY RISKS OF THE SYSTEM GEECHEE IS ORGANIZED AS A SINGLE MEMBER LLC WITH THE SYSTEM AS ITS SOLE MEMBER ST JOSEPH'S/CANDLER ADVOCATE HEALTH NETWORK, LLC (AHN) OPERATES AS A CLINICALLY INTEGRATED NETWORK FOR THE PURPOSE OF CONTRACTING WITH PAYERS AS AN ACCOUNTABLE CARE ORGANIZATION AHN IS ORGANIZED AS A SINGLE MEMBER LLC WITH THE SYSTEM AS ITS SOLE MEMBER</p>
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	GEORGIA

**Additional Data**

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

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CANDLER HOSPITAL INC 5353 REYNOLDS STREET SAVANNAH, GA 314056015 WWW.SJCHS.ORG 025-532	X	X					X		SNF	

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
FACILITY 1, CANDLER HOSPITAL, INC - PART V, LINE 5	A VARIETY OF FEEDBACK WAS RECEIVED FROM COMMUNITY LEADERS AND STAKEHOLDERS IN THE CHATHAM COUNTY COMMUNITY ST JOSEPHS/CANDLER AND MEMORIAL HEALTH PARTNERED WITH THE COASTAL GEORGIA INDICATORS COALITION (CGIC), CHATHAM COUNTY SAFETY NET PLANNING COUNCIL (CCSNPC), SJ/CS GOOD SAMARITAN CLINIC AND J C LEWIS PRIMARY CARE CENTERS TO OBTAIN PRIMARY AND SECONDARY DATA CGIC AND THE CCSNPC ASSISTED THE HOSPITALS WITH PRIORITIZING THE HEALTH AND SOCIAL NEEDS OF THE CHATHAM COUNTY COMMUNITY WHILE SJ/CS GOOD SAMARITAN CLINIC AND J C LEWIS PRIMARY HEALTH CARE CENTER HELPED THE HOSPITALS OBTAIN ADDITIONAL INFORMATION ON THE HISPANIC AND HOMELESS POPULATIONS ARMSTRONG STATE UNIVERSITY WAS CONTRACTED BY THE CGIC TO DISTRIBUTE APPROXIMATELY 26,000 RANDOM PUBLIC OPINION SURVEYS, EQUATING TO ONE (1) IN FOUR (4) CHATHAM COUNTY HOUSEHOLDS THE GOAL WAS A 15% RETURN RATE THROUGH THE UTILIZATION OF INCENTIVES FOR COMPLETION THE INFORMATION FROM THE SURVEY WAS INTENDED TO SUPPLEMENT THE FEEDBACK COLLECTED THROUGH NEIGHBORHOOD FORUMS, FOCUS GROUP MEETINGS, COMMUNITY-WIDE MEETINGS, AND EMERGENCY DEPARTMENT PATIENTS LIVING AT OR BELOW THE FEDERAL POVERTY GUIDELINES IN ORDER TO COMMUNICATE WITH THE PUBLIC AND ALL THOSE INVOLVED IN THE ASSESSMENT AND PLANNING PROCESS TO DATE, THE CGIC DEVELOPED A COMMUNICATION AND OUTREACH COMMITTEE WORKING WITH A PUBLIC RELATIONS CONSULTANT, THE COMMITTEE IMPLEMENTED THE FOLLOWING STRATEGIES TO INCREASE COMMUNITY ENGAGEMENT AND ESTABLISH AN ONGOING COMMUNICATION PROCESS WEB SITE MONTHLY ELECTRONIC NEWSLETTERS THE CHATHAM COUNTY BLUE PRINT PROCESS INCLUDED A WIDE ARRAY OF PUBLIC MEETINGS (INCLUDING NEIGHBORHOOD FORUMS, COMMUNITY MEETINGS, FOCUS GROUPS, VULNERABLE POPULATION FOCUS GROUPS, AND COMMUNITY-WIDE MEETINGS) FOCUSED ON LISTENING TO THE VOICE OF THE COMMUNITY
FACILITY 1, CANDLER HOSPITAL, INC - PART V, LINE 6A	SAINT JOSEPH'S HOSPITAL, INC 11705 MERCY BOULEVARD SAVANNAH, GA 31419-1711 SAINT JOSEPH'S HOSPITAL AND CANDLER HOSPITAL'S JOINT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN CAN BE FOUND ON ST JOSEPH'S/CANDLER'S WEBSITE AT <a href="http://www.sjchs.org/media/file/chna_sjc_needs%20assessment_home_2016_final.pdf">HTTP //WWW SJCHS ORG/MEDIA/FILE/CHNA_SJC_NEEDS %20ASSESSMENT_HOME_2016_FINAL PDF</a> AND <a href="http://www.sjchs.org/media/file/sjc%202016%20implementation%20plan.pdf">HTTP //WWW SJCHS ORG/MEDIA/FILE/SJC%202016%20IMPLEMENTATION%20PLAN PDF</a> , RESPECTIVELY

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
FACILITY 1, CANDLER HOSPITAL, INC - PART V, LINE 6B	WORKING WITH COMMUNITY PARTNERS TO IDENTIFY AND ADDRESS COMPLEX COMMUNITY HEALTH NEEDS ENHANCES POPULATION HEALTH AND PROVIDES BETTER COORDINATION OF LIMITED COMMUNITY RESOURCES THE COLLABORATING PARTNER FOR THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT IS MEMORIAL HEALTH, AN AWARD-WINNING, TWO-STATE HEALTHCARE ORGANIZATION SERVING A 35-COUNTY AREA IN SOUTHEAST GEORGIA AND SOUTHERN SOUTH CAROLINA
FACILITY 1, CANDLER HOSPITAL, INC - PART V, LINE 11	DESPITE THE MANY HEALTH AND SOCIAL NEEDS IDENTIFIED IN CHATHAM COUNTY, THE COUNTY IS FORTUNATE TO HAVE EXTREMELY COLLABORATIVE ENVIRONMENT WHERE HOSPITALS, THE HEALTH DEPARTMENT, SOCIAL SERVICE AGENCIES, MUNICIPAL GOVERNMENTS, SCHOOLS OF HIGHER LEARNING AND MANY OTHERS WORK TOGETHER TO HELP ADDRESS THE HEALTH AND SOCIAL NEEDS OF THE COMMUNITY NO ONE ORGANIZATION CAN ADDRESS ALL THE NEEDS IDENTIFIED AS PRIORITIES IN CHATHAM COUNTY TO THAT END ST JOSEPHS/CANDLER AND MEMORIAL HEALTH WILL EVALUATE THESE LISTS TO DETERMINE WHICH INDICATORS WILL BE ADDRESSED BY EACH OF THE HOSPITALS THEY WILL CONTINUE TO COLLABORATIVELY WORK IN PARTNERSHIP WITH OTHER AREA ORGANIZATIONS AND AGENCIES TO IMPROVE THE OVERALL HEALTH IN CHATHAM COUNTY

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CANDLER HOSPITAL INC

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
58-0593388

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) PHARMACY SCHOLARSHIP	27	51,604			
(2) MAMMOGRAPHY INDIGENT PROG	701	74,545			
(3)					
(4)					
(5)					
(6)					
(7)					

**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	MAMMOGRAPHY ASSISTANCE PROGRAM PATIENTS ARE SCREENED FOR QUALIFICATION BY THE DIRECTOR OF TELFAIR PAVILION AND HER ELIGIBILITY SCREENER ONCE PATIENTS ARE APPROVED, THEY ARE FUNNELED INTO A MASTER MAMMOGRAPHY SERVICES BILL AND SENT TO THE FOUNDATIONS SPECIALIST FOUNDATION EXECUTIVE DIRECTOR REVIEWS MASTER BILL ACCORDING TO MAMMOGRAPHY FUND PURPOSE STATEMENT AND SENDS FOR PROCESSING OF PAYMENT NOTE THAT THE FOUNDATIONS BOARD IS AWARE THAT SOME MONTH'S BILLINGS MAY EXCEED 5,000 PHARMACY SCHOLARSHIP PROGRAM THE PHARMACY DEPARTMENT DOES MONTHLY REQUESTS FOR FUNDS EACH GRANT TRANSFER REQUEST IS FILLED OUT BY PHARMACY STAFF AND THEN APPROVED AND SIGNED OFF ON BY THE PHARMACY DIRECTOR THE FORMS ARE THEN SUBMITTED TO THE FOUNDATION WITH BACK UP FOR GRANT TRANSFER THESE GRANT TRANSFER FORMS ARE THEN REVIEWED BY THE FOUNDATIONS DIRECTOR AND SIGNED AGAIN FOR THE TRANSFER OF FUNDS THESE AMOUNTS ARE ALSO REVIEWED BY THE FOUNDATIONS' BOARD AND APPROVED AGAIN BOTH PHARMACY DIRECTOR AND EXECUTIVE DIRECTOR HAVE SIGNED THEM AND REVIEWED THEM FOR ACCURACY AND MAKING SURE THEY MEET FUND STIPULATIONS



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

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).

Name of the organization  
CANDLER HOSPITAL INC

Employer identification number  
58-0593388

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>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.</div></div>	Yes	
<div><div>2</div><div>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?</div></div>	Yes	
<div><div>3</div><div>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><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>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:</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>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.</div></div>		No
<div><div>8</div><div>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.</div></div>		No
<div><div>9</div><div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

**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	CEO RECEIVES THE BENEFIT AND THE AMOUNT IS INCLUDED IN THE CEO'S TAXABLE INCOME
SCHEDULE J, PAGE 1, PART I, LINE 4	GREGORY J SCHAACK 0 18,000 0 SHERRY A DANIELLO 0 18,000 0 THOMAS S POUND 0 18,000 0 PAUL P HINCHEY 0 420,000 0 KYLE L MCCANN 0 18,000 0 JAMES I SCOTT, M D 0 18,000 0 NOLAN D HENNESSEE 0 15,120 0 BRADLEY TROWER 0 12,780 0 PETER M SCHENK 151,341 0 0
SCHEDULE J, PART III	PART I, LINE 4(B) - SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) THE SYSTEM MAINTAINS AN UNFUNDED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), WHICH PROVIDES RETIREMENT BENEFITS TO CERTAIN OFFICERS AND SELECT EMPLOYEES. THIS PLAN IS NON-QUALIFIED AND DOES NOT HAVE A MINIMUM FUNDING REQUIREMENT. THE LIABILITY FOR THIS SERP OBLIGATION IS INCLUDED AS DEFERRED COMPENSATION PAYABLE AND THE ASSETS SET ASIDE AS A RESERVE FOR THIS LIABILITY ARE INCLUDED IN BOARD DESIGNATED ASSETS LIMITED AS TO USE. PART II, BONUS AWARD: BONUS COMPENSATION IS AWARDED BASED ON REACHING MULTIPLE ORGANIZATIONAL AND INDIVIDUAL GOALS, ALL OF WHICH ARE EXPRESSLY CONTINGENT UPON ACHIEVING A TARGETED OPERATING BUDGET. THE CEO MAKES A BONUS RECOMMENDATION TO THE BOARD'S COMPENSATION COMMITTEE WHILE THE COMMITTEE MAKES A BONUS RECOMMENDATION TO THE BOARD FOR THE CEO. ALL BONUSES ARE CAPPED AT A MAXIMUM PERCENTAGE OF THEIR SALARY. COMPENSATION FROM UNRELATED ORGANIZATION: SISTER MARGIE BEATTY IS A KEY EMPLOYEE FOR THE FILING ORGANIZATION SPENDING APPROXIMATELY HALF HER TIME BETWEEN TWO RELATED HOSPITALS, CANDLER HOSPITAL AND ST. JOSEPH'S HOSPITAL. THE ORGANIZATIONS, HOWEVER, SUBMIT 100% OF HER COMPENSATION TO THE SISTERS OF MERCY (SOM) FOR HER SERVICES. TOTAL AMOUNT PAID TO SOM IN 2016 WAS 207,956.

Additional Data

Software ID:

Software Version:

EIN: 58-0593388

Name: CANDLER HOSPITAL INC

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

(A) Name 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				
1GREGORY J SCHAACK TRUSTEE/CFO	(i)	255,118			10,440	29,963	295,521	
	(ii)	184,740			7,560	-	-	
2SHERRY A DANELLO TRUSTEE/VP	(i)	177,375		11,140	10,440	38,937	237,892	
	(ii)	128,444		8,067	7,560	-	-	
3THOMAS S POUND CHAIRMAN/VP	(i)	141,916		4,487	10,440	16,445	173,288	
	(ii)	102,767		3,250	7,560	-	-	
4PAUL P HINCHEY PRESIDENT & CEO	(i)	458,077		8,366		28,936	495,379	
	(ii)	331,711		6,058	420,000	-	-	
5KYLE L MCCANNCOO	(i)	229,276			10,440	16,592	256,308	
	(ii)	166,027			7,560	-	-	
6SR MARGIE BEATTY RSMVP	(i)					12,015	185,602	
	(ii)					-	-	
7JAMES I SCOTT MDVP	(i)	157,529			10,440	22,123	190,092	
	(ii)	114,073			7,560	-	-	
8NOLAN D HENNESSEEV	(i)	150,150		4,174	8,770	15,652	178,746	
	(ii)	108,729		3,023	6,350	-	-	
9BRADLEY TROWERVP	(i)	127,074		10,480	7,412	10,646	155,612	
	(ii)	92,019		7,589	5,368	-	-	
10PETER M SCHENKPAST VP	(i)	47,137		87,778		22,374	157,289	10,440
	(ii)	34,134		63,563		-	-	7,560
11GREGORY A MENKEVP	(i)	98,912				8,968	107,880	
	(ii)	71,626				-	-	
12JOHN PABLO DIRECTOR-ONCOLOGY	(i)	729,598	267,985	52,646		22,836	1,073,065	
	(ii)					-	-	
13WILLIAM E RICHARDS RADIATION ONCOLOGIST	(i)	693,925	250,000	24,552		25,277	993,754	
	(ii)					-	-	
14JOSHUA T MCKENZIE RADIATION ONCOLOGIST	(i)	554,070	89,100	18,177		26,260	687,607	
	(ii)					-	-	
15HOWARD A ZAREN MEDDIRECTOR-ONCOLOGY	(i)	598,240		38,118		35,962	672,320	
	(ii)					-	-	
16JOHN L MIKELL RADIATION ONCOLOGIST	(i)	408,030	40,000			11,219	459,249	
	(ii)					-	-	

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
CANDLER HOSPITAL INC

Employer identification number  
58-0593388

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**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) JOHN L MIKELL	TRUSTEE SON	459,249	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	JOHN MIKELL IS THE SON OF JULIA MIKELL, M D , A HOSPITAL TRUSTEE, AND IS EMPLOYED AND COMPENSATED BY THE FILING ORGANIZATION

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CANDLER HOSPITAL INC

**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).

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**Employer identification number**

58-0593388

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	ALL ITS ACTIVITIES AND CONTRACTS DURING THE FISCAL YEAR ENDED JUNE 30, 2017, THE HOSPITAL SERVED THE FOLLOWING 62,991 ACUTE CARE PATIENT DAYS AND 13,551 DISCHARGES INCLUDING NEWBORN, 5,354 REHAB DAYS WITH 375 DISCHARGES, AND 2,718 SKILLED NURSING DAYS WITH 216 DISCHARGES EMERGENCY ROOM VISITS TOTALED 56,438 THE HOSPITAL ALSO PROVIDED SERVICES FOR 256,822 OUTPATIENT VISITS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	ST JOSEPH'S/CANDLER HEALTH SYSTEM, INC (SYSTEM) IS THE SOLE MEMBER OF THE FILING ORGANIZATION

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE SISTERS OF MERCY, BALTIMORE REGIONAL COMMUNITY (SMB) IS THE SOLE MEMBER OF THE SYSTEM BOTH CH AND SYSTEM SHARE A COMMON MANAGEMENT TEAM SMB HAS CERTAIN LIMITED RIGHTS SUCH AS APPOINTMENT OF THREE TRUSTEES TO THE SYSTEM BOARD THE SYSTEM HAS THE AUTHORITY TO APPOINT 13 OF THE 17 VOTING TRUSTEE POSITIONS AND THE SYSTEM CEO IS AN EX-OFFICIO TRUSTEE AS THE SOLE MEMBER, SYSTEM ALSO CONTROLS CH PURSUANT TO SECTION 3.2 OF THE AMENDED AND RESTATEDED JOINT OPERATING AGREEMENT ENTERED INTO ON APRIL 1, 2003, 4 OF ITS 5 TRUSTEES ARE RECOMMENDED BY THE CEO OF SYSTEM FROM AMONG THE MEMBER'S MANAGEMENT PERSONNEL AND THEY ARE APPROVED BY THE MEMBER'S BOARD THE 5TH MEMBER OF THE HOSPITAL BOARD IS THE PRESIDENT OF THE HOSPITAL'S MEDICAL AND DENTAL STAFF

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	<p>SYSTEM HAS CERTAIN LIMITED RIGHTS SUCH AS THE RECOMMENDATION OF 4 OF CH'S 5 TRUSTEES BY THE CEO OF SYSTEM FROM AMONG THE MEMBER'S MANAGEMENT PERSONNEL WHICH ARE THEN SUBJECT TO APPROVAL BY THE SYSTEM'S BOARD. ADDITIONALLY, SYSTEM HAS SPECIFIC RESERVED POWERS WHICH REQUIRE THAT CERTAIN ACTIONS TAKEN BY THE CH BOARD ARE EFFECTIVE ONLY IF FIRST APPROVED BY SYSTEM. THESE ACTIONS INCLUDE:</p> <ol style="list-style-type: none"><li>1. DEVELOPMENT OF THE ROLE, MISSION, GOALS AND STRATEGIC AND OPERATIONAL PLAN(S) OF CANDLER HOSPITAL.</li><li>2. ESTABLISHMENT OF AN ORGANIZATION-WIDE POLICY.</li><li>3. RESPONSIBILITY FOR THE ORGANIZATION-WIDE QUALITY OF CARE AND QUALITY OF WORK LIFE.</li><li>4. DEVELOPMENT AND APPROVAL OF THE BUDGETS.</li><li>5. APPROVAL OF THE SALE, LEASE, TRANSFER, ENCUMBRANCE, ALIENATION, OR DISPOSITION OF PROPERTY OR ASSETS OF CH, SUBJECT TO THE SMB RESERVED POWERS.</li><li>6. APPROVAL OF ANY DISSOLUTION, MERGER, CONSOLIDATION OR SALE OF CH, SUBJECT TO THE SMB RESERVED POWERS.</li><li>7. RATIFICATION OF THE APPOINTMENT BY THE SYSTEM CEO OF THE MEMBERS OF THE BOARD OF TRUSTEES AND THE BOARD OF DIRECTORS OF CH AND TO DETERMINE, WHEN APPROPRIATE WITH RESPECT TO CH, THE NUMBER OF TRUSTEES OR DIRECTORS, QUORUM AND VOTING REQUIREMENTS, TERMS, COMMITTEES, OFFICERS, AND ANY OTHER CUSTOMARY AND APPROPRIATE BYLAW PROVISIONS FOR CH, AND</li><li>8. DELEGATION OF SUCH RESPONSIBILITIES AND OTHER ACTIVITIES TO CH AS NECESSARY, INCLUDING THE DELEGATION TO SJH OF RESPONSIBILITIES RELATED TO CREDENTIALING OF MEDICAL STAFF, LICENSURE, JCAHO CERTIFICATION, MAINTAINING THE ROMAN CATHOLIC IDENTITY AND PRESENCE OF CH PURSUANT TO THE SMB RESERVED POWERS.</li></ol>

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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



## 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	CONSOLIDATED MANAGEMENT AND GENERAL SERVICES - THE FILING ORGANIZATION IS A MEMBER OF A COMPREHENSIVE INTEGRATED HEALTHCARE NETWORK, I E , ST JOSEPH'S/CANDLER HEALTH SYSTEM, INC (SYSTEM) ESSENTIAL MANAGEMENT AND GENERAL SERVICES ARE PROVIDED BY THE SYSTEM TO THE RELATED ORGANIZATIONS THE COSTS OF SUCH SERVICES REMAIN ON THE BOOKS OF SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES 19,097,752 2,875,221 0 PROFESSIONAL FEES 14,269,219 5,715,661 0 OUTSIDE LAB FEES 1,654,134 0 0 CONSULTING FEES 211,505 144,600 0 TEMPORARY LABOR 1,369,336 139,83 7 0 OTHER FEES 1,472,355 0 0 TOTAL 38,074,301 8,875,319 0

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTEREST IN FOUNDATIONS 1,369,764 UNREALIZED CHANGE IN DERIVATIVES 284,310 EQUITY TRANSFER S OUT -3,542,723 TOTAL -1,888,649 CHANGES IN NET ASSETS ARE THE RESULT OF NONCASH TRANSACT IONS AS DETAILED ABOVE

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

2016

Open to Public Inspection

Name of the organization  
CANDLER HOSPITAL INC

Employer identification number  
58-0593388

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

(a) Name, address, and EIN (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) SJC ONCOLOGY SERVICES-GA LLC 5353 REYNOLDS STREET SAVANNAH, GA 314056015 58-1690520	RADIOLOGY	GA	9,873,826		CH CANDLER HOSPITAL
(2) SJC ONCOLOGY SERVICES-SC LLC 5353 REYNOLDS STREET SAVANNAH, GA 314056015 58-1894698	ONCOLOGY	GA	983,011		CH CANDLER HOSPITAL
(3) CANDLER ENT PRACTICE LLC 5353 REYNOLDS STREET SAVANNAH, GA 314056015 46-5647244	ENT	GA	-713,326	979,315	CH
(4) CANDLER MEDICAL ONCOLOGY PRACTICE L 5353 REYNOLDS STREET SAVANNAH, GA 314056015 46-5633323	ONCOLOGY	GA	11,336,681	711,808	CH
(5) SJSC CARDIOLOGY LLC 5353 REYNOLDS STREET SAVANNAH, GA 314056015 81-2136129	CARDIOLOGY	GA	-464,620	1,332,050	CH

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)ST JOSEPH'SCANDLER HEALTH SYSTEM 5353 REYNOLDS STREET  SAVANNAH, GA 314056015 58-2288758	MGMNT	GA	501C 3	12C	NA		No
(2)ST JOSEPH'S HOSPITAL INC 11705 MERCY BLVD  SAVANNAH, GA 314191711 58-0568702	ACUTE CARE	GA	501C 3	3	SYSTEM ST JOSEPH'S/CANDLER HEALTH SYSTEM		No
(3)SJC HOME HEALTH SERVICES INC 5353 REYNOLDS STREET  SAVANNAH, GA 314056015 58-1329042	HOME HLTH	GA	501C 3	10	SYSTEM ST JOSEPH'S/CANDLER HEALTH SYSTEM		No
(4)GEORGIA INFIRMARY INC 5353 REYNOLDS STREET  SAVANNAH, GA 314056015 58-0668614	CLINIC	GA	501C 3	10	SYSTEM		No
(5)CANDLER FOUNDATION INC 5353 REYNOLDS STREET  SAVANNAH, GA 314056015 58-1553254	FOUNDATION	GA	501C 3	12B	SYSTEM ST JOSEPH'S/CANDLER HEALT <sup>H</sup> SYSTEM		No
(6)ST JOSEPH'S FOUNDATION OF SAVANNAH 5353 REYNOLDS STREET  SAVANNAH, GA 314056015 58-1905195	FOUNDATION	GA	501C3	12B	SYSTEM		No

**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	
<b>(1)</b> SJCOIS MANAGEMENT LLC 5353 REYNOLDS STREET SAVANNAH, GA 314056015 46-0748220	IMAGING	GA	NA	EXCLUDED	154,808	745,047		No			No	25 000 %
<b>(2)</b> SAVANNAH NEUROSURGERY SVCS JT VENTU 5353 REYNOLDS STREET SAVANNAH, GA 314056015 46-4223371	NEUROSURGY	GA	NA	EXCLUDED	45,759	20,040		No		Yes		25 000 %
<b>(3)</b> THE LISTENING CENTER LLC 5356 REYNOLDS STREET SAVANNAH, GA 31405 45-4044301	ENT	GA	NA	EXCLUDED	110,138	47,744		No		Yes		25 000 %

**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
<b>(1)</b> SJC MEDICAL GROUP INC 5353 REYNOLDS STREET SAVANNAH, GA 314056015 58-2011805	PHYSICIANS	GA	N/A						No
<b>(2)</b> SJC VENTURES INC 5353 REYNOLDS STREET SAVANNAH, GA 314056015 58-2650129	HEALTHCARE	GA	N/A						No
<b>(3)</b> SJC PROPERTIES INC 5353 REYNOLDS STREET SAVANNAH, GA 314056015 58-1583360	PROPERTY	GA	N/A						No
<b>(4)</b> SJC HEALTH SERVICES INC 5353 REYNOLDS STREET SAVANNAH, GA 314056015 58-1701535	HEALTHCARE	GA	N/A						No

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

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

1

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

a

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

b

Gift, grant, or capital contribution to related organization(s) . . . . .

c

Gift, grant, or capital contribution from related organization(s) . . . . .

d

Loans or loan guarantees to or for related organization(s) . . . . .

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

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

k

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

l

Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

Other transfer of cash or property to related organization(s) . . . . .

s

Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

Yes

1s

Yes

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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)

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)  5353 REYNOLDS STREET SAVANNAH, GA 314056015 58-2288758	MGMNT	GA	501C 3	12C	NA		No
(1)  11705 MERCY BLVD SAVANNAH, GA 314191711 58-0568702	ACUTE CARE	GA	501C 3	3	SYSTEM ST JOSEPH'S/CANDLER HEALTH SYSTEM		No
(2)  5353 REYNOLDS STREET SAVANNAH, GA 314056015 58-1329042	HOME HLTH	GA	501C 3	10	SYSTEM ST JOSEPH'S/CANDLER HEALTH SYSTEM		No
(3)  5353 REYNOLDS STREET SAVANNAH, GA 314056015 58-0668614	CLINIC	GA	501C 3	10	SYSTEM		No
(4)  5353 REYNOLDS STREET SAVANNAH, GA 314056015 58-1553254	FOUNDATION	GA	501C 3	12B	SYSTEM ST JOSEPH'S/CANDLER HEALTH SYSTEM		No
(5)  5353 REYNOLDS STREET SAVANNAH, GA 314056015 58-1905195	FOUNDATION	GA	501C3	12B	SYSTEM		No