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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AUGUSTA HEALTH CARE INC

D/B/A AUGUSTA HEALTH

Doing business as

AUGUSTA HEALTH

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

PO BOX 1000

Room/suite

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

FISHERSVILLE, VA 22939

F Name and address of principal officer

MARY N MANNIX FACHE

PO BOX 1000

FISHERSVILLE, VA 22939

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.AUGUSTAHEALTH.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile VA

Part I Summary

Activities & Governance

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

PROMOTE THE HEALTH AND WELL-BEING OF OUR COMMUNITY THROUGH ACCESS TO EXCELLENT CARE

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 2017 (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

Prior Year

Current Year

Beginning of Current Year

End of Year

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

JOHN KATSIANIS CFO

Type or print name and title

2018-11-13

Date

Paid Preparer Use Only

Print/Type preparer's name

AMY BIBBY

Preparer's signature

AMY BIBBY

Date

Check ☐ if self-employed

PTIN P00445891

Firm's name ▶ DIXON HUGHES GOODMAN LLP

Firm's EIN ▶ 56-0747981

Firm's address ▶ 500 RIDGEFIELD COURT

ASHEVILLE, NC 28806

Phone no (828) 254-2254

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 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE MISSION OF AUGUSTA HEALTH IS TO PROMOTE THE HEALTH AND WELL-BEING OF OUR COMMUNITY THROUGH ACCESS TO EXCELLENT CARE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 234,756,976	including grants of \$ 563,401	(Revenue \$ 301,379,261)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	234,756,976
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 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	9	No
10 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	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
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	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 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>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	2,127
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	Yes
b	If "Yes," enter the name of the foreign country: CJ 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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: VA	
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: SARAH HASH-RODGERS 78 MEDICAL CENTER CIRCLE FISHERSVILLE, VA 22939 (540) 332-4685	

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

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

Form **990** (2017)

[illegible]

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 ▶ 87

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC & AFFILIATES PO BOX 536922 ATLANTA, GA 303536922	NUTRITION SERVICES MANAGEMENT	2,914,817
DPR CONSTRUCTION 5500 COX RD GLEN ALLEN, VA 23060	CONSTRUCTION	2,701,195
BARTON MARLOW COMPANY 26500 AMERICAN DR SOUTHFIELD, MI 48034	CONSTRUCTION	2,500,604
ARTISAN CONSTRUCTION INC 1132 E MARKET ST CHARLOTTESVILLE, VA 22902	CONSTRUCTION	1,744,718
KJELLSTROM & LEE INC 1607 OWNBY LANE RICHMOND, VA 23220	CONSTRUCTION	1,635,527

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 ► 51	
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Part VIII **Statement of Revenue**

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

**Contributions, Gifts, Grants
and Other Similar Amounts**

1a Federated campaigns . . .	1a	
b Membership dues . . .	1b	
c Fundraising events . . .	1c	
d Related organizations	1d	938,645
e Government grants (contributions)	1e	
f All other contributions, gifts, grants, and similar amounts not included above	1f	
g Noncash contributions included in lines 1a-1f \$ _____		
h Total. Add lines 1a-1f ▶		938,645

Program Service Revenue

	Business Code				
2a NET PATIENT SERVICE REVENUE	621400	291,919,576	291,470,551	449,025	
b RETAIL PHARMACY	446110	5,826,523	3,782,293	2,044,230	
c DME	621400	4,910,683	4,684,726	225,957	
d FITNESS CENTER	713940	2,012,176	928,299	1,083,877	
e OTHER PROGRAM SERVICE REVENUE	900099	624,634	513,392	111,242	
f All other program service revenue					
g Total. Add lines 2a-2f ▶		305,293,592			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		19,123,385			19,123,385
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real	(ii) Personal			
	1,267,175				
b Less rental expenses	474,515				
c Rental income or (loss)	792,660				
d Net rental income or (loss) ▶		792,660			792,660
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	1,069,192				
c Gain or (loss)	-1,069,192				
d Net gain or (loss) ▶		-1,069,192			-1,069,192
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b Less direct expenses b					
c Net income or (loss) from fundraising events . . . ▶					
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities . . . ▶					
10a Gross sales of inventory, less returns and allowances . . . a					
b Less cost of goods sold . . . b					
c Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue	Business Code				
11a CAFETERIA/VENDING	722210	1,319,453			1,319,453
b TELEPHONE ANSWERING	900099	64,722		64,722	
c AFFILIATED REVENUES/LOSSES	900099	-1,586,777			-1,586,777
d All other revenue					
e Total. Add lines 11a-11d ▶		-202,602			
12 Total revenue. See Instructions ▶		324,876,488	301,379,261	3,979,053	18,579,529

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	563,401	563,401		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	5,100,084		5,100,084	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	90,583,657	79,660,563	10,923,094	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,082,592	3,398,922	683,670	
9 Other employee benefits.	17,444,054	14,522,877	2,921,177	
10 Payroll taxes.	6,816,398	5,674,926	1,141,472	
11 Fees for services (non-employees):				
a Management.	795,968		795,968	
b Legal.	243,668		243,668	
c Accounting.	133,019		133,019	
d Lobbying.	27,884		27,884	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	35,112,780	24,446,260	10,666,520	
12 Advertising and promotion.	1,221,418	749,679	471,739	
13 Office expenses.	11,519,715	6,144,151	5,375,564	
14 Information technology.	2,421,449	2,146,931	274,518	
15 Royalties.				
16 Occupancy.	5,299,531	5,299,531		
17 Travel.	411,668	392,347	19,321	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	281,010	128,776	152,234	
20 Interest.	605,605	605,605		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	16,295,084	16,295,084		
23 Insurance.	966,325	966,325		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	30,190,620	30,190,620		
b COST OF DRUGS SOLD	23,117,200	23,117,200		
c BAD DEBTS	18,474,431	18,474,431		
d COST OF FOOD	1,891,348	1,891,348		
e All other expenses	1,034,538	87,999	946,539	
25 Total functional expenses. Add lines 1 through 24e.	274,633,447	234,756,976	39,876,471	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	20,848,886	1	21,678,777
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	44,308,491	4	37,565,595
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	27,204	7	0
	8	Inventories for sale or use	6,235,053	8	5,886,575
	9	Prepaid expenses and deferred charges	2,347,918	9	2,490,624
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	370,389,526		
	b	Less: accumulated depreciation	231,207,405		
			136,977,910	10c	139,182,121
	11	Investments—publicly traded securities	295,073,981	11	360,753,693
	12	Investments—other securities. See Part IV, line 11	6,679,968	12	5,511,059
	13	Investments—program-related. See Part IV, line 11	90,159,686	13	108,361,376
	14	Intangible assets	280,577	14	1,036,384
15	Other assets. See Part IV, line 11	11,429,070	15	13,504,024	
16	Total assets. Add lines 1 through 15 (must equal line 34)	614,368,744	16	695,970,228	
Liabilities	17	Accounts payable and accrued expenses	22,888,479	17	23,608,065
	18	Grants payable		18	
	19	Deferred revenue	104,779	19	71,786
	20	Tax-exempt bond liabilities	17,867,406	20	14,635,966
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	271,554	23	126,917
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,312,101	25	11,485,187
	26	Total liabilities. Add lines 17 through 25	46,444,319	26	49,927,921
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	566,391,326	27	644,464,928
	28	Temporarily restricted net assets	1,533,099	28	1,577,379
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	567,924,425	33	646,042,307
	34	Total liabilities and net assets/fund balances	614,368,744	34	695,970,228

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	324,876,488
2	Total expenses (must equal Part IX, column (A), line 25)	2	274,633,447
3	Revenue less expenses Subtract line 2 from line 1	3	50,243,041
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	567,924,425
5	Net unrealized gains (losses) on investments	5	28,468,660
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-593,819
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	646,042,307

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

Software ID:
Software Version:
EIN: 54-1453954
Name: AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

Form 990 (2017)

Form 990, Part III, Line 4a:

AUGUSTA HEALTH CARE, INC IS A 501(C)(3) ORGANIZATION DOING BUSINESS AS AUGUSTA HEALTH THE ORGANIZATION INCLUDES A MEDICAL CENTER WITH 255 LICENSED INPATIENT BEDS, AN EMERGENCY DEPARTMENT TREATING APPROXIMATELY 57,000 COMMUNITY MEMBERS PER YEAR, FOUR URGENT CARE CENTERS TREATING APPROXIMATELY 61,000 PATIENTS, A STATE OF THE ART CANCER CENTER PROVIDING TAILOR-MADE COMPREHENSIVE CARE INCLUDING MEDICAL ONCOLOGY AND RADIATION ONCOLOGY, A HOME HEALTH AND HOSPICE PROGRAM SERVING PATIENTS WHO WISH TO REMAIN AT HOME DURING THEIR TREATMENT OR FINAL DAYS, A WOUND HEALING CLINIC PROVIDING A COMPREHENSIVE TREATMENT REGIMEN FOR CHRONIC NON-HEALING WOUNDS, AND A SKILLED NURSING UNIT PROVIDING COMPREHENSIVE REHABILITATION FOR PATIENTS RECOVERING FROM ORTHOPEDIC SURGERY THE CAMPUS OF AUGUSTA HEALTH IS DESIGNED TO PROVIDE NOT ONLY HOSPITAL SERVICES BUT COMMUNITY ORIENTED SERVICES THE CAMPUS INCLUDES THE HOSPITAL PROPER, A MAJOR FITNESS CENTER, AN EDUCATIONAL BUILDING THAT HOUSES AUGUSTA HEALTH EDUCATIONAL SERVICES, A BRANCH OF A LOCAL COMMUNITY COLLEGE, A COMMUNITY BUILDING WITH LARGE CONFERENCE ROOMS AVAILABLE TO OTHER COMMUNITY ORGANIZATIONS, AND A BEHAVIORAL HEALTH BUILDING FOR THE PROVISION OF OUTPATIENT PSYCHIATRIC AND SUBSTANCE ABUSE SERVICES THIS WIDE RANGE OF FACILITIES HELPS TO SUPPORT AUGUSTA HEALTH'S VISION OF PROVIDING THE COMMUNITY WITH A FULL CONTINUUM OF HEALTH AND COMMUNITY SERVICES AUGUSTA HEALTH IS SUPPORTED BY AUGUSTA MEDICAL GROUP WHICH WAS ESTABLISHED TO SUPPORT THE CHARITABLE PURPOSES OF AUGUSTA HEALTH CARE INC THROUGH THE OWNERSHIP AND OPERATION OF A COMMUNITY PHYSICIAN DEVELOPMENT SERVICE THIS GROUP ENABLES THE GREATER AUGUSTA COUNTY, VIRGINIA TO BENEFIT FROM A STABLE BASE OF PHYSICIANS IN A BROAD ARRAY OF SPECIALTIES IN 2017 AUGUSTA HEALTH RECEIVED THE FOLLOWING HONORS, AWARDS, AND ACCREDITATIONS 2017 HEALTHGRADES AMERICA'S 50 BEST HOSPITALS, 2017 HEALTHGRADES JOINT REPLACEMENT EXCELLENCE AWARD, 2017 HEALTHGRADES PULMONARY CARE EXCELLENCE AWARD, 2017 HEALTHGRADES ORTHOPEDIC SURGERY EXCELLENCE AWARD, 2017- GET WITH THE GUIDELINES- STROKE GOLD PLUS AWARD WITH TARGET STROKE HONOR ROLL, BECKER'S HOSPITAL REVIEW 100 GREAT COMMUNITY HOSPITALS, AND ACCREDITATION BY THE THE AMERICAN COLLEGE OF RADIOLOGY FOR LUNG CANCER SCREENING AUGUSTA HEALTH'S NET COMMUNITY BENEFIT FOR 2017 IS ESTIMATED TO BE \$20,325,024 THIS BENEFIT CAN BE CATEGORIZED AS FOLLOWS \$9,212,360 CHARITY\$6,747,836 MEDICAID \$967,306 COMMUNITY HEALTH SERVICES \$84,523 HEALTH PROFESSIONAL EDUCATION\$2,782,024 SUBSIDIZED HEALTH SERVICES \$530,975 CASH & IN-KIND CONTRIBUTIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REV JOHN C PETERSON CHAIRMAN	1 00	X		X				0	0	0
VICTOR M SANTOS VICE CHAIRMAN	1 00	X		X				0	0	0
BURNIE POWERS SECRETARY/TREASURER	1 00	X						0	0	0
CHARLES ANDERSEN MD BOARD MEMBER	1 00	X						0	0	0
JOHN P BOWERS BOARD MEMBER	1 00	X						0	0	0
DEBRA S CALLISON BOARD MEMBER	1 00	X						0	0	0
ROBIN G CROWDER BOARD MEMBER	1 00	X						0	0	0
JOHN B DAVIS BOARD MEMBER	1 00	X						0	0	0
RONALD W DENNEY BOARD MEMBER	1 00	X						0	0	0
DAVID W FOSNOCHT MD BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BEVERLY CHERI S MORAN BOARD MEMBER	1 00	X						0	0	0
A WHIT MORRISS MD BOARD MEMBER	1 00	X						0	0	0
JOSEPH L RANZINI MD BOARD MEMBER	40 00	X						424,795	0	15,288
WILLIAM L VAUHGN BOARD MEMBER	1 00	X						0	0	0
MARY N MANNIX PRESIDENT & CEO	38 00 2 00	X		X				938,608	0	123,441
JOHN KATSIANIS CFO (BEGAN SEP)	39 00 1 00			X				132,220	0	20,955
JIM GRAVELL INTERIM CFO (THRU SEP)	39 00 1 00			X				0	0	0
RICH EMBREY MD CMO & VP POPULATION HEALTH	40 00				X			463,401	0	56,404
MARVELLA REA CNO	40 00				X			275,592	0	23,899
KAREN CLARK PRESIDENT, AMG	40 00				X			381,938	0	37,866

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAN O'CONNOR VP OF HUMAN RESOURCES	40 00				X			335,635	0	44,962
LISA CLINE COO	40 00				X			449,367	0	53,053
MIKE CANFIELD CIO	40 00				X			316,160	0	39,864
GEORGE SEMKO ADMIN DIRECTOR REVENUE CYC	40 00				X			233,734	0	14,059
ALEXANDER BROWN VP OF LEGAL AFFAIRS	40 00				X			246,428	0	21,967
MARK LAROSA CHIEF STRATEGY OFFICER	40 00				X			202,416	0	25,647
SCOTT JUST MD VP/CMO, AMG	40 00				X			438,613	0	52,166
ANDREW WEST CMIO	40 00					X		348,553	0	12,098
FRANCIS CARRUCIO ADMIN DIRECTOR FACILITIES,	40 00					X		248,879	0	11,203
SCOTT CRABTREE ADMIN DIRECTOR OF PROFESSI	40 00					X		220,696	0	8,308

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICKIE TAYLOR SURGICAL DIRECTOR	40 00					X		180,892	0	10,355
SARAH HASH-RODGERS CORPORATE CONTROLLER	40 00					X		162,370	0	14,280
ROBERT W RILEY FORMER CFO	40 00						X	221,037	0	0

SCHEDULE A (Form 990 or 990EZ)	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 .	OMB No 1545-0047 2017 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization AUGUSTA HEALTH CARE INC D/B/A AUGUSTA HEALTH	Employer identification number 54-1453954

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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

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

(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							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐	

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

(Complete only if you checked the box on line 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 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>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 54-1453954

Name: AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

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

Facts And Circumstances Test

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.

OMB No 1545-0047

2017

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 AUGUSTA HEALTH CARE INC D/B/A AUGUSTA HEALTH	Employer identification number 54-1453954
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-
1				
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		27,884
j	Total. Add lines 1c through 1i			27,884
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	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
PART II-B, LINE 1	THE HOSPITAL IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION (VHHA). THESE ORGANIZATIONS ROUTINELY ENGAGE IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBERSHIP BODY, AND A PORTION OF EACH MEMBER'S DUES ARE ALLOCATED TO THOSE LOBBYING EXPENDITURES. THE PORTION OF THE HOSPITAL'S DUES ALLOCATED TO LOBBYING WAS \$ 27,884.

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As Filed Data -

DLN: 93493319014578

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

Employer identification number
54-1453954

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.

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

(a) Donor advised funds

(b) Funds and other accounts

5

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

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ 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

2a

2b

2c

2d

Held at the End of the Year

3

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

4

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

5

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

6

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

7

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

☐ Yes

☐ No

8

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

9

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

10

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

☐ Yes

☐ No

11

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

Part III

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

1a

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

1b

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

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

(ii) Assets included in Form 990, Part X

2

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

a

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2017

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

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	1,511,837	4,573,200		6,085,037
b Buildings		119,660,734	52,809,163	66,851,571
c Leasehold improvements		10,858,465	9,524,692	1,333,773
d Equipment		218,499,882	168,873,550	49,626,332
e Other		15,285,408		15,285,408
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				139,182,121

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) INVESTMENT IN AMG	108,361,376	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	108,361,376	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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	
OTHER LIABILITIES	11,450,865
UNAMORTIZED BOND DISCOUNTS	34,322
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	11,485,187

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	333,620,240
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	28,468,660
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	28,468,660
3	Subtract line 2e from line 1	3	305,151,580
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	19,724,908
c	Add lines 4a and 4b	4c	19,724,908
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	324,876,488

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

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

1	Total expenses and losses per audited financial statements	1	255,595,615
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	255,595,615
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	19,037,832
c	Add lines 4a and 4b	4c	19,037,832
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	274,633,447

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: 54-1453954
Name: AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE COMPANY IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON INCOME DERIVED FROM ITS EXEMP T PURPOSE AS A NOT-FOR-PROFIT ORGANIZATION UNDER THE PROVISIONS OF SECTION 501(C)(3) OF TH E INTERNAL REVENUE CODE, ACCORDINGLY, THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS D O NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAX THE COMPANY HAS D ETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS O F DECEMBER 31, 2017

Supplemental Information			
Return Reference	Explanation		
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT NET WITH REVENUE 18,474,431	GRANTS EXPENSE NET WITH REVENUE 563,401	EQUITY TRANSFERS BETWEEN AFFILIATES 687,076

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT NET WITH REVENUE 18,474,431 GRANTS EXPENSE NET WITH REVENUE 563,401

SCHEDULE F

(Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
 ▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

AUGUSTA HEALTH CARE INC

D/B/A AUGUSTA HEALTH

Employer identification number

54-1453954

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1

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

☐ Yes
 ☐ No

2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3

Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENT		635,922
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			635,922
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			635,922

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

► 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.

Internal Revenue Service
Name of the organization
AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

Employer identification number
54-1453954

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b 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 _____ %		
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 _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 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	No
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)			9,212,360		9,212,360	3 600 %
b Medicaid (from Worksheet 3, column a)			20,406,113	13,658,277	6,747,836	2 630 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			29,618,473	13,658,277	15,960,196	6 230 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			967,306		967,306	0 380 %
f Health professions education (from Worksheet 5)			84,523		84,523	0 030 %
g Subsidized health services (from Worksheet 6)			9,536,275	6,754,251	2,782,024	1 090 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			530,975		530,975	0 210 %
j Total. Other Benefits			11,119,079	6,754,251	4,364,828	1 710 %
k Total. Add lines 7d and 7j			40,737,552	20,412,528	20,325,024	7 940 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	18,474,431	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,234,768	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	99,995,366	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	95,405,571	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	4,589,795	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
☐ Cost accounting system	☐ Cost to charge ratio	☒ Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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)

AUGUSTA HEALTH

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
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☒ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
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	6b	No
7 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)	7 Yes	
a ☒ Hospital facility's website (list url) <u>SEE DISCLOSURE</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE DISCLOSURE</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c 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)

AUGUSTA HEALTH			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b ☒ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☐ Residency			
h ☒ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	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)	15	Yes
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16	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)	16	Yes
a ☒ The FAP was widely available on a website (list url) WWW AUGUSTAHEALTH COM			
b ☒ The FAP application form was widely available on a website (list url) SEE PART VI			
c ☒ A plain language summary of the FAP was widely available on a website (list url) WWW AUGUSTAHEALTH COM/BILLING-INSURANCE/ASSISTANCE-PROGRAMS			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☒ Other (describe in Section C)			

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

AUGUSTA HEALTH

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a ☒ 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 ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

AUGUSTA HEALTH

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
22		
23		No
24		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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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 7	FOR PURPOSES OF PART I, LINE 7(A) THE ORGANIZATION USED THE METHODS PROVIDED IN THE SCHEDULE H INSTRUCTIONS TO COMPUTE A COST-TO-CHARGES RATIO TO CONVERT CHARITY CARE WRITE-OFFS TO COST AMOUNTS REPORTED ON LINES 7(B) AND 7(G) WERE DERIVED FROM THE ORGANIZATION'S INTERNAL COST ACCOUNTING SYSTEM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES ACCOUNT FOR \$1,894,322 OF THE NET COMMUNITY BENEFIT OF SUBSIDIZED SERVICES THESE SERVICES PROVIDE SHORT-TERM PSYCHIATRIC CARE FOR ADULTS AND GERIATRIC PATIENTS IN A SUPPORTIVE ENVIRONMENT WITH 24-HOUR NURSING CARE HOME HEALTH SERVICES PROVIDED BY THE ORGANIZATION CONTRIBUTED \$887,702 IN NET COMMUNITY BENEFIT AUGUSTA HEALTH'S HOME HEALTH PROGRAM OFFERS SKILLED NURSING CARE, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, AND MEDICAL SOCIAL WORKERS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	TOTAL EXPENSES REPORTED ON FORM 990, PART IX, LINE 25 INCLUDES BAD DEBT IN THE AMOUNT OF \$18,474,431 THIS AMOUNT FOR BAD DEBT HAS BEEN REMOVED FOR PURPOSES OF COMPUTING PERCENTAGE OF TOTAL EXPENSE ON SCHEDULE H, PART I, LINE 7, COL (F)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	ACCOUNTS ARE WRITTEN OFF TO BAD DEBT WHEN MANAGEMENT DETERMINES THAT RECOVERY IS UNLIKELY AND THE COMPANY CEASES COLLECTION EFFORTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	EXCERPT FROM 2017 FINANCIAL AUDIT, PATIENT ACCOUNTS RECEIVABLE "PATIENT ACCOUNTS RECEIVABLE ARE RECORDED AT ESTABLISHED BILLING RATES WHEN PATIENT SERVICES ARE RENDERED ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CONTRACTUAL ADJUSTMENTS ARE RECORDED AS DEDUCTIONS FROM PATIENT ACCOUNTS RECEIVABLE TO REDUCE RECORDED AMOUNTS TO THEIR NET REALIZABLE VALUE CONTRACTUAL ADJUSTMENTS REPRESENT THE DIFFERENCE BETWEEN ESTABLISHED BILLING RATES AND AMOUNTS REIMBURSED THE COMPANY PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR ESTIMATED LOSSES RESULTING FROM THE UNWILLINGNESS OR INABILITY OF PATIENTS TO MAKE PAYMENTS FOR SERVICES THE ALLOWANCE IS DETERMINED BY ANALYZING HISTORICAL DATA AND TRENDS PATIENT ACCOUNTS RECEIVABLE ARE CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHEN MANAGEMENT DETERMINES THAT RECOVERY IS UNLIKELY AND THE COMPANY CEASES COLLECTION EFFORTS "THE BAD DEBT AMOUNT LISTED IN PART III SECTION A, NUMBER 2 WAS CALCULATED USING WORKSHEET A ON PAGE 4 OF THE 2017 SCHEDULE H INSTRUCTIONS THE PORTION OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE IS BASED ON DISCHARGES IN 2017 PATIENTS THAT WERE CLASSIFIED AS "SP" WERE UN-INSURED AND THEREFORE CONSIDERED WITHOUT RESOURCES THEIR ACCOUNT STATUS WAS "BD" MEANING THAT THE ACCOUNT WAS CONSIDERED UNCOLLECTABLE AT THE TIME OF THE REPORT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	ONCE A PATIENT HAS BEEN DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, ALL COLLECTION EFFORTS CEASE FOR CURRENT AND PAST DUE BALANCES AND THE NECESSARY ADJUSTMENTS ARE TAKEN TO THE ACCOUNTS RECEIVABLE SHOULD THE PATIENT ONLY BE ELIGIBLE FOR A PORTION OF FINANCIAL ASSISTANCE (THROUGH OUR SLIDING SCALE), NO-INTEREST, LOW-PAYMENT, AND LONG TERM PAYMENT PLANS ARE AVAILABLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART V, LINE 16B	HTTPS //WWW AUGUSTAHEALTH COM/SITES/DEFAULT/FILES/DOCUMENTS/BUSINESS-OFFICE/FINANCIAL_ASSISTANCE_APPLICATION_2015-FORMS PDF

Form and Line Reference	Explanation
PART VI, LINE 2	AUGUSTA HEALTH COMPLETED ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2016 TO DETERMINE THE PRIORITY HEALTH NEEDS OF STAUNTON, AUGUSTA COUNTY AND WAYNESBORO VIRGINIA AUGUSTA HEALTH'S CHNA IS A SYSTEMATIC, DATA-DRIVEN APPROACH TO DETERMINING THE HEALTH STATUS, BEHAVIORS AND NEEDS OF RESIDENTS IN THE SERVICE AREA OF AUGUSTA HEALTH AND THE INFORMATION GATHERED IS USED TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS THE CHNA SERVES AS TOOL TO REACH THREE BASIC GOALS TO IMPROVE RESIDENT'S HEALTH STATUS, INCREASE THEIR LIFE SPANS, AND ELEVATE THEIR OVERALL QUALITY OF LIFE A HEALTHY COMMUNITY IS NOT ONLY ONE WHERE ITS RESIDENTS SUFFER LITTLE FROM PHYSICAL AND MENTAL ILLNESS, BUT ALSO ONE WHERE ITS RESIDENTS ENJOY A HIGH QUALITY OF LIFE TO REDUCE THE HEALTH DISPARITIES AMONG RESIDENTS BY GATHERING DEMOGRAPHIC INFORMATION ALONG WITH HEALTH STATUS AND BEHAVIOR DATA, IT IS POSSIBLE TO IDENTIFY POPULATION SEGMENTS THAT ARE MOST AT-RISK FOR VARIOUS DISEASES AND INJURIES INTERVENTION PLANS AIMED AT TARGETING THESE INDIVIDUALS MAY THEN BE DEVELOPED TO COMBAT SOME OF THE SOCIO-ECONOMIC AND SOCIAL DETERMINANTS WHICH HAVE HISTORICALLY HAD A NEGATIVE IMPACT ON RESIDENTS' HEALTH TO INCREASE ACCESSIBILITY TO PREVENTATIVE SERVICES FOR ALL COMMUNITY RESIDENTS MORE ACCESSIBLE PREVENTIVE SERVICES ARE BENEFICIAL TO IMPROVING HEALTH STATUS, AS WELL AS LOWERING THE COSTS ASSOCIATED WITH CARING FOR LATE-STAGE DISEASE RESULTING FROM A LACK OF PREVENTIVE CARE THE CHNA INCORPORATES DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES QUANTITATIVE DATA INCLUDES PRIMARY RESEARCH (COMMUNITY HEALTH PHONE SURVEY OF COMMUNITY RESIDENTS) AND SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA), THESE QUANTITATIVE COMPONENTS ALLOW FOR COMPARISON TO BENCHMARK DATA AT THE STATE AND NATIONAL LEVELS (VIRGINIA RISK FACTOR DATA AND NATIONWIDE RISK FACTOR DATA, RESPECTIVELY) QUALITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH GATHERED THROUGH AN ONLINE KEY INFORMANT SURVEY OF REPRESENTATIVES FROM VARIOUS COMMUNITY SECTORS THE SURVEY INSTRUMENT USED FOR THE STUDY IS BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, AS WELL AS VARIOUS PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES THE STUDY AREA FOR THE SURVEY EFFORT IS DEFINED AS EACH OF THE RESIDENTIAL ZIP CODES COMPRISING STAUNTON CITY, WAYNESBORO CITY AND AUGUSTA COUNTY IN VIRGINIA THIS COMMUNITY DEFINITION WAS DETERMINED BASED ON ZIP CODES OF RESIDENCE OF AUGUSTA HEALTH PATIENTS (APPROXIMATELY 80% OF ADMISSIONS GENERATE FROM THESE AREAS) A PRECISE AND CAREFULLY EXECUTED METHODOLOGY IS CRITICAL IN ASSESSING THE VALIDITY OF RESULTS GATHERED IN THE COMMUNITY HEALTH SURVEY THUS, TO ENSURE THE BEST REPRESENTATION OF THE POPULATION SURVEYED, A TELEPHONE INTERVIEW METHODOLOGY, ONE THAT INCORPORATES BOTH LANDLINE AND CELL PHONE INTERVIEWS, WAS EMPLOYED THE SAMPLE DESIGN FOR THIS EFFORT CONSISTED OF A STRATIFIED RANDOM SAMPLE OF 400 INDIVIDUALS AGE 18 AND OLDER IN THE TOTAL AREA (INCLUDING 100 IN STAUNTON CITY, 100 IN WAYNESBORO CITY AND 200 IN AUGUSTA COUNTY) ONCE THE INTERVIEWS WERE COMPLETED, THESE WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION SO AS TO APPROPRIATELY REPRESENT THE AREA AS A WHOLE TO SOLICIT INPUT FROM KEY INFORMANTS (INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY), AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS THE LIST INCLUDED BUSINESS LEADERS, COMMUNITY LEADERS, EDUCATORS, GOVERNMENT REPRESENTATIVES, MEDIA HEALTH REPRESENTATIVES, HEALTH PROVIDERS AND PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES AND SOCIAL SERVICES PROVIDERS PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS THE COMMUNITY OVERALL KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE REMINDER CALLS WERE SENT AS NEEDED IN ALL, 206 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY THIRTEEN SIGNIFICANT HEALTH AREAS OF OPPORTUNITY WERE IDENTIFIED INCLUDING ACCESS TO HEALTHCARE SERVICES, CANCER, CHRONIC KIDNEY DISEASE, DEMENTIA, DIABETES, HEART DISEASE AND STROKE, INJURY AND VIOLENCE, MENTAL HEALTH, NUTRITION, PHYSICAL ACTIVITY AND WEIGHT, ORAL HEALTH AND RESPIRATORY DISEASES THESE AREAS OF OPPORTUNITY WERE DETERMINED AFTER CONSIDERATION OF VARIOUS CRITERIA, INCLUDING COMPARISON TO BENCHMARK DATA, IDENTIFIED TRENDS, THE PREPONDERANCE OF SIGNIFICANT FINDINGS WITHIN TOPIC AREAS, THE MAGNITUDE OF THE ISSUE IN TERMS OF THE NUMBER OF PERSONS AFFECTED, AND THE POTENTIAL HEALTH IMPACT OF THE GIVEN ISSUE A GROUP OF COMMUNITY STAKEHOLDERS, REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED ORGANIZATIONS, WAS CONVENED TO EVALUATE, DISCUSS AND PRIORITIZE THE THIRTY

Form and Line Reference	Explanation
PART VI, LINE 2	EEN AREAS OF OPPORTUNITY IDENTIFIED IN THE CHNA IN ORDER TO ASSIGN PRIORITY TO THE IDENTIFIED HEALTH NEEDS, A WIRELESS AUDIENCE RESPONSE SYSTEM WAS USED IN WHICH EACH PARTICIPANT WAS ABLE TO REGISTER HIS/HER RATINGS BASED ON TWO CRITERIA SCOPE AND SEVERITY AND THE ABILITY TO IMPACT COMPOSITE SCORES WERE USED TO PRIORITIZE THE NEEDS THE TOP THREE AREAS OF FOCUS SELECTED BASED ON THIS CRITERIA INCLUDE 1)NUTRITION, PHYSICAL ACTIVITY AND WEIGHT, 2)DIABETES, AND 3)MENTAL HEALTH AUGUSTA HEALTH, THROUGH ITS MISSION TO PROMOTE THE HEALTH AND WELL-BEING OF OUR COMMUNITY THROUGH ACCESS TO EXCELLENT CARE, HAS CREATED INTERNAL, CROSS-DISCIPLINARY WORKGROUPS AROUND EACH OF THE THREE PRIORITY AREAS EACH WORKGROUP HAS DEVELOPED GOALS, OBJECTIVES AND STRATEGIES TO ADDRESS SELECTED TOP PRIORITY HEALTH NEEDS IN THE AREAS OF 1) NUTRITION, PHYSICAL ACTIVITY AND WEIGHT, 2) DIABETES AND 3) MENTAL HEALTH THE ACTION PLANS ARE BEING IMPLEMENTED WITH THE COLLABORATION FROM COMMUNITY PARTNERS AUGUSTA HEALTH'S 2017-2019 IMPLEMENTATION STRATEGIES ARE DESIGNED TO ADDRESS THE TOP THREE HIGHEST PRIORITY AREAS AUGUSTA HEALTH HAS SELECTED THESE THREE PRIORITIES BECAUSE OF ITS ABILITY TO WORK IN PARTNERSHIP WITH OTHER ORGANIZATIONS AND AGENCIES TO MAKE THE GREATEST IMPACT OTHER NEEDS THAT WERE IDENTIFIED HAVE THE POTENTIAL TO BE ADDRESSED THROUGH COLLABORATIVE PROGRAMMING THAT MAY OR MAY NOT INVOLVE AUGUSTA HEALTH AS A FACILITATOR, PARTNER OR FUNDER

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	AUGUSTA HEALTH HAS A MEDICAID ELIGIBILITY TEAM ONSITE TO SCREEN ITS PATIENTS FOR MEDICAID ELIGIBILITY, INCLUDING DISABILITY AS FOR THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM, AUGUSTA HEALTH INFORMS ITS PATIENTS ABOUT IT IN THE FOLLOWING WAYS 1 DETAILED INFORMATION ABOUT FINANCIAL ASSISTANCE IS SENT ALONG WITH THE STATEMENTS 2 FINANCIAL ASSISTANCE POLICY AND APPLICATION ARE AVAILABLE ON THE HOSPITAL'S WEBSITE WWW.AUGUSTAHEALTH.COM 3 COPIES OF THE FINANCIAL ASSISTANCE GUIDELINES AND APPLICATION FORM ARE AVAILABLE AT THE POINTS OF SERVICE (EMERGENCY ROOM, OUTPATIENT AND INPATIENT AREAS, DOCTOR'S OFFICES, ETC)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	OUR PRIMARY SERVICE AREA, THE COMBINED AREA OF STAUNTON, WAYNESBORO AND AUGUSTA COUNTY , ENCOMPASSES 1002 02 SQUARE MILES AND HOUSES A TOTAL POPULATION OF 119,016 RESIDENTS, ACCORDING TO LATEST CENSUS ESTIMATES BETWEEN THE 2000 AND 2010 US CENSUSES, THE TOTAL AREA POPULATION INCREASED BY 9,514 PERSONS, OR 8 7% WHILE AUGUSTA COUNTY IS PREDOMINANTLY RURAL, THE CITIES OF STAUNTON AND WAYNESBORO ARE NEARLY ENTIRELY URBAN IN THE TOTAL AREA, 20 7% OF THE POPULATION ARE INFANTS, CHILDREN OR ADOLESCENTS AGE 17 AND UNDER, ANOTHER 61 3% ARE AGE 18 TO 64, WHILE 18% ARE AGE 65 OR OLDER THE PERCENTAGE OF OLDER ADULTS IS MUCH HIGHER THAN THE STATE AND US FIGURES IN LOOKING AT RACE INDEPENDENT OF ETHNICITY, 88 9% OF RESIDENTS OF THE TOTAL ARE WHITE AND 7 1% ARE BLACK THE CITIES OF STAUNTON AND WAYNESBORO ARE MORE RACIALLY DIVERSE THAN AUGUSTA COUNTY A TOTAL OF 3 1% OF TOTAL AREA RESIDENTS ARE HISPANIC OR LATINO, WITH THE PROPORTION THE LARGEST IN WAYNESBORO BETWEEN 2000 AND 2010, THE HISPANIC POPULATION IN THE TOTAL AREA INCREASED BY 1,846 PEOPLE, OR 120 7% LESS THAN ONE PERCENT OF THE TOTAL AREA POPULATION AND 5 AND OLDER LIVE IN A HOME IN WHICH NO PERSONS AGE 14 OR OLDER IS PROFICIENT IN ENGLISH

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	AS A COMMUNITY OWNED HOSPITAL, 100% OF THE SURPLUS GOES BACK INTO THE COMMUNITY THROUGH FACILITY UPGRADES, STATE OF THE ART EQUIPMENT PURCHASES, INCREASED PATIENT CARE SERVICES, AND PATIENT CARE ACCESS POINTS THROUGHOUT THE SERVICE AREA, AS WELL AS PROVIDING SUPPORT TO OTHER LOCAL NON-PROFIT AGENCIES THAT COMPLIMENT AND/OR SUPPORT THE MISSION OF AUGUSTA HEALTH AUGUSTA HEALTH IS IN A LEADERSHIP POSITION FOR COMMUNITY BENEFIT AS A RESULT OF THE AUGUSTA HEALTH COMMUNITY PARTNERSHIP COMMITTEE THE COMMUNITY PARTNERSHIP COMMITTEE IS APPOINTED BY THE AUGUSTA HEALTH BOARD OF DIRECTORS THE COMMITTEE IMPROVES THE HEALTH OF THE COMMUNITY BY PROVIDING INPUT AND OVERSIGHT ON AUGUSTA HEALTH'S COMMUNITY BENEFIT INITIATIVES, COLLABORATIVE PARTNERSHIPS AND STRATEGIC FUNDING AND ENSURES ALIGNMENT WITH THE PRIORITY AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	THE ORGANIZATION IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 54-1453954
Name: AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

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

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		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	AUGUSTA HEALTH 78 MEDICAL CENTER DR FISHERSVILLE, VA 22939	X	X					X		HOME HEALTH, SNF, PSYCH, DME, HOSPICE	

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
AUGUSTA HEALTH	PART V, SECTION B, LINE 3J INFORMATION GAPS THAT LIMIT THE HOSPITAL FACILITY'S ABILITY TO ACCESS THE COMMUNITY'S HEALTH NEEDS
AUGUSTA HEALTH	PART V, SECTION B, LINE 5 TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY AUGUSTA HEALTH, THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE, REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION IN ALL, 206 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
AUGUSTA HEALTH	PART V, SECTION B, LINE 11 AUGUSTA HEALTH, THROUGH ITS MISSION TO PROMOTE THE HEALTH AND WELL-BEING OF OUR COMMUNITY THROUGH ACCESS TO EXCELLENT CARE, HAS DEVELOPED GOALS, OBJECTIVES AND STRATEGIES TO ADDRESS SELECTED TOP PRIORITY HEALTH NEEDS IN THE AREAS OF 1) NUTRITION, PHYSICAL ACTIVITY AND WEIGHT, 2) DIABETES AND 3) MENTAL HEALTH THE ACTION PLANS WILL BE IMPLEMENTED IN COLLABORATION WITH VARIOUS COMMUNITY PARTNERS OVER THE NEXT THREE YEARS DURING THE CHNA PROCESS, THE DATA REVEALED A TOTAL OF 13 DISTINCT AREAS OF OPPORTUNITY AUGUSTA HEALTH'S 2017-2019 IMPLEMENTATION STRATEGIES ARE DESIGNED TO ADDRESS THE TOP THREE HIGHEST PRIORITY AREAS AUGUSTA HEALTH HAS SELECTED THESE THREE PRIORITIES BECAUSE OF ITS ABILITY TO WORK IN PARTNERSHIP WITH OTHER ORGANIZATIONS AND AGENCIES TO MAKE THE GREATEST IMPACT OTHER NEEDS THAT WERE IDENTIFIED HAVE THE POTENTIAL TO BE ADDRESSED THROUGH COLLABORATIVE PROGRAMMING THAT MAY OR MAY NOT INVOLVE AUGUSTA HEALTH AS A FACILITATOR, PARTNER OR FUNDER
AUGUSTA HEALTH	PART V, SECTION B, LINE 13H INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY SHALL NOT BE CHARGED MORE THAN THE AMOUNTS GENERALLY BILLED (AGB) TO INDIVIDUALS WHO HAVE INSURANCE THIS VALUE SHALL BE CALCULATED USING THE "LOOK-BACK" METHOD BASED ON ACTUAL PAID CLAIMS FROM MEDICARE FEE-FOR-SERVICE AND PRIVATE HEALTH INSURERS THE CURRENT AGB IS 35% AND IS UPDATED ANNUALLY

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
AUGUSTA HEALTH	PART V, SECTION B, LINE 16J THE FAP IS DISCUSSED AND OFFERED BY OUR SP EXTENDED BUSINESS OFFICE PARTNER DURING THE COLLECTION PROCESS
PART V, SECTION B, LINE 7A AND 10A	WEBSITE ADDRESS FOR THE CHNA AND IMPLEMENTATION STRATEGY HTTPS //WWW AUGUSTAHEALTH COM/COMMUNITY-OUTREACH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

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.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
54-1453954

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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

16
- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(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
PART I, LINE 2	AUGUSTA HEALTH MADE GRANTS THROUGHOUT THE YEAR TO NON-PROFIT AND GOVERNMENTAL COMMUNITY PARTNERS WHO DEVELOPED PROJECTS OR PROVIDED SERVICES TO ADDRESS THE COMMUNITY'S HEALTH PRIORITIES IDENTIFIED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT

Additional Data

Software ID:
Software Version:
EIN: 54-1453954
Name: AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL SHENANDOAH PLANNING 112 MACTANLEY PLACE STAUNTON, VA 24401	54-0857625	501(C)(3)	52,416				OPERATIONAL SUPPORT
MARY BALDWIN COLLEGE 101 E FREDRICK ST STAUNTON, VA 24401	54-0506319	501(C)(3)	60,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY RD FISHERSVILLE, VA 22939	54-1651896	501(C)(3)	40,000				OPERATIONAL SUPPORT
AUGUSTA REGIONAL DENTAL CLINIC 342 MULE ACADEMY RD FISHERSVILLE, VA 22939	20-2922988	501(C)(3)	20,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE COURT SERVICES 125 SOUTH NEW ST STAUNTON, VA 24401	54-6001631	501(C)(3)	16,750				OPERATIONAL SUPPORT
ALLEGHENY MOUNTAIN INSTITUTE PO BOX 542 STAUNTON, VA 24402	46-5717620	501(C)(3)	90,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL SHENANDOAH EMS COUNCIL PO BOX 256 FISHERSVILLE, VA 22939	54-1906904	501(C)(3)	10,000				OPERATIONAL SUPPORT
CROSSROADS TO BRAIN INJURY BLUE RIDGE HALL MSC 9020 601 UNIVERSITY BLVD HARRISONBURG, VA 22807	20-4795567	501(C)(3)	11,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT GROWS PO BOX 781 STAUNTON, VA 24401	46-1070735	501(C)(3)	15,000				OPERATIONAL SUPPORT
VALLEY AREA COMMUNITY SUPPORT PO BOX 1907 STAUNTON, VA 24401	27-0132429	501(C)(3)	20,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY HOPE COUNSELING CENTER 20 STONERIDGE DR SUITE 202 WAYNESBORO, VA 22980	54-1956722	501(C)(3)	30,000				OPERATIONAL SUPPORT
NEW DIRECTIONS CENTER PO BOX 3069 STAUNTON, VA 24401	54-1186253	501(C)(3)	12,500				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY CHILDRENS CENTER 1234 MIDDLEBROOK AVE STAUNTON, VA 24401	20-0831874	501(C)(3)	7,000				OPERATIONAL SUPPORT
VALLEY MISSION 1513 WEST BEVERLY STREET STAUNTON, VA 24401	54-0930419	501(C)(3)	27,500				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE COMMUNITY COLLEGE PO BOX 80 WEYERS CAVE, VA 24486	54-1268283	501(C)(3)	15,000				OPERATIONAL SUPPORT
WAYNESBORO AREA REFUGE MINISTRY INC 1035 FAIRFAX AVENUE WAYNESBORO, VA 22980	47-1937790	501(C)(3)	12,500				OPERATIONAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

Name of the organization
AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

Employer identification number

54-1453954

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☒ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes 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.

2 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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b No

2 No

4a Yes

4b Yes

4c No

5a No

5b No

6a Yes

6b No

7 No

8 No

9

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.

See Additional Data Table

[illegible]

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
PART I, LINE 1A	BOARD MEMBER JOHN DAVIS, WAS ACCOMPANIED BY HIS WIFE TO A DINNER WITH LEGISLATORS, HER PORTION WAS \$61.31 AND SHE ALSO ATTENDED THE VHHA SPRING CONFERENCE, REGISTRATION AND MEAL TOTALED \$244.21. FINANCE COMMITTEE MEMBER THOMAS ROBERTS TOOK HIS WIFE TO THE DINNER WITH LEGISLATORS, HER PORTION WAS ALSO \$61.31.
PART I, LINES 4A-B	ROBERT RILEY RECEIVED A SEVERANCE PAYMENT OF \$221,037, AND MARVELLA REA RECEIVED A SEVERANCE PAYMENT OF \$48,231. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THE AMOUNTS ARE REPRESENTED IN PART II, COLUMN (C): \$152,410 MARY MANNIX \$390 DAN O'CONNOR \$17,550 LISA CLINE.
PART I, LINE 6	THE TOP EXECUTIVES OF AUGUSTA HEALTH WERE REQUIRED TO SET ANNUAL PERFORMANCE GOALS THAT ALIGNED WITH THE ORGANIZATION'S COMMITMENT TO PERFORMANCE EXCELLENCE. THE GOALS WERE ESTABLISHED WITH FOCUS ON THE FOLLOWING SIX AREAS: QUALITY, SERVICE, PEOPLE, COMMUNITY, GROWTH, AND FINANCE. EACH GOAL WAS REQUIRED TO HAVE MEASURABLE OUTCOMES AND WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD TO ENSURE THAT IT SUPPORTED THE ORGANIZATION'S QUEST FOR SERVICE AND OPERATIONAL EXCELLENCE. WHILE NET EARNINGS WERE A CONSIDERATION IN THE AREA OF FINANCE, THE GOALS WERE ALSO CENTERED AROUND QUALITY, SERVICE, PEOPLE, COMMUNITY, AND GROWTH. EACH EXECUTIVE'S GOALS WERE WEIGHTED ACROSS THE PILLAR GOALS BASED ON THEIR AREA OF RESPONSIBILITY. WHEN AWARDING INCENTIVE COMPENSATION, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD REVIEWED THE YEAR-END ACCOMPLISHMENTS OF THE TOP EXECUTIVES AND AWARDED INCENTIVE COMPENSATION BASED ON THEIR ACTUAL PERFORMANCE AS COMPARED TO THE ESTABLISHED PERFORMANCE BENCHMARKS.

Additional Data

Software ID:
Software Version:
EIN: 54-1453954
Name: AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

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				
1JOSEPH L RANZINI MD BOARD MEMBER	(i)	424,795	0	0	4,516	10,772	440,083	0
	(ii)	0	0	0	0	0	0	0
1MARY N MANNIX PRESIDENT & CEO	(i)	596,741	170,957	170,910	114,686	8,755	1,062,049	189,457
	(ii)	0	0	0	0	0	0	0
2JOHN KATSIANIS CFO (BEGAN SEP)	(i)	123,367	0	8,853	14,289	6,666	153,175	0
	(ii)	0	0	0	0	0	0	0
3RICH EMBREY MD CMO & VP POPULATION HEALTH	(i)	359,928	61,950	41,523	44,490	11,914	519,805	72,888
	(ii)	0	0	0	0	0	0	0
4MARVELLA REA CNO	(i)	174,401	34,960	66,231	15,273	8,626	299,491	52,960
	(ii)	0	0	0	0	0	0	0
5KAREN CLARK PRESIDENT, AMG	(i)	278,522	53,524	49,892	35,316	2,550	419,804	73,794
	(ii)	0	0	0	0	0	0	0
6DAN O'CONNOR VP OF HUMAN RESOURCES	(i)	257,186	49,798	28,651	34,115	10,847	380,597	69,451
	(ii)	0	0	0	0	0	0	0
7LISA CLINE COO	(i)	349,587	64,230	35,550	42,598	10,455	502,420	82,230
	(ii)	0	0	0	0	0	0	0
8MIKE CANFIELD CIO	(i)	248,862	55,375	11,923	33,450	6,414	356,024	67,298
	(ii)	0	0	0	0	0	0	0
9GEORGE SEMKO ADMIN DIRECTOR REVENUE CYC	(i)	186,679	19,333	27,722	7,202	6,857	247,793	19,333
	(ii)	0	0	0	0	0	0	0
10ALEXANDER BROWN VP OF LEGAL AFFAIRS	(i)	187,489	36,894	22,045	21,967	0	268,395	46,751
	(ii)	0	0	0	0	0	0	0
11MARK LAROSA CHIEF STRATEGY OFFICER	(i)	197,654	0	4,762	21,194	4,453	228,063	0
	(ii)	0	0	0	0	0	0	0
12SCOTT JUST MD VP/CMO, AMG	(i)	320,325	61,701	56,587	41,391	10,775	490,779	76,751
	(ii)	0	0	0	0	0	0	0
13ANDREW WEST CMIO	(i)	336,378	0	12,175	7,950	4,148	360,651	0
	(ii)	0	0	0	0	0	0	0
14FRANCIS CARRUCIO ADMIN DIRECTOR FACILITIES,	(i)	205,317	21,245	22,317	7,398	3,805	260,082	21,245
	(ii)	0	0	0	0	0	0	0
15SCOTT CRABTREE ADMIN DIRECTOR OF PROFESSI	(i)	180,854	14,208	25,634	2,576	5,732	229,004	14,208
	(ii)	0	0	0	0	0	0	0
16VICKIE TAYLOR SURGICAL DIRECTOR	(i)	142,188	12,931	25,773	4,150	6,205	191,247	12,931
	(ii)	0	0	0	0	0	0	0
17SARAH HASH-RODGERS CORPORATE CONTROLLER	(i)	138,382	11,996	11,992	4,586	9,694	176,650	11,996
	(ii)	0	0	0	0	0	0	0
18ROBERT W RILEY FORMER CFO	(i)	0	0	221,037	0	0	221,037	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

Employer identification number
54-1453954

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF AUGUSTA VA	54-1311681	05112MCP8	12-17-2003	33,510,000	CURRENT REFUNDING		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	18,580,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	38,637,362							
4	Gross proceeds in reserve funds	5,267,469							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	374,087							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	33,483,180							
12	Other unspent proceeds								
13	Year of substantial completion	1994							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use											
				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements that may result in private business use of bond-financed property?										

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF AUGUSTA, VA DATE THE REBATE COMPUTATION WAS PERFORMED 08/31/2010

Return Reference	Explanation
SCHEDULE K, PART I, DESCRIPTION OF PURPOSE	THE SERIES 2003 BONDS WERE ISSUED FOR THE PURPOSE OF 1) REFUNDING THE ISSUER'S PRIOR SERIES 1993 BONDS, 2) FUNDING A DEBT SERVICE RESERVE FUND FOR THE SERIES 2003 BONDS, AND 3) PAYING COST OF ISSUANCE EXPENSES

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, OTHER SPENT PROCEEDS	THE AMOUNTS PRESENT ON PART II, LINE 11 REPRESENT AMOUNTS USED TO CURRENTLY REFUND BONDS ISSUED IN 1993

Return Reference	Explanation
SCHEDULE K, PART III	THE SERIES 2003 BONDS WERE ISSUED ENTIRELY TO REFUND A PRIOR ISSUE DATED BEFORE JANUARY 1, 2003 AND WERE NOT USED TO ACQUIRE NEW PROPERTY, THEREFORE, SCHEDULE K, PART III IS NOT REQUIRED TO BE COMPLETED FOR THIS ISSUE

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319014578	
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .			OMB No 1545-0047 2017 Open to Public Inspection	
	Name of the organization AUGUSTA HEALTH CARE INC D/B/A AUGUSTA HEALTH			Employer identification number 54-1453954	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD, BASED ON A COMPENSATION PHILOSOPHY APPROVED BY THE BOARD AT LARGE. QUALIFIED THIRD PARTY CONSULTANTS ARE ENGAGED TO PROVIDE APPROPRIATE MARKET COMPARABILITY, SURVEY DATA, AND TO ASSIST THE COMMITTEE WITH REVIEWS. THE BASE SALARY BENCHMARKS ARE TARGETED AT THE 50TH PERCENTILE WITH FLEXIBILITY TO PAY ABOVE OR BELOW THE 50TH PERCENTILE USING SALARY RANGES WITH A 50% RANGE SPREAD TO RECOGNIZE AN INCUMBENT'S INDIVIDUAL EXPERIENCE, SKILL, PERFORMANCE, OR OTHER RELEVANT RECRUITMENT OR RETENTION FACTORS. INCENTIVE OPPORTUNITIES ARE ESTABLISHED AT LEVELS THAT WHEN COMBINED WITH SALARIES POSITIONED AT THE 50TH PERCENTILE, ARE SUFFICIENT TO PROVIDE TOTAL CASH COMPENSATION THAT TARGETS UP TO THE APPROXIMATELY MARKET 75TH PERCENTILE OF TOTAL CASH COMPENSATION LEVELS. TOTAL COMPENSATION SHALL NOT EXCEED THE 90TH PERCENTILE FOR ANY INDIVIDUAL WITHOUT FULL BOARD APPROVAL AND DOCUMENTATION OF THE BOARD'S REASONS FOR SUCH COMPENSATION. THE BOARD OF DIRECTORS RECEIVES A FULL REPORT FROM THE EXECUTIVE COMMITTEE ON THE FULL COMPENSATION PROGRAM AT AUGUSTA HEALTH IN AN EXECUTIVE SESSION OF THE BOARD. CONFLICTED MEMBERS ARE EXCUSED FROM THE MEETING. MATERIAL COVERED INCLUDES THE DESIGN OF THE COMPENSATION PROGRAM, AS WELL AS A DISCLOSURE ON RANGE OF BASE SALARIES, MARKET BENCHMARK DATA, AND EARNED INCENTIVE COMPENSATION LEVELS. ADDITIONALLY, PREREQUISITES SUCH AS THE SENIOR EXECUTIVE RETIREMENT PLAN (SERP) PROGRAM AND OTHER RELATED BENEFITS ARE PERIODICALLY REVIEWED WITH THE BOARD. FOR THOSE MEMBERS WHO ARE NOT PRESENT FOR THIS ANNUAL REPORT AND REMAIN FREE OF CONFLICT OF INTEREST, THE CHAIRMAN OF THE BOARD PRESENTS THE SAME MATERIAL IN A SEPARATE SESSION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION DELEGATES CFO DUTIES TO WARBIRD THE MANAGEMENT COMPANY PROVIDES JIM GRAVELL AS AN INTERIM CFO THE ORGANIZATION PAID WARBIRD \$711,229 FOR SERVICES THE CONTRACT FOR THE MANAGEMENT SERVICES TERMINATED IN SEPTEMBER 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ACCOUNTING DEPARTMENT WILL MAKE COPIES OF THE FORM 990 AVAILABLE TO THE CFO AND CEO FOR REVIEW ALL QUESTIONS WILL BE RESOLVED AND ANSWERED BEFORE PRESENTATION TO THE EXECUTIVE COMMITTEE OF THE BOARD THE FINAL DRAFT OF THE RETURN WILL BE POSTED ON THE ORGANIZATION'S INTERNAL WEBSITE WITH ACCESS RESTRICTED TO THE BOARD AND KEY ADMINISTRATIVE PERSONNEL FOR REVIEW ALL QUESTIONS WILL BE RESOLVED AND ANSWERED BY THE CEO, CFO OR CORPORATE CONTROLLER ANY REVISIONS AS A RESULT OF THE BOARD REVIEW WILL BE SENT TO THE TAX PREPARER AND SUBSEQUENT REVIEW BY THE BOARD WILL BE SCHEDULED ACCORDINGLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE GOVERNANCE COMMITTEE IS CHARGED WITH REVIEWING THE CONFLICT OF INTEREST STATEMENTS EACH YEAR THE REVIEW IS CONDUCTED AFTER THE ANNUAL BOARD MEETING IN APRIL CONFLICT OF INTEREST REVIEWS OCCUR AT THE BEGINNING OF EACH BOARD AND COMMITTEE MEETING IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THOSE FOUND TO BE IN A CONFLICT OF INTEREST MUST ABSTAIN FROM VOTING AND MAY BE ASKED TO LEAVE THE MEETING DEPENDING ON THE TOPIC AND THEIR DEGREE OF CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AUGUSTA HEALTH UTILIZES THE SERVICES OF INTEGRATED HEALTHCARE STRATEGIES, 901 MARQUETTE AVENUE SOUTH SUITE 2100 MINNEAPOLIS, MINNESOTA TO DETERMINE COMPETITIVE WAGE RANGES, VARIABLE COMPENSATION AND PREREQUISITES FOR EXECUTIVE POSITIONS. IT IS THE GOAL OF THE AUGUSTA HEALTH BOARD TO SATISFY THE FOLLOWING OBJECTIVES: 1) COMPETITIVENESS: THE PROCESS MUST PRODUCE COMPENSATION AND BENEFIT LEVELS THAT ENABLE THE BOARD TO ATTRACT AND RETAIN THE MANAGEMENT LEADERSHIP ESSENTIAL TO CARRYING OUT ITS MISSION. 2) STRATEGIC ALIGNMENT: THE PROCESS MUST ALIGN EXECUTIVE COMPENSATION WITH THE INSTITUTION'S STRATEGIC GOALS. IT MUST REWARD MANAGEMENT FOR ACCOMPLISHING THESE GOALS. 3) REGULATORY COMPLIANCE: THE PROCESS MUST ASSURE THAT THE INSTITUTION MEETS ITS CHARITABLE PURPOSE OBLIGATIONS TO REMAIN TAX-EXEMPT AND THEREFORE WILL REVIEW AND APPROVE ALL FORMS OF EXECUTIVE COMPENSATION AND BENEFITS IN A MANNER NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE INTERMEDIATE SANCTIONS RULES OF SECTION 4958 OF THE IRC SO AS TO AVOID THE IMPOSITION OF INTERMEDIATE SANCTIONS IN THE FORM OF EXCISE TAXES/PENALTIES ON ITS TRUSTEES AND EXECUTIVES. 4) PUBLIC TRUST: BOARD MEMBERS ARE INVESTED WITH A PUBLIC TRUST TO SHEPHERD INSTITUTIONAL ASSETS AS RESPONSIBLE FIDUCIARIES AND REPRESENTATIVES. THEREFORE, THE PROCESS MUST ASSURE THAT COMPENSATION AND BENEFIT LEVELS ARE REASONABLE, NOT EXCESSIVE, AND DEFENSIBLE IF AND WHEN SUBJECTED TO PUBLIC SCRUTINY. BASE SALARIES TARGETED AT THE 50TH PERCENTILE, WITH FLEXIBILITY TO PAY ABOVE OR BELOW THE 50TH PERCENTILE USING SALARY RANGES WITH A 50% RANGE SPREAD TO RECOGNIZE AN INCUMBENT'S INDIVIDUAL EXPERIENCE, SKILL, PERFORMANCE OR OTHER RELEVANT RECRUITMENT OR RETENTION FACTORS. INCENTIVE OPPORTUNITY LEVELS THAT, WHEN COMBINED WITH SALARIES POSITIONED AT THE 50TH PERCENTILE, ARE SUFFICIENT TO PROVIDE TOTAL CASH COMPENSATION THAT TARGETS UP TO THE APPROXIMATE MARKET 75TH PERCENTILE OF TOTAL CASH COMPENSATION LEVELS. TOTAL COMPENSATION SHALL NOT EXCEED THE 90TH PERCENTILE FOR ANY INDIVIDUAL WITHOUT FULL BOARD APPROVAL AND DOCUMENTATION OF THE BOARD'S REASONS FOR SUCH COMPENSATION. COMPENSATION, INDIVIDUAL PERFORMANCE AND COMPETITIVE DATA ARE REVIEWED ANNUALLY FOR ALL EXECUTIVE POSITIONS AS FOLLOWS: CEO, CFO, COO, CNO, CMO, CIO, PRESIDENT, MEDICAL GROUP VICE PRESIDENT, LEGAL AFFAIRS VP, HUMAN RESOURCES VP, PLANNING AND DEVELOPMENT. THE BOARD OF DIRECTORS RECEIVED A FULL REPORT FROM THE EXECUTIVE COMMITTEE ON THE FULL COMPENSATION PROGRAM AT AUGUSTA HEALTH IN AN EXECUTIVE SESSION OF THE BOARD. CONFLICTED MEMBERS WERE EXCUSED FROM THE MEETING. MATERIAL COVERED INCLUDED THE DESIGN OF THE COMPENSATION PROGRAM, AS WELL AS ACTUAL BASE SALARIES, MARKET BENCHMARK DATA, AND INCENTIVE COMPENSATION EARNED BY EACH EXECUTIVE. ADDITIONALLY, PREREQUISITES SUCH AS THE SERP PROGRAM AND OTHER RELATED BENEFITS WERE REVIEWED WITH THE BOARD. FOR THOSE MEMBERS WHO WERE NOT PRESENT FOR THIS MEETING AND REMAINED FREE OF CONFLICT OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	, THE CHAIRMAN OF THE BOARD PRESENTED THE SAME MATERIAL IN A SEPARATE SESSION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ACCOUNTING OFFICE IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ACCOUNTING OFFICE PLEASE DIRECT ALL REQUESTS TO AUGUSTA HEALTH CARE, INC ATTN CORPORATE CONTROLLER P O BOX 1000 FISHERSVILLE, VA 22939-1000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN FEES PROGRAM SERVICE EXPENSES 10,373,354 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,373,354 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 7,754,649 MANAGEMENT AND GENERAL EXPENSES 4,270,491 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,025,140 MAINTENANCE CONTRACTS PROGRAM SERVICE EXPENSES 4,352,675 MANAGEMENT AND GENERAL EXPENSES 2,512,917 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,865,592 CONSULTANTS PROGRAM SERVICE EXPENSES 1,965,582 MANAGEMENT AND GENERAL EXPENSES 872,420 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,838,002 OTHER FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 3,010,692 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,010,692

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS BETWEEN AFFILIATES -687,076 CHANGE IN NET ASSETS OF SHENANDOAH HOUSE 93,257

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	BOARD MEMBER JOSEPH RANZINI IS PAID AS AN EMPLOYEE OF AUGUSTA MEDICAL GROUP, A RELATED ORGANIZATION AND NOT COMPENSATED FOR HIS BOARD MEMBER SERVICE

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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AUGUSTA HEALTH CARE INC
D/B/A AUGUSTA HEALTH

Employer identification number

54-1453954

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) AUGUSTA CARE PARTNERS LLC 78 MEDICAL CENTER DR FISHERSVILLE, VA 22939 46-2840076	HEALTHCARE	VA	0	0	

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)AHC COMMUNITY HEALTH FOUNDATION PO BOX 1000 FISHERSVILLE, VA 22939 54-2042365	SUPPORTING ORGANIZATION	VA	501(C)(3)	LINE 12A, I	AUGUSTA HEALTH CARE INC	Yes	
(2)AUGUSTA MEDICAL GROUP PO BOX 1000 FISHERSVILLE, VA 22939 26-2559916	HEALTHCARE	VA	501(C)(3)	LINE 10	AUGUSTA HEALTH CARE INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	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
(1) AUGUSTA MEDICAL GROUP	A	726,811	
(2) AUGUSTA MEDICAL GROUP	Q	13,400,000	
(3) AUGUSTA HEALTH FOUNDATION	C	938,645	
(4) AUGUSTA HEALTH FOUNDATION	R	687,076	
(5) AUGUSTA MEDICAL GROUP	O	541,906	

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)