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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 08-01-2017 , and ending 07-31-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
417 3RD AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ALBANY, GA 317036801

D Employer identification number
58-1928247

E Telephone number
(229) 312-1000

G Gross receipts $ 532,298,971

F Name and address of principal officer
SCOTT STEINER
PO BOX 3770
ALBANY, GA 317063770

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 PHOEBEHEALTH COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1990

M State of legal domicile GA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	3,824
6	Total number of volunteers (estimate if necessary)	**6**	527
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	246,005
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,426,081	5,267,458
9	Program service revenue (Part VIII, line 2g)	500,182,417	509,997,062
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	337,741	-754,395
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,284,702	14,890,688
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	521,230,941	529,400,813
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	772,344	1,413,406
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	179,960,166	183,274,278
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	335,229,776	343,101,722
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	515,962,286	527,789,406
19	Revenue less expenses Subtract line 18 from line 12	5,268,655	1,611,407

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	627,499,834	617,166,762
21	Total liabilities (Part X, line 26)	505,824,707	432,669,708
22	Net assets or fund balances Subtract line 21 from line 20	121,675,127	184,497,054

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

****** 2019-06-04
Signature of officer Date

BRIAN CHURCH CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
JEFFREY S WRIGHT	JEFFREY S WRIGHT	2019-06-04		P00226270

Firm's name ▶ DRAFFIN & TUCKER LLP | Firm's EIN ▶ 58-0914992
Firm's address ▶ PO BOX 71309, ALBANY, GA 317081309 | Phone no (229) 883-7878

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO DELIVER SUPERIOR HEALTH CARE SERVICES THAT IMPROVES THE HEALTH AND WELLNESS OF THE PEOPLE AND COMMUNITIES WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 374,958,690 including grants of $ 1,413,406) (Revenue $ 513,910,777)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 374,958,690

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	Yes	
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		No
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	Yes	
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		No
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? *If "Yes," complete Schedule H*	**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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	202		
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**	3,824		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12		
	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 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
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	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

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

			Yes	No
10a	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		No
b	Other officers or key employees of the organization	15b		No
	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	Yes	
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	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶BRIAN CHURCH CFO PO BOX 3770 ALBANY, GA 317063770 (229) 312-4068

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOEL WERNICK CEO/PRES/BD	25 00 30 00	X		X				0	1,678,188	23,471
(2) KATHERINE HUDSON MD BOARD MEMBER	1 00 40 00	X						0	425,430	15,754
(3) JOHN CULBREATH CHAIRMAN	1 00 0 00	X		X				0	0	0
(4) CLAY BANKS VICE CHAIR	1 00 0 00	X		X				0	0	0
(5) LEMUEL EDWARDS BOARD MEMBER	1 00 0 00	X						0	0	0
(6) SALLY WHATLEY PHD BOARD MEMBER	1 00 0 00	X						0	0	0
(7) BERNARD P SCOGGINS MD BOARD MEMBER	1 00 0 00	X						0	0	0
(8) WILLIAM J MCAFEE MD BOARD MEMBER	1 00 0 00	X						0	0	0
(9) MARVIN LASTER BOARD MEMBER	1 00 0 00	X						0	0	0
(10) KAREN ILER BOARD MEMBER	1 00 0 00	X						0	0	0
(11) JAMES WEBB BOARD MEMBER	1 00 0 00	X						0	0	0
(12) JAY SHARPE BOARD MEMBER	1 00 2 00	X						0	0	0
(13) TIM DILL PAST BD MBR	1 00 0 00	X						0	0	0
(14) MARY HELEN DYKES PAST BD MBR	1 00 1 00	X						0	0	0
(15) JOE AUSTIN SVP/COO	25 00 29 00			X				0	591,715	157,065
(16) BRIAN CHURCH CFO	25 00 30 00			X				0	455,463	81,133
(17) SCOTT STEINER CURRENT CEO	25 00 30 00			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAWN BENSON	25 00				X			0	448,211	117,761
SVP GENERAL	25 00									
(19) LAURA SHEARER	25 00				X			0	394,277	18,446
SVP OPERATIO	25 00									
(20) EVELYN M OLENICK	25 00				X			288,156	0	49,831
SVP CNO	25 00									
(21) WILLIAM M SEWELL III	50 00					X		415,475	0	26,488
MEDICAL DIRE	0 00									
(22) BIPIN AGARWAL	50 00					X		241,104	0	26,353
CHIEF PHYSIC	0 00									
(23) JESSE DIAZ	50 00					X		240,228	0	21,706
VP INFO SYST	0 00									
(24) MICHAEL CLELAND	50 00					X		228,380	0	22,749
PHYSICIST	0 00									
(25) JAMES E BLACK	50 00					X		227,494	0	4,387
MED DIR - EM	0 00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,640,837	3,993,284	565,144

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 ▶ 141

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ACCOUNTABLE HEALTHCARE PO BOX 732800 DALLAS, TX 753203820	CONTRACT STAFF	2,458,600
DIALYSIS CLINIC INC P O BOX 2508 ALBANY, GA 31702	MEDICAL SVCS	1,268,820
RADIATION ONCOLOGY ASSOCIATES 425 3RD AVENUE SUITE 50 ALBANY, GA 317011955	MEDICAL SVCS	1,259,065
ALBANY AREA PRIMARY HEALTHCARE 204 N WESTOVER BLVD ALBANY, GA 317072983	MED/HEALTH SVCS	1,045,197
CHANGE HEALTHCARE 3055 LABANON PIKE STE 1000 NASHVILLE, TN 37214	CONSULTING SVCS	894,284

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 ▶ 38

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	1,061,944		
	e Government grants (contributions)	1e	3,589,514		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	616,000		
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		5,267,458		
Program Service Revenue		Business Code			
	2a PATIENT SERVICE REVENUE	623000	509,751,057	509,751,057	
	b RETAIL SALES	561499	164,140		164,140
	c REFERENCE LAB	621500	80,205		80,205
	d EMPLOYEE PARKING	900099	1,660		1,660
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶		509,997,062		
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		831,873		831,873
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	3,287,819			
	b Less rental expenses	806,021			
	c Rental income or (loss)	2,481,798			
	d Net rental income or (loss) . . . . . ▶		2,481,798		2,481,798
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		20,000		
	b Less cost or other basis and sales expenses		1,606,268		
	c Gain or (loss)		-1,586,268		
	d Net gain or (loss) . . . . . ▶		-1,586,268		-1,586,268
Other Revenue	**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	579,566			
	b Less cost of goods sold . . b	485,869			
	c Net income or (loss) from sales of inventory . . ▶		93,697		93,697
	Miscellaneous Revenue	Business Code			
	11a EMPLOYEE PHARMACY REVENUE	621990	5,172,910		5,172,910
	b PURCHASE DISCOUNTS	621990	2,363,539	2,363,539	
	c CAFETERIA SALES	722514	2,109,806		2,109,806
	d All other revenue		2,668,938	1,796,181	872,757
	e Total. Add lines 11a–11d . . . . . ▶		12,315,193		
	12 Total revenue. See Instructions . . . . . ▶		529,400,813	513,910,777	246,005	9,976,573

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,137,052	1,137,052		
2 Grants and other assistance to domestic individuals See Part IV, line 22	276,354	276,354		
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	337,987		337,987	
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	146,209,048	128,270,033	17,939,015	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,212,404	1,940,859	271,545	
9 Other employee benefits	24,099,945	21,142,632	2,957,313	
10 Payroll taxes	10,414,894	9,136,594	1,278,300	
11 Fees for services (non-employees)				
a Management	2,681,588	1,467,787	1,213,801	
b Legal	2,515,362		2,515,362	
c Accounting	275,100		275,100	
d Lobbying				
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)	90,244,343	63,550,148	26,694,195	
12 Advertising and promotion	113,541	94,755	18,786	
13 Office expenses	17,650,772	15,188,304	2,462,468	
14 Information technology	8,464,727	536,412	7,928,315	
15 Royalties				
16 Occupancy	12,279,402	9,037,605	3,241,797	
17 Travel	1,231,866	1,010,572	221,294	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,922,704		3,922,704	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,152,397	19,248,164	6,904,233	
23 Insurance	7,860,824	42,641	7,818,183	
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	89,035,913	89,035,913		
b CLINIC LOSS (SEE SCH O)	63,850,767		63,850,767	
c REPAIRS & MAINTENANCE	8,880,413	6,555,284	2,325,129	
d PROVIDER TAX	6,374,920	6,374,920		
e All other expenses	1,567,083	912,661	654,422	
25 **Total functional expenses.** Add lines 1 through 24e	527,789,406	374,958,690	152,830,716	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 Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	11,814	1	13,314
	2	Savings and temporary cash investments	92,282,614	2	85,233,985
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	75,324,369	4	79,046,047
	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	4,172,745	7	8,718,808
	8	Inventories for sale or use	12,390,737	8	13,252,489
	9	Prepaid expenses and deferred charges	7,030,171	9	7,655,039
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 735,907,383			
	b	Less accumulated depreciation — 10b: 457,368,305	288,655,766	10c	278,539,078
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	124,991,769	14	124,991,769
	15	Other assets See Part IV, line 11	22,639,849	15	19,716,233
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	627,499,834	16	617,166,762
Liabilities	17	Accounts payable and accrued expenses	41,566,698	17	44,786,753
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	285,032,807	20	278,434,254
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	179,225,202	25	109,448,701
	26	**Total liabilities.** Add lines 17 through 25	505,824,707	26	432,669,708
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	113,496,337	27	175,835,659
	28	Temporarily restricted net assets	6,155,150	28	6,637,736
	29	Permanently restricted net assets	2,023,640	29	2,023,659
		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	121,675,127	33	184,497,054
	34	Total liabilities and net assets/fund balances	627,499,834	34	617,166,762

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	529,400,813
2	Total expenses (must equal Part IX, column (A), line 25)	2	527,789,406
3	Revenue less expenses Subtract line 2 from line 1	3	1,611,407
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	121,675,127
5	Net unrealized gains (losses) on investments	5	1,826,516
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	59,384,004
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	184,497,054

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

Additional Data

Software ID:

Software Version:

EIN: 58-1928247

Name: PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Form 990, Part III, Line 4a:

PHOEBE PUTNEY MEMORIAL HOSPITAL IS A NOT-FOR-PROFIT HOSPITAL WITH 691 LICENSED BEDS AND HAD PATIENT DAYS OF 104,470 IN THE CURRENT YEAR INTENSIVE CARE, NEONATAL INTENSIVE CARE, NURSERY, REHAB, AND PSYCHIATRY SERVICES ARE INCLUDED IN THE SERVICES PROVIDED THE HOSPITAL ALSO OPERATES A HOME HEALTH AGENCY AND A 12 BED HOSPICE OTHER 18,225 INPATIENT ADMISSIONS, 2,130 BIRTHS, 74,809 EMERGENCY VISITS, AND 727,037 CLINIC VISITS SEE SCHEDULE H, PART VI, ADDITIONAL INFORMATION, WHICH INCLUDES DETAILED DISCUSSIONS ON ALL CHARITABLE AND COMMUNITY ACTIVITIES OF THE HOSPITAL

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493156005279

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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

Name of the organization
PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Employer identification number
58-1928247

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

The organization is not a private foundation because it is (For lines 1 through 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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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? *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*	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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	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)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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)*	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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))? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	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? *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*	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? *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*	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)? *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)*	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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)

			Yes	No
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? *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*	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? *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*	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	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: 58-1928247

Name: PHOEBE PUTNEY MEMORIAL HOSPITAL INC

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**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	Employer identification number
PHOEBE PUTNEY MEMORIAL HOSPITAL INC	58-1928247

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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		58,058
j	Total Add lines 1c through 1i			58,058
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	PART II-B, LINE 1I THE ORGANIZATION PAYS MEMBERSHIP DUES TO A NATIONAL HEALTHCARE ORGANIZATION A PORTION OF THOSE DUES IS ALLOCATED TO LOBBYING ACTIVITIES IN WHICH THE NATIONAL HEALTHCARE ORGANIZATION PARTICIPATE

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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
PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Employer identification number
58-1928247

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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	8,557,540	10,829,593	9,596,093	9,611,348	6,648,542
b Contributions	1,359,797	1,616,457	1,259,203	311,503	2,960,945
c Net investment earnings, gains, and losses	27,907	112,390	38,690	-322,851	1,861
d Grants or scholarships					
e Other expenditures for facilities and programs	902,373	4,000,900			
f Administrative expenses			64,393	3,907	
g End of year balance	9,042,871	8,557,540	10,829,593	9,596,093	9,611,348

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

- a Board designated or quasi-endowment ▶ 4 220 %
- b Permanent endowment ▶ 22 380 %
- c Temporarily restricted endowment ▶ 73 400 %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		12,344,996		12,344,996
b Buildings		327,584,676	166,879,658	160,705,018
c Leasehold improvements				
d Equipment		386,532,840	290,488,647	96,044,193
e Other		9,444,871		9,444,871
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				278,539,078

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(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	
ACCRUED PENSION COST	79,184,970
DUE TO RELATED PARTY	21,698,261
INTEREST RATE SWAPS	8,565,470
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	109,448,701

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	532,080,564
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	1,826,516		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,291,890		
e	Add lines **2a** through **2d**			2e	3,118,406
3	Subtract line **2e** from line **1**			3	528,962,158
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	438,655		
c	Add lines **4a** and **4b**			4c	438,655
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	529,400,813

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	528,853,296
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	1,291,890		
e	Add lines **2a** through **2d**			2e	1,291,890
3	Subtract line **2e** from line **1**			3	527,561,406
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	228,000		
c	Add lines **4a** and **4b**			4c	228,000
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	527,789,406

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-1928247

Name: PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE INTENDED USE OF THE FUNDS IS TO FURTHER THE ORGANIZATION'S TAX-EXEMPT PURPOSE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	PHOEBE PUTNEY HEALTH SYSTEM, INC , PHOEBE PUTNEY MEMORIAL HOSPITAL, INC , PHOEBE WORTH MED ICAL CENTER, INC , PHOEBE SUMTER MEDICAL CENTER, INC , PHOEBE PHYSICIAN GROUP, INC , AND P HOEBE FOUNDATION, INC ARE NOT-FOR- PROFIT CORPORATIONS THAT HAVE BEEN RECOGNIZED AS TAX-E XEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE PHOEBE PUTNEY INDEMNITY, LLC IS NOT SUBJECT TO FEDERAL INCOME TAXES DUE TO ITS ORGANIZATION AS A SINGLE MEMBER LLC PHOEBE PUTNEY HEALTH VENTURES, INC IS A FOR-PROFIT ENTITY WITH RESPECT TO ITS FOR-PROF IT ENTITY AS WELL AS ANY UNRELATED BUSINESS INCOME GENERATED THROUGH THE TAX-EXEMPT ENTITI ES, THE CORPORATION ACCOUNTS FOR INCOME TAXES USING THE ASSET AND LIABILITY METHOD UNDER THIS METHOD, DEFERRED INCOME TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR FUTURE INCOME T AX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUN TS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE INCOME TAX BASES, AND OPERATING LOSS AND INCOME TAX CREDIT CARRYFORWARDS DEFERRED INCOME TAX ASSETS OR LIABILITIES ARE M EASURED USING ENACTED RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOS E TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED THE EFFECT ON DEFERRED IN COME TAX ASSETS AND LIABILITIES OF A CHANGE IN RATES IS RECOGNIZED IN INCOME IN THE PERIOD IN WHICH THE ENACTMENT DATE OCCURS THE CORPORATION IS REQUIRED TO ESTABLISH A VALUATION ALLOWANCE FOR ANY PORTION OF THE DEFERRED TAX ASSETS THAT MANAGEMENT BELIEVES WILL NOT BE REALIZED THE TAX CUTS AND JOBS ACT WAS PASSED BY CONGRESS ON DECEMBER 20, 2017 AND SIGNED BY THE PRESIDENT OF THE UNITED STATES ON DECEMBER 22, 2017 THE ACT REDUCES THE FEDERAL C ORPORATE INCOME TAX RATE TO A FLAT 21% RATE EFFECTIVE JANUARY 1, 2018 THE EFFECT OF THIS CHANGE IN THE TAX LAW FOR PHOEBE PUTNEY HEALTH VENTURES, INC IS REFLECTED IN THE CONSOLID ATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JULY 31, 2018 THE ACCOUNTING POLICIES PRESCR IBE WHEN TO RECOGNIZE AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POS ITIONS TAKEN OR EXPECTED TO BE TAKEN ON ITS INCOME TAX RETURNS THESE RULES REQUIRE MANAGE MENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY THE RELEVANT TAXING JURISDICTION S, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED BASED ON THAT EVALUATION, THE CORPORATIO N ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LI KELY OF BEING SUSTAINED TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENE FITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POS ITION SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPE RATING EXPENSES BASED ON THE RESULTS OF MANAGEMENTS EVALUATION, NO LIABILITY IS RECOGNIZE D IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEET FOR UNRECOGNIZED INCOME TAX POSITIONS FU RTHER, NO INTEREST OR PENALTIE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	S HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF JULY 31, 2018 AND 2017 OR FOR THE YEARS TH EN ENDED THE CORPORATIONS TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING A UTHORITIES FOR FEDERAL INCOME TAX PURPOSES, THE TAX RETURNS ESSENTIALLY REMAIN OPEN FOR P OSSIBLE EXAMINATION FOR A PERIOD OF THREE YEARS AFTER THE RESPECTIVE FILING DEADLINES OF T HOSE RETURNS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	GIFT SHOP COGS 485,869 RENTAL EXPENSES 806,021

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	CAPITAL CONTRIBUTIONS 438,655

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	GIFT SHOP COGS 485,869 RENTAL EXPENSES 806,021

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	CAPITAL CONTRIBUTIONS 228,000

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ 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.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Employer identification number
58-1928247

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 125 0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
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		No
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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,935,526		16,935,526	3 200 %
b Medicaid (from Worksheet 3, column a)			39,080,412	37,323,807	1,756,605	0 330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			36,066,194	34,750,167	1,316,027	0 250 %
d **Total** Financial Assistance and Means-Tested Government Programs			92,082,132	72,073,974	20,008,158	3 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,728,325		1,728,325	0 330 %
f Health professions education (from Worksheet 5)			1,377,396		1,377,396	0 260 %
g Subsidized health services (from Worksheet 6)			21,194,050	19,349,771	1,844,279	0 350 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			400,585		400,585	0 080 %
j **Total.** Other Benefits			24,700,356	19,349,771	5,350,585	1 020 %
k **Total.** Add lines 7d and 7j			116,782,488	91,423,745	25,358,743	4 800 %

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 Heathcare 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	105,681,253		
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			
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	210,008,418	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	255,904,927	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-45,896,509	
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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
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)	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
	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)

Name of hospital facility or letter of facility reporting group PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
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 16			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW PHOEBEHEALTH COM			
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 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW PHOEBEHEALTH COM			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
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)

PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 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?	15	Yes	
	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)			
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?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW PHOEBEHEALTH COM			
b	☑ The FAP application form was widely available on a website (list url) WWW PHOEBEHEALTH COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW PHOEBEHEALTH COM			
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

PHOEBE PUTNEY MEMORIAL HOSPITAL INC

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)

PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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? **2**

	Name and address	Type of Facility (describe)
1	PHOEBE HOME CARE 417 THIRD AVENUE ALBANY, GA 317011943	HOME HEALTH AGENCY
2	ALBANY COMMUNITY HOSPICE 320 FOUNDATION LANE ALBANY, GA 317075862	HOSPICE
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, COLUMN (F) - EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	IN DERIVING THE DENOMINATOR TO BE USED FOR COLUMN (F), THE FOLLOWING ADJUSTMENTS WERE MADE TO THE TOTAL EXPENSES REPORTED ON FORM 990, PART IX, LINE 25 FORM 990, PART IX, LINE 25 527,789,406 ADD EXPENSES REPORTED IN PART VIII 1,291,890 DENOMINATOR FOR COLUMN (F) 529,081,296

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	THE COST OF MEDICAID AND CHARITY CARE WAS CALCULATED USING THE COST-TO- CHARGE RATIO AS CALCULATED USING WORKSHEET 2 FROM THE IRS FORM 990 INSTRUCTIONS THE COST OF OTHER BENEFITS WAS THE DIRECT COST OF THE SERVICES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	THE AMOUNT ON PART III, LINE 2 REPRESENTS THE AMOUNT OF CHARGES CONSIDERED UNCOLLECTIBLE AFTER REASONABLE ATTEMPTS TO COLLECT, AND WRITTEN OFF TO BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	SEE PAGE 10 ON THE ACCOMPANYING AUDITED FINANCIAL STATEMENTS FOR THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE DISCLOSURE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	THE MEDICARE SHORTFALL WAS CALCULATED USING THE COST-TO-CHARGE RATIO FROM WORKSHEET 2 OF THE IRS FORM 990 INSTRUCTIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	THE ORGANIZATION PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS FINANCIAL ASSISTANCE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES THE ORGANIZATION WRITES OFF PATIENT ACCOUNTS RECEIVABLE BALANCES FOR PATIENTS QUALIFYING FOR CHARITY CARE OR FINANCIAL ASSISTANCE AND DOES NOT MAKE FURTHER COLLECTION EFFORTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	NEEDS ASSESSMENTS HAVE TRADITIONALLY LED TO THE CREATION OF COMMUNITY-BASED DELIVERY SYSTEMS THAT EXPAND ACCESS TO HEALTH CARE, MEET THE NEEDS OF THE PEOPLE AND BUILD HEALTHY COMMUNITIES IN THE BROADEST SENSE BY IMPACTING MAJOR DETERMINANTS, SUCH AS ECONOMIC DEVELOPMENT, EMPLOYMENT, CHILDREN'S SAFETY, EDUCATION AND ADEQUATE HOUSING THE ORGANIZATION CONDUCTS REGULAR NEEDS ASSESSMENT THROUGH FORMAL AND INFORMAL SURVEYS AND PROCESSES, INCLUDING COLLABORATIONS WITH PUBLIC AND COMMUNITY AGENCIES THROUGH STRATEGIC PLANNING AND COMMUNITY INTERVIEWS, THE ORGANIZATION DEVELOPS PROGRAMS AND SERVICES THAT CONSIDER THE ECONOMIC IMPERATIVES OF THE REGION, THE EFFECT OF LEGISLATION AND THE INVOLVEMENT OF OTHER COMMUNITY-BASED ORGANIZATIONS AND PARTNERS THE ORGANIZATION REGULARLY CONDUCTS FOCUS GROUPS IN THE COMMUNITY TO UNDERSTAND ISSUES AFFECTING ITS PATIENTS, AND HAS CREATED PROGRAMS IN RESPONSE TO HEALTH DISPARITIES PREVALENT IN THE AREA THE ORGANIZATION, WHICH FUNDS NURSES IN 21 SCHOOLS IN DOUGHERTY COUNTY, ALSO COLLECTS HEALTH NEEDS INFORMATION FROM NURSES, WHO PROVIDE DIRECT CARE TO STUDENTS AND STAFF AND WHO COLLABORATE WITH OTHER AGENCIES TO DEVELOP HEALTH AWARENESS AND DISEASE PREVENTION PROGRAMS THE ORGANIZATION ALSO CONDUCTS REGULAR PHYSICIAN WORKFORCE STUDIES THROUGH ITS STRATEGIC PLANNING ARM TO DETERMINE UNMET PHYSICIAN NEEDS AND BARRIERS TO ACCESSING CARE THE ORGANIZATION MEASURES THE SUCCESS OF ITS COMMITMENT BY HOW WELL IT KEEPS PEOPLE HEALTHY AND HOW WELL IT IMPACTS THE SOCIAL/CULTURAL BONDS THAT WILL SECURE THE COMMUNITIES OF THE FUTURE THE ORGANIZATION COMPLETED THE LATEST COMMUNITY HEALTH NEEDS ASSESSMENT IN 2016 AND IMPLEMENTATION STRATEGY PLAN IN 2017 A COMPLETE COPY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, COMMUNITY PRIORITIES, AND IMPLEMENTATION PLAN CAN BE FOUND AT HTTP //WWW PHOEBEHEALTH COM/LOCATIONS/PHOEBE-PUTNEY- MEMORIAL-HOSPITAL/CHNA-PHOEBE-PUTNEY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	THE BOARD HAS CLEARLY WRITTEN FINANCIAL ASSISTANCE POLICY THAT IS AVAILABLE ON THE ORGANIZATION'S WEB SITE AND THROUGH THE BUSINESS OFFICE SIGNS ARE PROMINENTLY POSTED ON THE AVAILABILITY OF FREE AND CHARITY CARE PATIENT EDUCATION ON THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM IS CONDUCTED DURING PRE-REGISTRATION, THROUGH FLOOR VISITS BY BUSINESS OFFICE REPRESENTATIVES FOR PATIENTS THAT STRESS CONCERN IN MEETING THE FINANCIAL OBLIGATIONS FOR THEIR SERVICES, THROUGH THE CUSTOMER SERVICE DEPARTMENT, AND THE FINANCIAL ASSISTANCE DEPARTMENT BROCHURES ARE PROMINENTLY DISPLAYED AT EACH REGISTRATION BOOTH THE BUSINESS OFFICE CONTINUOUSLY PROVIDES UPDATED MATERIAL TO PHYSICIAN OFFICES FOR ISSUANCE TO THEIR PATIENTS THAT HIGHLIGHT THE FINANCIAL ASSISTANCE PROGRAM AND POLICIES THE PATIENT STATEMENTS HIGHLIGHT THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM AND ENCOURAGE PATIENTS TO CALL FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	THE ORGANIZATION'S PRIMARY SERVICE AREA INCLUDES DOUGHERTY, LEE, MITCHELL, TERRELL AND WORTH COUNTIES THE FIVE COUNTY AREA EXPECTS VERY LITTLE GROWTH FROM 2019-2024 THE GEORGIA OFFICE OF PLANNING AND BUDGET EXPECTS A VERY LOW GROWTH RATE OF 1 1% WITH A PROJECTED POPULATION OF 180,552 WITH A GAIN IN LEE COUNTY HOWEVER, THE RATE OF GROWTH SHOWS A NET LOSS BETWEEN THE AGES OF 15-64 AND THE GREATEST GAINS FROM AGE 65 AND OLDER, WHICH IMPACTS THE TAX BASE AS WAGE-EARNERS AND THEIR SKILL SET RELOCATE TO FIND BETTER OPPORTUNITY CURRENT 2019 ESTIMATED POPULATION FOR THE REGION IS 178,550 MAKING THE 2024 POPULATION PROJECTION BASICALLY REMAINING FLAT CURRENT POPULATION IS 53 4% AFRICAN-AMERICAN, 43 6% WHITE AND 3 0% ALL OTHERS THE AVERAGE CENSUS TRACT PER CAPITA INCOME IS 20,557 OR 66% OF THE NATIONAL AVERAGE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	THE ORGANIZATION AND ALL ITS VOLUNTEER BOARDS ARE COMPOSED OF COMMUNITY MEMBERS WITH DIVERSE PROFESSIONAL AND COMMUNITY SERVICE BACKGROUNDS, AS WELL AS PHYSICIAN MEMBERS IN ALL FACILITIES, EMERGENCY CENTERS ARE OPERATED 24/7 AND OPEN TO ALL PERSONS, REGARDLESS OF ABILITY TO PAY THE BOARDS MAINTAIN OPEN MEDICAL STAFF POLICIES WITH PRIVILEGES AVAILABLE TO ALL QUALIFYING PHYSICIANS THE BOARD HAS CLEARLY WRITTEN INDIGENT AND CHARITY CARE POLICIES THAT ARE AVAILABLE ON THE ORGANIZATION WEB SITE AND THROUGH THE BUSINESS OFFICE SIGNS ARE PROMINENTLY POSTED ON THE AVAILABILITY OF FREE AND CHARITY CARE THE ORGANIZATION ALSO UTILIZES SURPLUS FUNDS TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	PHOEBE PUTNEY HEALTH SYSTEM, INC (PPHS) IS THE NOT-FOR-PROFIT PARENT COMPANY OF PHOEBE PUTNEY MEMORIAL HOSPITAL, INC , A NOT-FOR-PROFIT ENTITY, PHOEBE PUTNEY HEALTH VENTURES, INC , A FOR-PROFIT CORPORATION, PHOEBE PHYSICIAN GROUP, INC , A NOT-FOR-PROFIT CORPORATION, PHOEBE WORTH MEDICAL CENTER, INC , A NOT-FOR-PROFIT ENTITY, PHOEBE SUMTER MEDICAL CENTER, INC , A NOT-FOR-PROFIT ENTITY, AND PHOEBE FOUNDATION, INC , A NOT-FOR-PROFIT ENTITY PHOEBE PUTNEY MEMORIAL HOSPITAL, INC (PPMH), LOCATED IN ALBANY, GEORGIA, IS AN ACUTE CARE HOSPITAL, WHICH OPERATES SATELLITE CLINICS IN THE SURROUNDING COUNTIES IT PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES FOR RESIDENTS OF SOUTHWEST GEORGIA ADMITTING PHYSICIANS ARE PRIMARILY PRACTITIONERS IN THE LOCAL AREA PHOEBE PUTNEY HEALTH VENTURES, INC ENGAGES IN HEALTHCARE AND RELATED ACTIVITIES IN FURTHERANCE OF THE EXEMPT PURPOSES OF PPHS AND PPMH PHOEBE WORTH MEDICAL CENTER, INC (PWMC), LOCATED IN SYLVESTER, GEORGIA, IS A 25 BED RURAL CRITICAL ACCESS HOSPITAL IT PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR RESIDENTS OF WORTH COUNTY, GEORGIA PHOEBE SUMTER MEDICAL CENTER, INC (PSMC), LOCATED IN AMERICUS, GEORGIA, IS AN ACUTE CARE HOSPITAL IT PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES FOR RESIDENTS OF SUMTER COUNTY, GEORGIA PHOEBE PHYSICIAN GROUP, INC WAS ESTABLISHED TO ORGANIZE AND OPERATE MEDICAL PRACTICES EXCLUSIVELY FOR THE BENEFIT OF PPMH, PWMC, AND PSMC PHOEBE FOUNDATION, INC WAS ESTABLISHED TO RAISE FUNDS OF ANY KIND OR CHARACTER TO BE USED EXCLUSIVELY FOR CHARITABLE, MEDICAL, EDUCATIONAL AND SCIENTIFIC PURPOSES AT OR IN CONNECTION WITH PPMH OR THE HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GEORGIA THE FOUNDATION ALSO MAY RAISE FUNDS FOR ANY ORGANIZATION FOR WHICH PPHS IS THE SOLE MEMBER

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	GEORGIA

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	PHOEBE PUTNEY MEMORIAL HOSPITAL, INC (PPMH) IS A NOT-FOR-PROFIT HEALTH CARE ORGANIZATION THAT EXISTS TO SERVE THE COMMUNITY PPMH OPENED IN 1911 TO SERVE THE COMMUNITY BY CARING F OR THE SICK REGARDLESS OF ABILITY TO PAY AS A TAX-EXEMPT HOSPITAL, PPMH HAS NO STOCKHOLDE RS OR OWNERS ALL REVENUE AFTER EXPENSES IS REINVESTED IN THE MISSION TO CARE FOR THE CITI ZENS OF THE COMMUNITY - INTO CLINICAL CARE, HEALTH PROGRAMS, STATE-OF- THE-ART TECHNOLOGY AND FACILITIES, RESEARCH, AND TEACHING AND TRAINING OF MEDICAL PROFESSIONALS NOW AND FOR T HE FUTURE PPMH OPERATES AS A CHARITABLE ORGANIZATION CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C) (3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS REVENU E RULING 69-545 PPMH TAKES SERIOUSLY ITS RESPONSIBILITY AS THE COMMUNITY'S SAFETY NET HOS PITAL AND HAS A STRONG RECORD OF MEETING AND EXCEEDING THE CHARITABLE CARE AND THE ORGANIZ ATIONAL AND OPERATIONAL STANDARDS REQUIRED FOR FEDERAL TAX-EXEMPT STATUS PPMH DEMONSTRATE S A CONTINUED AND EXPANDING COMMITMENT TO MEETING ITS MISSION AND SERVING THE CITIZENS BY PROVIDING COMMUNITY BENEFITS A COMMUNITY BENEFIT IS A PLANNED, MANAGED, ORGANIZED, AND ME ASURED APPROACH TO MEETING IDENTIFIED COMMUNITY HEALTH NEEDS, REQUIRING A PARTNERSHIP BETW EEN THE HEALTHCARE ORGANIZATION AND THE COMMUNITY TO BENEFIT RESIDENTS THROUGH PROGRAMS AN D SERVICES THAT IMPROVE HEALTH STATUS AND QUALITY OF LIFE PPMH IMPROVES THE HEALTH AND WE LL-BEING OF SOUTHWEST GEORGIA THROUGH CLINICAL SERVICES, EDUCATION, RESEARCH AND PARTNERSH IPS THAT BUILD HEALTH CAPACITY IN THE COMMUNITY PPMH PROVIDES COMMUNITY BENEFITS FOR EVER Y CITIZEN IN ITS SERVICE AREA AS WELL AS FOR THE MEDICALLY UNDERSERVED PPMH CONDUCTS COMM UNITY NEEDS ASSESSMENTS AND PAYS CLOSE ATTENTION TO THE NEEDS OF LOW INCOME AND OTHER VULN ERABLE PERSONS AND THE COMMUNITY AT LARGE PPMH OFTEN WORKS WITH COMMUNITY GROUPS TO IDENT IFY NEEDS, STRENGTHEN EXISTING COMMUNITY PROGRAMS AND PLAN NEWLY NEEDED SERVICES IT PROVI DES A WIDE-RANGING ARRAY OF COMMUNITY BENEFIT SERVICES DESIGNED TO IMPROVE COMMUNITY HEALT H AND THE HEALTH OF INDIVIDUALS AND TO INCREASE ACCESS TO HEALTH CARE, IN ADDITION TO PROV IDING FREE AND DISCOUNTED SERVICES TO PEOPLE WHO ARE UNINSURED AND UNDERINSURED PPMH'S EX CELLENCE IN COMMUNITY BENEFIT PROGRAMS WAS RECOGNIZED BY THE PRESTIGIOUS FOSTER MCGAW PRIZ E AWARDED TO THE CORPORATION IN 2003 FOR ITS BROAD-BASED OUTREACH IN BUILDING COLLABORATIV ES THAT MAKE MEASURABLE IMPROVEMENTS IN HEALTH STATUS, EXPAND ACCESS TO CARE AND BUILD COM MUNITY CAPACITY, SO THAT PATIENTS RECEIVE CARE CLOSEST TO THEIR OWN NEIGHBORHOODS DRAWING ON A DYNAMIC AND FLEXIBLE STRUCTURE, THE COMMUNITY BENEFIT PROGRAMS ARE DESIGNED TO RESPO ND TO ASSESSED NEEDS AND ARE FOCUSED ON UPSTREAM PREVENTION AS SOUTHWEST GEORGIA'S LEADIN G PROVIDER OF COST-EFFECTIVE, PATIENT-CENTERED HEALTH CARE, PPMH IS ALSO THE REGION'S LARG EST EMPLOYER WITH MORE THAN 3,600 MEMBERS OF PPMH FAMILY CARING FOR PATIENTS PPMH PARTICI PATES IN THE MEDICARE AND MEDICAID PROGRAMS AND IS ONE OF THE LEADING PROVIDERS OF MEDICAI D SERVICES IN GEORGIA THE FOLLOWING TABLE SUMMARIZES THE AMOUNTS OF CHARGES FOREGONE (I E , CONTRACTUAL ADJUSTMENTS) AND ESTIMATES THE LOSSES (COMPUTED BY APPLYING A TOTAL COST FA CTOR TO THE CHARGES FOREGONE) INCURRED BY PPMH DUE TO INADEQUATE PAYMENTS BY THESE PROGRAM S AND FOR INDIGENT/CHARITY THIS TABLE DOES NOT INCLUDE DISCOUNTS OFFERED BY THE CORPORATI ON UNDER MANAGED CARE AND OTHER AGREEMENTS CHARGES ESTIMATED FOREGONE UNREIMBURSED COST M EDICARE 637,000,000 202,000,000 MEDICAID 195,000,000 62,000,000 INDIGENT/CHARITY 56,000,00 0 18,000,000 888,000,000 282,000,000 PPMH PROVIDED CARE TO A TOTAL OF 9,382 INDIGENT/CHARI TY PATIENTS DURING 2018 THESE PATIENTS CAME FROM NUMEROUS COUNTIES THROUGHOUT GEORGIA AND SURROUNDING STATES THE FOLLOWING TABLE SUMMARIZES THE AMOUNTS OF CHARGES FOREGONE AND ES TIMATES THE LOSSES INCURRED BY THE CORPORATION BY COUNTY CHARGES ESTIMATED COUNTY FOREGON E UNREIMBURSED COST DOUGHERTY 29,400,000 9,500,000 LEE 5,400,000 1,700,000 WORTH 3,300,000 1,100,000 MITCHELL 4,300,000 1,400,000 SUMTER 2,000,000 600,000 TERRELL 2,000,000 600,000 RANDOLPH 1,200,000 400,000 CRISP 1,100,000 300,000 CALHOUN 700,000 200,000 BAKER 900,000 300,000 OTHER GEORGIA 5,200,000 1,700,000 OUT OF STATE 500,000 200,000 TOTAL 56,000,000 18 ,000,000 THE FOLLOWING IS A SUMMARY OF THE COMMUNITY BENEFIT ACTIVITIES AND HEALTH IMPROVE MENT SERVICES OFFERED BY PPMH AND ILLUSTRATES THE ACTIVITIES AND DONATIONS DURING FISCAL Y EAR 2018 I COMMUNITY HEALTH IMPROVEMENT SERVICES A COMMUNITY HEALTH EDUCATION PPMH PROV IDED HEALTH EDUCATION SERVICES THAT REACHED 3,894 INDIVIDUALS IN 2018 AT A COST OF 221,678 THESE SERVICES INCLUDED THE FOLLOWING FREE CLASSES AND SEMINARS - TEEN MAZE - HEALTH TE ACHER TRAINING - BIKE HELMET GIVE AWAY AT TIFT PARK - CPR TRAINING - SAFE SITTER CLASSES - MAKE A DIFFERENCE PROGRAMMING - OPIOID COMMUNITY TASK FORCE MEETINGS AND CAMPAIGN LAUNCH - HOSTED A BLEEDING CONTROL TRAINING FOR FIRST RES

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	PONDERS THROUGHOUT SOUTHWEST GEORGIA MENS AND WOMENS HEALTH CONFERENCES THE MENS AND WOME NS CONFERENCES ATTRACTED APPROXIMATELY 750 PARTICIPANTS THESE CONFERENCES PROVIDED BLOOD PRESSURE, GLUCOSE, AND CHOLESTEROL AND BMI SCREENINGS FOR EACH PARTICIPANT AND WERE MADE P OSSIBLE BY A BROAD COALITION OF PROVIDERS SUCH AS FAITH-BASED INITIATIVE, HEART AND CANCER SOCIETY, SWGA CANCER COALITION, AND PUBLIC HEALTH AMONG OTHERS THE TOTAL COSTS FOR ALL H EALTH FAIRS WAS 17,038 NETWORK OF TRUST THIS IS A NATIONALLY RECOGNIZED PROGRAM AIMED AT TEEN MOTHERS TO PROVIDE PARENTING SKILLS, ATTEMPT TO REDUCE REPEAT PREGNANCIES, AND COMPLE TE HIGH SCHOOL THIS PROGRAM ALSO INCLUDES A TEEN FATHER PROGRAM ALONG WITH OTHER TEENAGED CHILDREN PROGRAMS INTERNAL EVALUATION SHOWS TEENS PARTICIPATING IN THE PROGRAM ARE LESS LIKELY TO REPEAT A PREGNANCY PRIOR TO GRADUATION NETWORK OF TRUST ENROLLED 77 UNDUPLICATE D TEEN PARENTS DURING 2017/2018 SCHOOL YEAR AT A COST OF 203,947 PROJECT RESULTS DEMONSTR ATE TEENS THAT GRADUATE FROM THE TWO-SEMESTER PROGRAM ARE LESS LIKELY TO HAVE A SECOND PRE GNANCY PRIOR TO AGE 21 27 OF THE 30 NETWORK OF TRUST SENIORS GRADUATED IN ADDITION, NETW ORK OF TRUST AND THE SCHOOL NURSE PROGRAM PROVIDED HEALTH FAIRS TO CHILDREN AT VARIOUS PUB LIC SCHOOLS WITH 1,136 STUDENTS PARTICIPATING B COMMUNITY BASED CLINICAL SERVICES FLU SH OTS PPMH PROVIDES FREE FLU SHOTS TO VOLUNTEERS, STUDENTS AND HOMELESS SHELTERS IN 2018, T HE CORPORATION ADMINISTERED 458 FLU SHOTS AT AN UNREIMBURSED COST OF 9,178 SCHOOL NURSE P ROGRAM PPMH PLACES NURSES IN SIXTEEN ELEMENTARY SCHOOLS, SIX MIDDLE SCHOOLS, AND FOUR HIGH SCHOOLS IN DOUGHERTY COUNTY WITH A GOAL OF CREATING ACCESS TO CARE FOR STUDENTS AND STAFF , ASSESSING THE HEALTH CARE STATUS OF EACH POPULATION REPRESENTED AND EFFECTIVELY ESTABLIS HING REFERRALS FOR ALL HEALTH CARE NEEDS NURSES ALSO CONDUCTED THE EIGHTH GRADE HEALTH FA IRS DURING THE 2017/2018 SCHOOL YEAR, THE SCHOOL NURSE PROGRAM COVERED 14,100 STUDENT LIV ES THIS PROGRAM IS OPERATED AT A COST OF 192,435 IN 2018 C HEALTH CARE SUPPORT SERVICES THE EMERGENCY CENTER SPONSORED A WORKSHOP, BLEEDING CONTROL TRAINING, DURING THE YEAR FI RST RESPONDERS FROM THE AREA WERE INVITED IN TOTAL 130 PARTICIPANTS CAME TO THE WORKSHOP AT A COST OF 3,612 GOVERNMENT SPONSORED ELIGIBILITY APPLICATIONS TO THE POOR AND NEEDY PP MH CONTRACTS WITH CHANGE HEALTHCARE (FORMERLY CHAMBERLAIN EDMONDS) TO PROCESS ELIGIBILITY APPLICATIONS ON BEHALF OF THE POOR AND NEEDY THAT MAY BE ELIGIBLE FOR MEDICAID IN SOME CA SES, IT CAN TAKE UP TO TWO YEARS TO BE DEEMED ELIGIBLE IN 2018, THE CORPORATION PAID 1,17 1,867 TO CHANGE HEALTHCARE TO PROCESS THOSE APPLICATIONS OF THOSE PROCESSED, 494 WERE DEE MED ELIGIBLE - FINANCIAL ASSISTANCE POLICY (FAP) PPHS HOSPITAL FACILITIES WILL EXTEND FRE E OR DISCOUNTED CARE TO ELIGIBLE INDIVIDUALS FOR ALL URGENT, EMERGENT, OR OTHERWISE MEDICA LLY NECESSARY SERVICES PATIENTS WHOSE HOUSEHOLD INCOME IS AT OR BELOW 125% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR FREE CARE PATIENTS WHOSE HOUSEHOLD INCOME IS BETWEEN 126% AND 400% OF THE FEDERAL POVERTY GUIDELINES QUALIFY FOR DISCOUNTED CHARGES BASED ON A SLIDING FEE SCHEDULE IN THE FAP PHOEBE WILL NOT CHARGE ELIGIBLE INDIVIDUALS MORE FOR EME RGENCY OR OTHER MEDICALLY NECESSARY CARE THAN THE AMOUNT GENERALLY BILLED TO INDIVIDUALS W HO HAVE INSURANCE COVERAGE, AND IS COMPLIANT WITH THE REQUIREMENTS FOR A NOT-FOR-PROFIT CH ARITABLE CORPORATION IN ACCORDANCE WITH INTERNAL REVENUE SERVICE REGULATION 1 501(R) II HEALTH PROFESSIONS EDUCATION PPMH RECOGNIZES THAT TO CONTINUOUSLY IMPROVE THE CORPORATIONS LONG-TERM VALUE TO OUR COMMUNITY AND OUR CUSTOMERS, TO ENCOURAGE LIFE-LONG LEARNING AMONG EMPLOYEES AND TO ACHIEVE A WORLD-CLASS EMPLOYER STATUS, IT IS IN THE CORPORATIONS BEST IN TEREST TO PROVIDE OPPORTUNITIES THAT WILL ASSIST ELIGIBLE EMPLOYEES IN PURSUING FORMAL, HE ALTHCARE RELATED EDUCATIONAL OPPORTUNITIES IN FISCAL YEAR 2018, THE CORPORATION PROVIDED 627,298 IN CLINICAL SUPERVISION AND TRAI

Additional Data

Software ID:

Software Version:

EIN: 58-1928247

Name: PHOEBE PUTNEY MEMORIAL HOSPITAL INC

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** Name, address, primary website address, and state license number		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	PHOEBE PUTNEY MEMORIAL HOSPITAL INC PO BOX 3770 ALBANY, GA 317063770 WWW PHOEBEHEALTH COM 047-682	X	X		X			X		HHA, 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
FACILITY 1, PHOEBE PUTNEY MEMORIAL HOSPITAL INC - PART V, LINE 3E	THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IS IDENTIFIED AND THE METHODOLOGY FOR PRIORITIZING EACH NEED IS DESCRIBED ON PAGE 17 OF THE 2016 CHNA
FACILITY 1, PHOEBE PUTNEY MEMORIAL HOSPITAL INC - PART V, LINE 5	MEMBERS OF THE INTERNAL ASSESSMENT TEAM PERFORMED TWENTY (20) KEY LEADER INTERVIEWS OF APPROXIMATELY 30 TO 45 MINUTES IN LENGTH THE PURPOSE OF THE KEY LEADER INTERVIEWS WAS TO GATHER INFORMATION, GAIN KNOWLEDGE AND RECEIVE INPUT REGARDING HEALTH ISSUES FACING THE ORGANIZATION'S SERVICE AREA THE INTERVIEW SELECTION PROCESS WAS CAREFUL TO INCLUDE REPRESENTATION THAT REFLECTS THE MAKE-UP OF PATIENTS RECEIVING SERVICES IN THE ORGANIZATION'S SERVICE AREA (RELIGIOUS, BUSINESS, POLITICAL, PUBLIC HEALTH, THE ELDERLY, PHYSICIANS, AND AFTER SCHOOL PROGRAMS) TWO COMMUNITY INPUT SESSIONS WERE ALSO HELD TO REVIEW DATA AND PROVIDE FEEDBACK ON THE COMMUNITYS VIEW OF PRIORITIES THE SESSIONS INCLUDED PARTICIPATES FROM AN ARRAY OF ORGANIZATIONS SUCH AS THE YMCA, RELIGIOUS AND EDUCATIONAL INSTITUTIONS, MEDIA, AND HEALTHCARE NON-PROFITS TO NAME A FEW

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
FACILITY 1, PHOEBE PUTNEY MEMORIAL HOSPITAL INC - PART V, LINE 11	USING THE CATHOLIC HEALTH ASSOCIATIONS SELECTION FILTER AS A MEANS TO PRIORITIZE COMPETING SIGNIFICANT NEEDS, BELOW IS A LIST OF NEEDS THAT WERE NOT INCLUDED AS PRIORITIES BUT REMAIN A CONCERN TO THE COMMUNITY 1) CHILD AND ADULT OBESITY THE ORGANIZATION'S RESOURCES ARE NOT VAST ENOUGH TO ADDRESS THIS NEED THE COUNTY HEALTH DEPARTMENT, SCHOOL SYSTEM, AND OTHER NON-PROFIT GROUPS ARE ADDRESSING THIS NEED 2) TRAIN UNSKILLED LABOR NOT WITHIN THE ORGANIZATION'S STRATEGIC SCOPE AND OTHER COMMUNITY RESOURCES ARE ADDRESSING THIS NEED 3) ACCESS TO CARE - TRANSPORTATION THIS NEED IS TOO COMPLEX TO BE ADDRESSED BY THE ORGANIZATION VULNERABLE POPULATIONS HAVE ACCESS TO THE MEDICAID VAN OPTION 4) ADULTS WITHOUT INSURANCE THE ORGANIZATION CURRENTLY CONTRACTS WITH CHANGE HEALTH TO DETERMINE MEDICAID ELIGIBILITY FOR UNINSURED PATIENTS 5) INFORMATION SHARING AND EMR NETWORK THIS NEED WOULD BE VERY COMPLEX AND WOULD DIVERT FINANCIAL RESOURCES FROM OTHER PRIORITIES 6) LUNG CANCER THE ORGANIZATION ALREADY OFFERS FREE LUNG SCREENINGS TO 300 NON-INSURED PATIENTS EACH YEAR A COMPLETE COPY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, COMMUNITY PRIORITIES, AND IMPLEMENTATION PLAN CAN BE FOUND AT HTTP //WWW PHOEBEHEALTH COM/LOCATIONS/PHOEBE-PUTNEY-MEMORIAL- HOSPITAL/CHNA-PHOEBE-PUTNEY
FACILITY 1, PHOEBE PUTNEY MEMORIAL HOSPITAL INC - PART V, LINE 20E	WRITTEN NOTICE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IS INCLUDED ON HOSPITAL PATIENT STATEMENTS, AND ON WRITTEN COMMUNICATIONS SENT BY CONTRACTED THIRD PARTY COLLECTION AGENCIES THESE AGENCIES MAY REFER ACCOUNTS FOR REPORTING TO MAJOR CREDIT BUREAUS, AFTER A SERIES OF STATEMENTS AND LETTERS ARE SENT THROUGHOUT MULTIPLE COLLECTION CYCLES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Employer identification number
58-1928247

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 . . . . . ▶ 9

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) EDUCATIONAL LOANS	126	276,354			
(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
SCHEDULE I, PAGE 1, PART I, LINE 2	CONTRIBUTIONS ARE MADE ONLY TO TAX EXEMPT ENTITIES BOARD APPROVAL IS REQUIRED FOR MAJOR CONTRIBUTIONS AND A FOLLOW-UP WITH THE TAX EXEMPT ENTITY IS REQUIRED FOR MONITORING THE USE OF THE FUNDS TUITION POLICY EMPLOYEE MUST BE EMPLOYED AS A REGULAR FULL TIME EMPLOYEE (64+ HOURS PER PAY PERIOD) FOR AT LEAST ONE YEAR, 12 MONTHS THEY MUST SCORE A "MEETS EXPECTATIONS- OR GREATER ON THEIR LAST EVALUATION THE EMPLOYEE MUST MAINTAIN A SEMESTER OR QUARTER GPA OF 2 5 FOR UNDERGRADUATE STUDIES AND 3 0 FOR GRADUATE STUDIES TO RECEIVE TUITION ASSISTANCE EMPLOYEE MUST SUBMIT A COPY OF GRADE TO THE BENEFITS DEPARTMENT AND MANAGER AFTER THE COMPLETION OF EACH COURSE AN EMPLOYEE RECEIVING TUITION ASSISTANCE IS REQUIRED TO WORK FOR PHOEBE ONE YEAR, FULL-TIME UPON DEGREE COMPLETION OR CESSATION FROM THE DEGREE PROGRAM

Additional Data

Software ID:
Software Version:
EIN: 58-1928247
Name: PHOEBE PUTNEY MEMORIAL HOSPITAL INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSPITAL AUTHORITY OF ALBANY DOUGHERTY COUNTY PO BOX 3770 ALBANY, GA 317063770	45-0825965	GOV	185,500				GENERAL SUPPORT
HORIZONS COMMUNITY SOLUTIONS 810 13TH AVE SUITE 105 ALBANY, GA 317012512	82-0567901	501C3	187,500				GENERAL 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
UNITED PARENTS INC PO BOX 71149 ALBANY, GA 317081149	58-6043206	501C3		40,412	HR RATE	ATHL TRAINER SV	GENERAL SUPPORT
UNITED WAY OF SOUTHWEST GEORGIA 112 N WESTOVER BLVD ALBANY, GA 317072951	58-0655156	501C3	17,919				GENERAL 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
PHOEBE FOUNDATION PO BOX 3770 ALBANY, GA 317063770	58-1847104	501C3	401,009				GENERAL SUPPORT
ALBANY CHAMBER OF COMMERCE 225 W BROAD AVENUE ALBANY, GA 317012512	58-0134930	GOV	98,000				GENERAL 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
ALBANY AREA PRIMARY HEALTH CARE 204 N WESTOVER BLVD ALBANY, GA 317072951	58-1344015	501C3	106,256				COMMUNITY BENEFIT
KEEP ALBANY-DOUGHERTY BEAUTIFUL 2106 HABERSHAM ROAD ALBANY, GA 31706	58-1982559	501C3	20,000				GROW ALBANY

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
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW 400 ATLANTA, GA 303031002	58-0659875	501C3	10,000				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Employer identification number
58-1928247

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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	**1b**		
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?	**2**		
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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 3	NONE OF THE INDIVIDUAL BOARD MEMBERS OR OFFICERS ARE COMPENSATED BY THE FILING ORGANIZATION THE FILING ORGANIZATION, INSTEAD, RELIES ON THE METHODS USED BY PPHS, THE SOLE MEMBER, TO ESTABLISH COMPENSATION OF THE CEO AND EXECUTIVE OFFICERS COMPENSATION DETERMINATION BY PPHS INCLUDES AN INDEPENDENT COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT AND SURVEYS, AND BOARD APPROVAL THESE METHODS ARE WELL DOCUMENTED
SCHEDULE J, PAGE 1, PART I, LINE 4	JOE AUSTIN 0 129,963 0 BRIAN CHURCH 0 54,775 0 DAWN BENSON 0 109,853 0 EVELYN M OLENICK 0 23,906 0
SCHEDULE J, PART III	SCHEDULE J, PART I, LINE 4 - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS DEFERRED COMPENSATION PLAN 457(B) THE DEFERRED COMPENSATION PLAN IS AN ADDITIONAL RETIREMENT PLAN OFFERED THROUGH PHOEBE PUTNEY THE 457(B) PLAN IS AN ELIGIBLE DEFERRED COMPENSATION PLAN THAT ALLOWS ONE TO DEFER ADDITIONAL DOLLARS TOWARDS RETIREMENT HIGHLIGHTS INCLUDE O NOT LIMITED BY THE AMOUNTS DEFERRED INTO THE PHOEBE 403(B) O PLAN IS SUBJECT TO ANNUAL DEFERRAL LIMITS SET BY THE IRS O PER IRS REGULATIONS, EACH PARTICIPANT IS A GENERAL UNSECURED CREDITOR OF THE PLAN SPONSOR SENIOR VICE PRESIDENTS AND ABOVE AND PHYSICIANS MAKING OVER 120,000 ARE ELIGIBLE TO PARTICIPATE IN THE 457(B) PLAN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) 457(F) PPHS RELIES ON AN INDEPENDENT COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, SURVEYS, WELL DOCUMENTED METHODS AND BOARD APPROVAL TO ESTABLISH TOTAL COMPENSATION OF THE CEO AND EXECUTIVE OFFICERS CERTAIN BOARD APPROVED EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN A SERP THAT PROVIDES CERTAIN DEFINED ANNUAL PAY CREDITS THAT ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE THE PURPOSE OF THE SERP IS TO PROVIDE A LONG-TERM INCENTIVE AND RETIREMENT BENEFIT FOR AFFECTED EXECUTIVES CONSISTENT WITH THE BENEFIT AVAILABLE TO EMPLOYEES NOT IMPACTED BY IRS COMPENSATION LIMITS ON DEFINED BENEFIT PLANS THE AMOUNTS REPORTED AS SUPPLEMENTAL EXECUTIVE RETIREMENT COMPENSATION FOR ELIGIBLE EMPLOYEES IN SCHEDULE J REPRESENT CREDITED, BUT NOT VESTED, BENEFITS, AND THE AMOUNTS ARE AVAILABLE IN FUTURE PERIODS TO THE EMPLOYEE SUBJECT TO CONTINUING EMPLOYMENT PPHS MAINTAINS OWNERSHIP OF THE FUNDS ALLOCATED TO EACH PARTICIPANT UNTIL VESTING AND PAYMENT FOR A PARTICIPANT IN THE SERP PRIOR TO 1/1/2017 (A "GRANDFATHERED PARTICIPANT"), THE FIRST VESTING DATE WILL OCCUR ON THE DATE THE PARTICIPANT ATTAINS FIVE YEARS OF PARTICIPATION UNDER THE PLAN AFTER THE INITIAL VESTING DATE, A GRANDFATHERED PARTICIPANT SHALL HAVE A NEW VESTING DATE ONCE EVERY 5 YEARS THESE ADDITIONAL VESTING DATES WILL OCCUR ON THE 5TH ANNIVERSARY OF EACH VESTING DATE AFTER THE INITIAL VESTING DATE ON EACH VESTING DATE, A GRANDFATHERED PARTICIPANT WILL BECOME 100% VESTED IN AN AMOUNT EQUAL TO THE PARTICIPANT'S ACCOUNT BALANCE REDUCED BY ANY PAY CREDITS CREDITED TO THE ACCOUNT FOR THE 2 MOST RECENT PLAN YEARS FOR PARTICIPANTS INITIALLY PARTICIPATING IN THE SERP AFTER 12/31/2016, EACH YEAR'S ANNUAL PAY CREDIT PLUS SUBSEQUENT EARNINGS AND/OR LOSSES WILL 100% VEST ON THAT PAY CREDITS' 5TH ANNIVERSARY, PROVIDED THAT THE PARTICIPANT REMAINS IN THE CONTINUOUS EMPLOYMENT THROUGHOUT THE 5-YEAR PERIOD FOR EACH ANNUAL PAY CREDIT IF ANY ELIGIBLE PARTICIPANT ATTAINS NORMAL RETIREMENT AGE PRIOR TO THIS SEPARATION FROM SERVICE, THEY SHALL VEST IN 100% OF THE ACCOUNT BALANCE ONCE VESTED, EACH PARTICIPANT SHALL RECEIVE A DISTRIBUTION OF THEIR ENTIRE VESTED AMOUNT WITHIN A REASONABLE PERIOD NOT TO EXCEED 2 5 MONTHS THIS DISTRIBUTION IS TREATED AS REPORTABLE COMPENSATION TO THE PARTICIPANT AND IS INCLUDED IN PART II, COLUMN B(III) THEREFORE, PART II, COLUMN B(III) INCLUDES PRIOR YEAR SERP DEFERRALS PREVIOUSLY REPORTED IN PART II, COLUMN C ANY DISTRIBUTION AMOUNT INCLUDED IN PART II, COLUMN B (III) THAT WAS PREVIOUSLY REPORTED IN PRIOR PERIODS AS DEFERRED COMPENSATION IN PART II, COLUMN C IS DISCLOSED IN PART II, COLUMN F THE FOLLOWING PARTICIPANT VESTED AND RECEIVED PAYMENT OF SERP BENEFITS IN THE 2017 CALENDAR YEAR JOEL WERNICK 360,115 (MULTI-YEAR VESTED AMOUNT)(NORMAL RETIREMENT AGE) LAURA SHEARER 71,019 (MULTI-YEAR VESTED AMOUNT) SCHEDULE J, PART II, COLUMN B(II) CERTAIN EXECUTIVE OFFICERS AND PHYSICIANS ARE ELIGIBLE FOR BONUS/INCENTIVE PAYMENTS THESE BONUSES ARE DETERMINED BASED ON THE ACHIEVEMENT OF VARIOUS ORGANIZATIONAL AND PERSONAL PERFORMANCE GOALS ESTABLISHED BY A FORMAL PROCESS IN KEEPING WITH THE ORGANIZATION'S TAX-EXEMPT STATUS COMPENSATION PROCESS FOR TOP OFFICIAL AS DETERMINED BY PPHS THE ORGANIZATION'S FORMAL PROCESS FOR DETERMINING TOTAL COMPENSATION FOR THE CEO IS INTENDED TO PROVIDE REASONABLE COMPENSATION FOR ACCOMPLISHING THE ORGANIZATION'S MISSION, ACHIEVE ITS STRATEGIC GOALS, TO RECOGNIZE PERFORMANCE, AND TO OPERATE IN KEEPING WITH THE ORGANIZATION'S OBLIGATIONS AS A TAX-EXEMPT CHARITABLE ORGANIZATION THE EXECUTIVE COMPENSATION COMMITTEE OF THE PPHS'S BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF THE COMPENSATION OF THE CEO THE COMMITTEE RETAINS A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT COMPETITIVE MARKET ANALYSIS OF THE MARKET RANGES OF BASE, INCENTIVE AND TOTAL CASH COMPENSATION THE INFORMATION THE COMMITTEE MAY CONSIDER CAN INCLUDE BUT IS NOT LIMITED TO THE PERFORMANCE OF AN INDIVIDUAL, THE PERFORMANCE OF THE ORGANIZATION, AN INDIVIDUAL'S LENGTH OF SERVICE, CREDENTIALS AND EXPERIENCE, THE ELEMENTS OF TOTAL COMPENSATION AND SALARY HISTORY, THE ORGANIZATION'S COMPENSATION TARGETS, AND COMPARABILITY DATA, INCLUDING THE DATA PREPARED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE COMMITTEE THE COMMITTEE INCORPORATES A FORMAL PERFORMANCE APPRAISAL PROCESS IN THE CEO COMPENSATION REVIEW IT UTILIZES A MULTI-PERSPECTIVE APPROACH AND PERFORMANCE MEASURES WHICH ARE LINKED TO THE ORGANIZATION'S LONG-TERM STRATEGIC PLAN AND ACHIEVEMENT OF ANNUAL SYSTEM OBJECTIVES THE CEO IS NOT PRESENT WHEN THE COMMITTEE DISCUSSES AND ESTABLISHES HIS COMPENSATION

Additional Data

Software ID:

Software Version:

EIN: 58-1928247

Name: PHOEBE PUTNEY MEMORIAL HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOEL WERNICK CEO/PRES/BD MEM	(I)							
	(II)	801,875	485,726	390,587	5,361	18,110	1,701,659	360,115
1KATHERINE HUDSON MD BOARD MEMBER	(I)							
	(II)	295,617	29,953	99,860	7,434	8,320	441,184	
2JOE AUSTIN SVP/COO	(I)							
	(II)	471,330	114,514	5,871	138,063	19,002	748,780	
3BRIAN CHURCH CFO	(I)							
	(II)	351,858	85,277	18,328	62,875	18,258	536,596	
4DAWN BENSON SVP GENERAL COUNSEL	(I)							
	(II)	359,562	69,143	19,506	117,761		565,972	
5LAURA SHEARER SVP OPERATIONS	(I)							
	(II)	256,966	52,152	85,159	8,098	10,348	412,723	71,019
6EVELYN M OLENICK SVP CNO	(I)	239,221	47,414	1,521	30,584	19,247	337,987	
	(II)							
7WILLIAM M SEWELL III MEDICAL DIRECTOR-W&C	(I)	320,128	93,897	1,450	7,941	18,547	441,963	
	(II)							
8BIPIN AGARWAL CHIEF PHYSICIST	(I)	239,829	300	975	6,872	19,481	267,457	
	(II)							
9JESSE DIAZ VP INFO SYSTEMS	(I)	207,053	31,857	1,318	4,974	16,732	261,934	
	(II)							
10MICHAEL CLELAND PHYSICIST	(I)	226,954	300	1,126	5,802	16,947	251,129	
	(II)							
11JAMES E BLACK MED DIR - EMERG SVCS	(I)	171,243		56,251	762	3,625	231,881	
	(II)							

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Employer identification number
58-1928247

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	HOSP AUTH OF ALBANY-DO CO GA 2012	45-0825965	012170EC6	12-13-2012	114,306,593	SEE PART VI		X		X		X
B	HOSP AUTH OF ALBANY-DO CO GA 2015	45-0825965		02-02-2015	187,870,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	11,435,100	11,115,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	114,306,593	187,870,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	906,593			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	113,400,000			
11	Other spent proceeds		187,870,000		
12	Other unspent proceeds				
13	Year of substantial completion	2012	2012		

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

Part III Private Business Use

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

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?		X		X				
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?		X		X				
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 ▶		1 720 %		0 790 %				
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		1 720 %		0 790 %				
7	Does the bond issue meet the private security or payment test?		X		X				
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?		X		X				
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?	X		X					

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		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X		X					
c	No rebate due?	X		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	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X		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		X					

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

Return Reference	Explanation
SCHEDULE K - DATE REBATE COMPUTATION PERFORMED	HOSP AUTH OF ALBANY-DO CO, GA 2012 06/13/13 HOSP AUTH OF ALBANY-DO CO, GA 2015 08/02/15

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	HOSP AUTH OF ALBANY-DO CO, GA 2012 PART I, COLUMN F, SERIES 2012 FINANCING THE COSTS OF MAKING CERTAIN ADDITIONS, EXTENSIONS, AND CAPITAL IMPROVEMENTS TO THE HEALTH CARE SYSTEM PART IV, LINE 2C SINCE THE BOND PROCEEDS HAVE BEEN SPENT, A SPENDING EXCEPTION WAS MET, AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATION IS NECESSARY HOSP AUTH OF ALBANY-DO CO, GA 2015 PART I, COLUMN F, SERIES 2015 REISSUANCE OF PRIOR BONDS (7/9/10, 12/7/12)

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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
PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Employer identification number
58-1928247

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	FORM 990, PART IX, LINE 24A SUBSIDY TO PHYSICIAN CLINICS FOR LOSSES ASSOCIATED WITH LOW-INCOME PATIENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 4	DIRECTOR QUALIFICATIONS WERE EXPANDED TO EMPHASIZE A DIRECTOR'S INVOLVEMENT AND INTEREST I N THE COMMUNITY OF WHICH THE CORPORATION IS A PART BYLAWS ADDED "DIRECTORS MUST RESIDE IN THE SERVICE AREA OF THE CORPORATION OR BE REGULARLY INVOLVED IN A BUSINESS OR PERSONAL CA PACITY IN THE SERVICE AREA TO A SUFFICIENT EXTENT, IN THE REASONABLE JUDGMENT OF PPHS (THE SOLE MEMBER), TO MAINTAIN PERSONAL KNOWLEDGE AND EXPERTISE CONCERNING THE CURRENT BUSINES S/ECONOMIC, CULTURAL AND POLITICAL CLIMATE OF THE SERVICE AREA " THE BYLAWS ALSO EXPANDED THE ROLE OF CERTAIN BOARD COMMITTEES THE PROFESSIONAL AFFAIRS COMMITTEE NOW HAS THE EXPAN DED DUTY TO WATCH OVER AND REPORT TO THE BOARD ON MATTERS OF QUALITY AND SAFETY WITHIN THE HOSPITAL, INCLUDING PEER REVIEW AND SUCH OTHER ANALYSIS AND REVIEW OF QUALITY AND SAFETY ISSUES AS THE COMMITTEE DEEMS APPROPRIATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE SOLE MEMBER OF PHOEBE PUTNEY MEMORIAL HOSPITAL, INC SHALL BE PHOEBE PUTNEY HEALTH SYSTEM, INC (PPHS)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF DIRECTORS OF PPHS HAS THE RIGHT TO APPOINT DIRECTORS OF THE FILING ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	THE MEMBER SHALL HAVE THE FOLLOWING RESPONSIBILITIES - THE MEMBER SHALL APPOINT OR REMOVE THE ORGANIZATION'S DIRECTORS - THE MEMBER SHALL SELECT OR REMOVE THE ORGANIZATION'S OFFI CERS - THE MEMBER SHALL APPROVE ALL AMENDMENTS TO THE ORGANIZATION'S ARTICLES OF INCORPOR ATION AND BYLAWS BEFORE THEY MAY BECOME EFFECTIVE - THE MEMBER SHALL APPROVE ANY ANNUAL O PERATING OR CAPITAL BUDGETS - THE MEMBER SHALL APPOINT OR REMOVE THE INDEPENDENT AUDITORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE INDEPENDENT ACCOUNTING FIRM THAT PREPARES THE FORM 990 (BASED UPON INFORMATION PROVIDE D BY THE ORGANIZATION) PROVIDES A COMPLETE COPY OF THE RETURN WITH APPLICABLE SCHEDULES TO BE REVIEWED BY MANAGEMENT MANAGEMENT PERFORMS A DETAILED REVIEW WHICH CONSISTS OF REVIEW ING THE FINANCIAL DATA, THE NARRATIVES DISCLOSED, AND OTHER FACTS PRESENTED ON THE RETURN UPON REVIEW, THE FORM 990 IS THEN FORWARDED TO THE FINANCE COMMITTEE FOR THEIR REVIEW, TO GAIN THEIR COMMENTS AND APPROVAL UPON APPROVAL FROM THE FINANCE COMMITTEE, THE FORM 990 AND RELATED SCHEDULES ARE PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND FEEDBACK ONCE THE FORM 990 IS REVIEWED BY ALL APPLICABLE PARTIES, A COPY OF THE FINAL VERSION IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ON AN ANNUAL BASIS, PHOEBE PUTNEY MEMORIAL HOSPITAL (PPMH) BOARD MEMBERS AS WELL AS ALL OF FICERS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE THIS QUESTIONNAIRE IS ADMINISTERED B Y THE PHOEBE PUTNEY HEALTH SYSTEM (PPHS) COMPLIANCE DEPARTMENT AND THE DOCUMENT ASKS EACH INDIVIDUAL TO DISCLOSE ANY PERSONAL, BUSINESS, OR OTHER AFFILIATIONS AND MONETARY AMOUNT I F APPLICABLE THAT THEY OR THEIR IMMEDIATE FAMILY MEMBERS HAVE HAD WITHIN THE PAST 12 MONTH S WITH PPMH OR ANY RELATED ENTITIES ALL RESPONSES ARE THEN EVALUATED BY THE PPHS COMPLIAN CE DEPARTMENT IN THE CASE OF AN EXISTING CONFLICT, THE INDIVIDUAL WITH THE CONFLICT OF IN TEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL SO SUCH TRANSACTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC ITS CONFLICT OF INTEREST AND AUDITED FINANC IAL STATEMENTS ON THE ORGANIZATION'S WEBSITE, BY PROVIDING COPIES UPON REQUEST, AND BY INS PECTION AT THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT SERVICE FEES 14,734,270 4,974,202 0 CONTRACT STAFFING FEES 19,217,313 685,859 0 C ONSULTANT FEES 169,133 1,540,578 0 PROFESSIONAL FEES 315,231 130 0 INTERCOMPANY ALLOCATED COST 20,592,560 15,640,458 0 OTHER PATIENT RELATED SERV 8,521,641 0 0 COLLECTION FEES 0 3, 852,968 0 TOTAL 63,550,148 26,694,195 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	AMORTIZATION OF NET GAIN 2,816,131 CHANGE IN INTEREST IN NET ASSETS OF PHOEBE FND 752,939 EQUITY TRANSFER FROM PPHS 47,137,631 NET ACTUARIAL GAIN 8,677,303 TOTAL 59,384,004 THE CHA NGE IN NET ASSETS IS RELATED TO NONCASH TRANSACTIONS AS DETAILED ABOVE IN ADDITION, EFFEC TIVE MARCH 8, 2018 PPHSS BOARD OF DIRECTORS (THE PARENT) APPROVED ACTION TO PROVIDE MISSIO N SUPPORT TO PPMH IN THE AMOUNT OF 47,137,631 FOR THE BENEFIT OF PPMH IN ACCORDANCE WITH I TS CHARITABLE MISSION TO SUPPORT, PROMOTE, ADVANCE AND STRENGTHEN, WITHIN THE MEANING OF S ECTION 509(A)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, PPMH AND OTHER CHARITAB LE HEALTH CARE PROVIDERS, FORGIVING ANY AMOUNT STILL DUE FROM PPMH TO PPHS FOR THE NEW EHR SYSTEM THE AMOUNTS FORGIVEN ARE REPORTED AS AN EQUITY TRANSFER FROM PPHS

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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
PHOEBE PUTNEY MEMORIAL HOSPITAL INC

Employer identification number
58-1928247

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

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	(g) Section 512(b)(13) controlled entity? No
(1)PHOEBE PUTNEY HEALTH SYSTEM INC PO BOX 3770 ALBANY, GA 317063770 58-2001014	HEALTHCARE	GA	501C3	12C	NA		No
(2)PHOEBE FOUNDATION INC PO BOX 3770 ALBANY, GA 317063770 58-1847104	FOUNDATION	GA	501C3	12A	PPHS		No
(3)PHOEBE PHYSICIAN GROUP INC PO BOX 3770 ALBANY, GA 317063770 26-3792403	HEALTHCARE	GA	501C3	10	PPHS		No
(4)PHOEBE WORTH MEDICAL CENTER INC PO BOX 545 SYLVESTER, GA 317910545 38-3647394	HEALTHCARE	GA	501C3	3	PPHS		No
(5)PHOEBE SUMTER MEDICAL CENTER INC 126 HIGHWAY 280 WEST AMERICUS, GA 317198645 26-3975185	HEALTHCARE	GA	501C3	3	PPHS		No
(6)SOUTH GEORGIA SHARED SERVICES INC 417 WEST THIRD AVENUE ALBANY, GA 317011943 46-2746977	COOPERATIV	GA	501C3	3	PPHS		No
(7)PHOEBE DORMINY MEDICAL CENTER INC PO BOX 3770 ALBANY, GA 317063770 45-2041878	HEALTHCARE	GA	501C3	3	PPHS		No

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

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

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	(i) No
(1)PHOEBE PUTNEY HEALTH VENTURES INC PO BOX 3770 ALBANY, GA 317063770 58-1963401	HEALTHCARE	GA	N/A						No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
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	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
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		No
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		No

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:

Software Version:

EIN: 58-1928247

Name: PHOEBE PUTNEY MEMORIAL HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PO BOX 3770 ALBANY, GA 317063770 58-2001014	HEALTHCARE	GA	501C3	12C	NA		No
PO BOX 3770 ALBANY, GA 317063770 58-1847104	FOUNDATION	GA	501C3	12A	PPHS		No
PO BOX 3770 ALBANY, GA 317063770 26-3792403	HEALTHCARE	GA	501C3	10	PPHS		No
PO BOX 545 SYLVESTER, GA 317910545 38-3647394	HEALTHCARE	GA	501C3	3	PPHS		No
126 HIGHWAY 280 WEST AMERICUS, GA 317198645 26-3975185	HEALTHCARE	GA	501C3	3	PPHS		No
417 WEST THIRD AVENUE ALBANY, GA 317011943 46-2746977	COOPERATIV	GA	501C3	3	PPHS		No
PO BOX 3770 ALBANY, GA 317063770 45-2041878	HEALTHCARE	GA	501C3	3	PPHS		No