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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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 05-01-2018 , and ending 04-30-2019

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

C Name of organization
SOUTHEAST GEORGIA HEALTH SYSTEM INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2415 Parkwood Dr

City or town, state or province, country, and ZIP or foreign postal code
Brunswick, GA 31520

D Employer identification number
58-1911751

E Telephone number
(912) 466-3395

G Gross receipts $ 442,595,535

F Name and address of principal officer
Michael DScherneckPresCEO

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: ▶ http //www sghs org

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
Southeast Georgia Health System,Inc , will provide safe, quality, accessible, and cost-effective care to meet the health needs of the people and communities it serves

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 2018 (Part V, line 2a)	**5**	3,161
6	Total number of volunteers (estimate if necessary)	**6**	357
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
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)	689,513	6,650,909
9	Program service revenue (Part VIII, line 2g)	333,050,323	358,200,241
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,293,964	6,662,033
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,815,425	5,192,534
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	345,849,225	376,705,717
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	647,372	589,772
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)	132,141,337	138,544,459
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)	180,700,138	182,844,781
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	313,488,847	321,979,012
19	Revenue less expenses Subtract line 18 from line 12	32,360,378	54,726,705

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	634,783,395	657,090,002
21	Total liabilities (Part X, line 26)	326,046,395	325,397,002
22	Net assets or fund balances Subtract line 21 from line 20	308,737,000	331,693,000

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

****** 2020-02-27
Signature of officer Date

John A Milazzo III Vice President & 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
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Southeast Georgia Health System,Inc , will provide safe, quality, accessible, and cost-effective care to meet the health needs of the people and communities it serves

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 $ 305,323,830 including grants of $ 589,772) (Revenue $ 358,200,241)

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** ▶ 305,323,830

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	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		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**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**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**	184		
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** Yes	

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**	3,161		
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**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	No
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**	0		
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**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
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**	No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	No
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**	No
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**	No
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	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**		No

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-A 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 ▶John A Milazzo III VPCFO 2415 Parkwood Dr Brunswick, GA 31520 (912) 466-7058

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) Robert C Turner Chairman	6 00 2 00	X		X				0	0	0
(2) Michael D Hodges Vice Chair	5 00 3 00	X		X				0	0	0
(3) Mitchell T Jones MD Secretary	4 00 2 00	X		X				0	0	0
(4) J Vance Hughes Treasurer	4 00 2 00	X		X				0	0	0
(5) Carl Alexander Board Member	2 00 2 00	X						0	0	0
(6) Jeffrey B Barker Board Member	2 00 2 00	X						0	0	0
(7) Stephen A Chitty IV MD Board Member	40 00 2 00	X						604,934	0	64,580
(8) Kay Hampton RN MSN Board Member	2 00 2 00	X						0	0	0
(9) Valerie A Hepburn PhD Board Member	2 00 2 00	X						0	0	0
(10) Gary D Willis Board Member	2 00 2 00	X						0	0	0
(11) Shirley D Wilson MD Board Member	40 00 2 00	X						538,720	0	58,344
(12) MH Woody Woodside Board Member	2 00 2 00	X						0	0	0
(13) Michael D Scherneck President & CEO	40 00 14 00			X				580,422	0	140,666
(14) Howard Sepp VP, Assistant Administrator/Camden	40 00 0 00				X			291,015	0	59,090
(15) Judith Henson VP, Patient Care Services	40 00 0 00				X			229,414	0	40,721
(16) Kelli Reale VP, Human Resources	40 00 0 00				X			230,430	0	38,506
(17) Robert Bernasek MD VP,Chief Med Offcr	40 00 0 00					X		359,144	0	66,393

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) Christy Jordan	40 00					X		270,183	0	65,534
VP,General Counsel	0 00									
(19) Marjorie Mathieu	40 00					X		218,490	0	39,105
VP, Support Svcs	0 00									
(20) Delria T Baisden	40 00					X		224,205	0	50,015
VP, Ancillary Svcs	0 00									
(21) Jacqueline Weder	40 00					X		184,332	0	114,480
VP,Marketing	0 00									
(22) Janice Dunn	0 00						X	396,369	0	30,160
VP, CFO	0 00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								4,127,658		767,594

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 ▶ 172

		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**	Yes	
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
Hospital Housekeeping Systems LLC P O Box 826 San Antonio, TX 782930826	Housekeeping Service	5,153,138
Morrison Management Specialists PO Box 102289 Atlanta, GA 30368	Cafeteria Management	5,107,359
Alliance Healthcare Services POBox 96485 Chicago, IL 606936485	Contract Nursing	1,300,710
Davita Dialysis 2930 Springdale Rd Brunswick, GA 31520	Dialysis Services	1,224,268
Diversified Clinical Services PO Box 551187 Jacksonville, FL 32255	Contract Nursing	746,195

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 ▶ 39

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** 6,294,349			
	e Government grants (contributions)	**1e**			
	f All other contributions, gifts, grants, and similar amounts not included above	**1f** 356,560			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	6,650,909			
Program Service Revenue		Business Code			
	2a Meaningful Use Revenue	621990	37,829	37,829	
	b Net Patient Svc Revenue	621400	358,162,412	358,162,412	
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	358,200,241			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	4,975,722			4,975,722
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal			
	6a Gross rents	4,161,817			
	b Less rental expenses	491,985			
	c Rental income or (loss)	3,669,832			
	d Net rental income or (loss) . . . . . ▶	3,669,832			3,669,832
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory	67,052,800 / 31,344			
	b Less cost or other basis and sales expenses	65,362,917 / 34,916			
	c Gain or (loss)	1,689,883 / -3,572			
	d Net gain or (loss) . . . . . ▶	1,686,311			1,686,311
	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 . . ▶	0			
	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 . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . **a**				
	b Less cost of goods sold . . **b**				
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue	Business Code			
	11a Laundry Revenue	621990	257,110		257,110
	b Miscellaneous Revenue	621990	466,516		466,516
	c Other Revenue	900099	314,208		314,208
	d All other revenue		484,868		484,868
	e Total. Add lines 11a–11d . . . . . ▶		1,522,702		
	12 Total revenue. See Instructions . . . . . ▶		376,705,717	358,200,241	11,854,567

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	574,772	574,772		
2 Grants and other assistance to domestic individuals See Part IV, line 22	15,000	15,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,954,622		2,954,622	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	103,416,636	100,266,924	3,149,712	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,539,990	4,279,440	260,550	
9 Other employee benefits	20,122,949	18,968,093	1,154,856	
10 Payroll taxes	7,510,262	7,079,248	431,014	
11 Fees for services (non-employees)				
a Management	0			
b Legal	603,573		603,573	
c Accounting	234,000		234,000	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,683,240	50,387,483	4,295,757	
12 Advertising and promotion	1,148,284	78,827	1,069,457	
13 Office expenses	83,441,845	81,240,922	2,200,923	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	6,317,947	6,202,493	115,454	
17 Travel	367,067	212,525	154,542	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	4,689,832	4,689,832		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	18,581,567	18,581,567		
23 Insurance	1,853,008	1,853,008		
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 Provider Taxes	7,765,341	7,765,341		
b Liability Expense	1,676,623	1,676,623		
c Employee Recruiting	813,097	813,097		
d Postage and Shipping	609,976	581,222	28,754	
e All other expenses	59,381	57,413	1,968	
25 **Total functional expenses.** Add lines 1 through 24e	321,979,012	305,323,830	16,655,182	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			1	0
	2	Savings and temporary cash investments		16,127,967	2	14,822,642
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		57,555,826	4	57,305,886
	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	0
	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	0
	7	Notes and loans receivable, net		9,784,660	7	9,784,660
	8	Inventories for sale or use		7,871,490	8	9,672,935
	9	Prepaid expenses and deferred charges		3,119,714	9	3,435,674
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 439,884,385			
	b	Less accumulated depreciation	10b 203,695,117	216,710,636	10c	236,189,268
	11	Investments—publicly traded securities		296,215,759	11	289,162,190
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11		13,545,320	13	13,749,109
	14	Intangible assets		39,524	14	39,523
	15	Other assets See Part IV, line 11		13,812,499	15	22,928,115
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		634,783,395	16	657,090,002
Liabilities	17	Accounts payable and accrued expenses		51,528,231	17	54,140,595
	18	Grants payable			18	
	19	Deferred revenue		1,105,968	19	1,057,461
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		15,146,936	23	14,410,094
	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		258,265,260	25	255,788,852
	26	**Total liabilities.** Add lines 17 through 25		326,046,395	26	325,397,002
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		308,737,000	27	331,693,000
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		308,737,000	33	331,693,000
	34	Total liabilities and net assets/fund balances		634,783,395	34	657,090,002

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	376,705,717
2	Total expenses (must equal Part IX, column (A), line 25)	2	321,979,012
3	Revenue less expenses Subtract line 2 from line 1	3	54,726,705
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	308,737,000
5	Net unrealized gains (losses) on investments	5	3,736,217
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	-35,506,922
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	331,693,000

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: 18007218
Software Version: 2018v3.1
EIN: 58-1911751
Name: SOUTHEAST GEORGIA HEALTH SYSTEM INC

Form 990, Part III, Line 4a:

Effective May 1, 2015, the Authority undertook a corporate restructuring and executed a lease and transfer agreement with Southeast Georgia Health System, Inc (the System), a Georgia not-for-profit corporation, (formerly Kings Bay Community Hospital, Inc 58-1911751), which assumed substantially all of the operations, assets and liabilities of the Authority and agreed to operate the facilities thereof as a community healthcare provider and to perform and abide by all covenants, agreements, and restrictions thereof for an initial period of forty years Under the agreement, the System makes nominal lease payments to the Authority plus amounts sufficient to make debt service payments on Authority conduit debt obligations as they come due and assumes all operational, financial, indigent care, and community responsibilities In connection with the restructuring, the Authority and the System entered into an employee lease agreement whereby the Authority leased all of its employees to the System from January 1, 2016 through December 31, 2016, at cost All leased Authority employees were converted to System employment effective January 1, 2017

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493058013140

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1911751

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 58-1911751
Name: SOUTHEAST GEORGIA HEALTH SYSTEM 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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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
SOUTHEAST GEORGIA HEALTH SYSTEM INC	58-1911751

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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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?	Yes		90,613
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			90,613
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?		No	

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
Part II-B, Line 1i - Other Activities Description	Southeast Georgia Health System,Inc is a member of the Georgia Hospital Association A portion of the dues paid to that industry organization is deemed to be attributed to the lobbying efforts of those organizations on behalf of all hospitals throughout the state of Georgia In addition, Southeast Georgia Health System, Inc has engaged Hurt Norton and GeorgiaLink to represent the Southeast Georgia Health System, Inc on issues and appropriation opportunities that are specific to the hospitals operated by the Southeast Georgia Health System, Inc and the communities which it serves

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1911751

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 7/25/06, 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					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
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		25,450,635		25,450,635
b Buildings		249,730,636	111,511,143	138,219,493
c Leasehold improvements		4,228,514	2,498,539	1,729,975
d Equipment		112,065,896	76,397,861	35,668,035
e Other		48,408,704	13,287,574	35,121,130
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				236,189,268

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	
Amount Due to GBMHA due to Restructure	255,788,852
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	255,788,852

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 58-1911751
Name: SOUTHEAST GEORGIA HEALTH SYSTEM INC

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	The Southeast Georgia Health System, Inc (the System) has been recognized as tax-exempt pu rsuant to Section 501(c)(3) of the Internal Revenue Code Accordingly, no provision for st ate or federal income taxes has been presented in the accompanying consolidated financial statements The System recognizes the tax benefit from an uncertain tax position only if i t is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position The System has determined that it does not have any material unrecognized tax benefits or obligations

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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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1911751

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 12500 0000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			21,085,222	3,033,354	18,051,868	5 610 %
b Medicaid (from Worksheet 3, column a)			31,504,567	26,014,817	5,489,750	1 710 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,211,556	479,538	732,018	0 230 %
d **Total** Financial Assistance and Means-Tested Government Programs			53,801,345	29,527,709	24,273,636	7 550 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			395,825		395,825	0 120 %
f Health professions education (from Worksheet 5)			227,500		227,500	0 070 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,542,894		3,542,894	1 100 %
j **Total.** Other Benefits			4,166,219		4,166,219	1 290 %
k **Total.** Add lines 7d and 7j			57,967,564	29,527,709	28,439,855	8 840 %

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	12,582,606		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,255,376		
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	101,647,115		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	86,199,393		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	15,447,722		
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		No	

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	SE GA Cyberknife CenterLLC	Cancer Care Services	51 000 %		49 000 %
2	Renue Plastic Surgery Ctr	Plastic Surgery Services	15 000 %		85 000 %
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? **2**

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 SE GA Health System - Camden

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 19			
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) https //www sghs org/documents/2019-SGHS			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) https //www sghs org/documents/Camden-Campus-Implementation-			
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)

SE GA Health System - Camden

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 0000 % and FPG family income limit for eligibility for discounted care of 300 0000 %			
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 sghs org/about/financialassistance			
b	☑ The FAP application form was widely available on a website (list url) www sghs org/about/financialassistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www sghs org/about/financialassistance			
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

SE GA Health System - Camden

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)

SE GA Health System - Camden

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 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 SE GA Health System -Brunswick

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		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 19			
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) https //www sghs org/documents/2019-SGHS			
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 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) https //www sghs org/documents/Brunswick-Campus-Implementati **a**			
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)

SE GA Health System -Brunswick

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 0000 % and FPG family income limit for eligibility for discounted care of 300 0000 %			
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 sghs org/about/financialassistance			
b	☑ The FAP application form was widely available on a website (list url) www sghs org/about/financialassistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www sghs org/about/financialassistance			
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

SE GA Health System -Brunswick

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)

SE GA Health System -Brunswick

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? _____

	Name and address	Type of Facility (describe)
1	Senior Care Center - Brunswick 2611 Wildwood Dr Brunswick, GA 31520	Skilled Nursing Facility
2	Senior Care Center - St Marys 805 Dilworth St St Marys, GA 31558	Skilled Nursing Facility
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 III, Line 4 - Bad Debt Expense	Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others as services are rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors, and provision for bad debts Retroactive third-party payor settlements and bad debt adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined The cost value of Bad Debts was determined by multiplying Bad Debt measured on a gross charge basis by the overall cost to charge ratio developed on the Medicare Cost Report The amount estimated to have been elibible for financial assistance was determined by multiplying Bad Debt Expense,(at cost), by the poverty rate for Glynn County and Camden County, Georgia
Part VI, Line 2 - Needs Assessment	At both Southeast Georgia Health System-Camden Campus and Southeast Georgia Health System-Brunswick Campus, our goal is to strengthen the health and well-being of our patients and neighbors, as well as the broader community Southeast Georgia Health System-Camden Campus and Southeast Georgia Health System-Brusnwick Campus, provided over $28 4 million in community benefits, which is more important to building the vitality of our community than ever The services we provide are essential to not only the community's overall health, but also to the quality of life of every resident This belief is ingrained in our culture, from our volunteer Southeast Georgia Health System, Inc Board of Directors, to our physicians and nurses, staff, auxiliary volunteers, and our Southeast Georgia Health System Foundation We participate in informal community needs assessments regularly, collaborating with local agencies, schools, and community groups The results help us determine our short- and long-term priorities as well as strategies for improving community health Our leadership team is involved with several community activities and on boards These range from the Rotaries to the International Seafarers program to the local federally qualified Health Centers which serve the under-insured and uninsured in our community and beyond

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3 - Patient Education of Eligibility for Assistance	*Southeast Georgia Health System, Inc's Financial Assistance Program (Indigent/Charity Policy) is advertised by signage in Admissions, the Emergency Care Center and the Business Office Program information is also contained periodically in Southeast Georgia Health System, Inc's healthcare magazine which is distributed throughout the community *The standard registration packet for all patients contains a printed form describing the Financial Assistance Program and the application process The Financial Assistance process is further explained to the patients by the Registrars during the registration process Additionally, patients being admitted as an inpatient are provided an information booklet which further details the Financial Assistance Program relating to the inability to pay for medical costs *Financial Counselors in Admissions engage patients/financially responsible persons and investigate repayment options for medical costs incurred by patients being admitted to an inpatient status who display no identifiable means of paying for medical services through a third party insurer or other source Contract staff are available to assist patients with United States Social Security Disability and/or Supplemental Income programs Financial Counselors will assist patients in the application process for other federal and state public assistance programs and if ineligible, will promote Southeast Georgia Health System's internal financial assistance program as an additional option *All billing statements address the patient's potential inability to pay for medical services by advertising Southeast Georgia Health System's Financial Assistance Program on the front and back of each statement mailer *Business Office reception and telephone inquiry staff educate and promote Southeast Georgia Health System's Financial Assistance Program and distribute applications when a patient has indicated financial hardship, unemployment or the need for a low monthly repayment plan *Financial Assistance Program information is contained on Southeast Georgia Health System's website with the ability for the patient to print an application for their use *Financial Assistance Program information and applications are also provided by collection staff and collection subcontractors upon indication of a patient's financial need or inability to pay for medical services Federal and state public assistance programs are suggested as well
Part VI, Line 4 - Community Information	The Southeast Georgia Health System-Camden Campus is located in St Marys, Georgia The primary service area for the Southeast Georgia Health System, Inc 's Camden Campus is Camden County which had an approximate population of 53,044 according to the U S Census Bureau estimates for 2017 Southeast Georgia Health System-Camden Campus, derived approximately 88 1% of its discharges from Camden County The Southeast Georgia Health System-Camden Campus secondary service area includes Charlton and Brantley Counties in Georgia with a combined population of 31,446 according to the U S Census Bureau estimates for 2017 Southeast Georgia Health System-Camden Campus, is the only hospital in Camden County Other hospitals in the secondary service area Baptist Medical Center, Nassau, a 54 bed primary care hospital located in Fernandina Beach, Florida The Southeast Georgia Health System-Brunswick Campus is located within the city limits of Brunswick in Glynn County, Georgia St Simons Island, Sea Island and Jekyll Island are other residential areas in the county The primary service area includes Glynn, Brantley, McIntosh and Camden Counties There are approximately 171,163 residents in the primary service area year-round according to U S Census bureau estimates for 2017 and approximately 20,000 additional temporary residents during the tourist season The Southeast Georgia Health System-Brunswick Campus's secondary and broader service area, consists of counties adjacent to Glynn County along with counties located within a 50-mile radius of Brunswick These counties include Charlton and Wayne Counties in Georgia The approximate population for the secondary service area is 42,532 residents according to the U S Census Bureau estimates for 2017 The Southeast Georgia Health System-Brunswick Campus derived approximately 87% of its discharges from its primary service area with approximately 71% of such discharges from Glynn County Approximately 4% of the Brunswick Campus's discharges were from the secondary service area The remaining approximately 7% of admissions originated from other parts of Georgia and other states The Southeast Georgia Health System-Brunswick Campus is the only hospital located in Glynn County and there are no other hospitals within a 35 mile radius The only other hospitals in the secondary service area are Southeast Georgia Health System-Camden Campus, a 40 bed affiliated hospital located in St Marys, Georgia and Wayne Memorial Hospital, an 84 bed hospital located in Jesup, Georgia in Wayne County

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	Our community efforts resulted in patients being served by our Wellness on Wheels (WOW) mobile health vehicle which provides free screening (mammography, dexascan, blood pressure and blood sugar, hearing, vaccinations), and Community Care Center, a pediatric center that is dedicated to the health care needs of our Medicaid population These programs and many others form the foundation of our commitment to community health improvement Wellness on Wheels (WOW) mobile health vehicle is our mobile "health care on wheels" that travels and delivers care throughout the six county region The WOW operates mostly Monday through Saturday and some Sunday's, as requested and serves a different location each week Staffed by our expert providers, the WOW provides a broad range of free services mammography, dexascan, blood pressure and blood sugar, hearing, cholesterol screenings to basic health care check-ups, medical exams, and vaccinations In addition to providing medical care, our financial counselor assist patients in applying for a variety of community assistance programs Our financial counselors work with individuals to understand their unique needs and assist them in applying for federal, state, and local programs they may qualify for, including Medicaid and pharmaceutical assistance, food stamps, and the Women, Infants and Children (WIC) program Our community partners are critical to helping us improve the health and well-being of the greater coastal Georgia region Together, we can combine resources and strengths, positively impacting the greatest number of people By working closely with community leaders, we also build a greater sense of community and a shared commitment toward our common goal of improving the community's health We're proud of our partners Community partners include, but are not limited to Coastal Health DistrictCoastal Coalition of ChildrenGolden Isles Child Advocacy CenterCoastal Community Health ServicesMcKinney Medical CenterCoastal Area Agency on AgingCollege of Coastal GeorgiaUnited WayFamily ConnectionsLocal School SystemsOur vice president responsible for ancillary services coordinates with area high schools to offer an Explorer Post program that brings awareness to high school students of the job opportunities in the health care field Our director of volunteer services also coordinates and works with area high school students on a shadowing program and promote health careers at their annual information fairs at the local high schools Employees in the CommunityEvery year, Southeast Georgia Health System, Inc unites around corporate-wide efforts Ringing bells for the Salvation Army, fundraising for the American Cancer Society, participating in our local United Way Campaign and so much more At Southeast Georgia Health System,Inc , it's important to us to give back to our community In addition to team member United Way donations and volunteer time at Relay For Life and other sponsored events, our team members participate in a variety of community service initiatives, from Habitat for Humanity to the Boys and Girls Club of Southeast Georgia to local student mentoring programs
Part VI, Line 7 - States Filing of Community Benefit Report	GA

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 58-1911751
Name: SOUTHEAST GEORGIA HEALTH SYSTEM 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? **2** 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	SE GA Health System - Camden 200 Dan Proctor Dr St Marys, GA 31558 http //www sghs org 020-472	X	X					X			
2	SE GA Health System -Brunswick 2415 Parkwood Dr Brunswick, GA 31520 http //www sghs org 063-707	X	X					X			

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 SE GA Health System - Camden - Part V, Section B, Line 5	PART V, LINE 5-HOW INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY WAS TAKEN INTO ACCOUNT S GHS engaged College of Coastal Georgia Professor Mary Eleanor Wickersham, PhD, an expert i n public health, to assist in collecting and analyzing data, as well as to conduct focus g roups and interviews throughout the community Multiple focus groups were conducted to rec eive input from persons representing the community, including (1)Camden Focus Group Partic ipants-Camden Family Connections March 21, 2019 Michelle Yarbrough, Camden Family Connect ion, Heather Bryant, Coastal Georgia Area Community Action Authority, Lena B Brathwaite B ell, Innovative Prevention Education, Rebecca McKinzie Thornwell, Building Families, Krist y Gowen, Camden County Health Department, Melissa Perkins, Camden County Health Department , Briana Duckworth, Camden County Health Department, Donald Petrine, Coastal Re-Entry Vets Coalition, Bonnie Gramling, Department of Juvenile Justice, Lavena Fisette, Tree of Life Doula Services, Neal Ligon, Life, Inc , Bill Garlen, College of Coastal Georgia, Dalphine Ponder, Camden House, Vernal Morrison, Delta Sigma Theta Sorority, Tonya Harvey, City of K ingsland, Shannon Stack, Gateway Community Service Board, Rachel Baldwin, Retired Educator and Administrator, Emmy Shroeder, Camden Chamber of Commerce, Elizabeth Rogg, The Salvati on Army, Mary Beckman, Coastal Re-Entry & Vets, Inc , Nelson Cummings, Coastal Re-Entry & Vets, Inc , Clainetta T Jefferson, U S Navy, Child and Youth Programs, Sheila Sapp, Camd en Family Connection, Agnes Abdullah, United Way of Camden County, Waldron Hamilton, Camde n Family Connection, Dana OQuinn, Camden Family Connection, Ashley Cooper-Health Camden Fa mily Connection, Mary Eleanor Wickersham, Facilitator (2)Charlton Focus Group Participant s -Charlton Family Connections March 20, 2019 Daniel Underwood, Folkston United Methodist Church, Heather Harrison, Charlton County Health Department, Carla Rodeffer, Coordinator, Charlton County Family Connection, Mary Eleanor Wickersham, Facilitator (3)Brantley Focu s Group Participants -Promises and Multi-Disciplinary Task Force Meeting March 20, 2019 J ohn Simpson, Brantley County Sheriffs Office, Jason A Lee, Brantley County Sheriffs Offic e, Victoria Rowe, Brantley County DFCS, Kathy Chesser, Brantley County Schools, Erin Thrif t, Unison Behavioral Health, Elizabeth Rowel, District Attorneys Office, Latoshia Kirksey, Satilla Advocacy Services, Mark Stone, Brantley County Sheriffs Department, Lyn Jacobs,Na tional Park Service, Lora Harvard, Brantley County Schools, Hoboken Elementary School, Cat hy Jacobs, Brantley County Health Department, Renee Mumford, Georgia Department of Juvenil e Justice, Terry Anderson, Satilla Advocacy, Tammy Boyett, Nahunta Elementary School, Atki nson Elementary School, Mary Eleanor Wickersham, Facilitator Camden CHNA Steering Committe e Members Southeast Georgia Health System April 18, 2019 participants included Michael D Scherneck, President & Chief E

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 SE GA Health System - Camden - Part V, Section B, Line 5	xecutive Officer, Christy D Jordan, Chief Operating Officer & General Counsel, Howard W Sepp, Jr , FACHE, Vice President/Administrator Camden Campus, DelRia Baisden, Vice Preside nt, Ancillary Services, Marjorie Mathieu, Vice President, Support Services, Katie Wood, Vi ce President, Physician Practices, LaJoy Johnson, Manager, Resource Manager, Brendan Hunt, Manager, Health Promotion & Wellness, Lecia Albright, Director, Quality Improvement, Adam Brown, Director-Physician Practices, Stephanie Sinopoli, Director, Cancer Care Center, Gl enn Gann, Director- Emergency Care Center, Mary Eleanor Wickersham, Facilitator

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 SE GA Health System -Brunswick - Part V, Section B, Line 5	SGHS engaged College of Coastal Georgia Professor Mary Eleanor Wickersham, PhD, an expert in public health, to assist in collecting and analyzing data, as well as to conduct focus groups and interviews throughout the community Appendix A Brunswick Campus Community Focu s Group Meeting Attendee Lists(1)Camden Focus Group Participants Camden Family Connections March 21, 2019 Michelle Yarbrough, Camden Family Connection, Heather Bryant, Coastal Geo rgia Area Community Action Authority, Lena B Brathwaite Bell,IPE, Rebecca McKinzie Thornw ell-Building Families, Kristy Gowen, Camden County Health Department, Melissa Perkins, Cam den County Health Department, Briana Duckworth, Camden County Health Department, Donald Pe trine, Coastal Re-Entry Vets Coalition, Bonnie Gramling, Department of Juvenile Justice, L avena Fisette, Tree of Life Doula Services, Neal Ligon, Life, Inc , Bill Garlen, College o f Coastal Georgia, Dalphine Ponder, Camden House, Vernal Morrison, Delta Sigma Theta Soror ity, Tonya Harvey, City of Kingsland, Shannon Stack, Gateway Community Service Board, Rach el Baldwin, Retired Educator and Administrator, Emmy Shroeder, Camden Chamber of Commerce, Elizabeth Rogg, The Salvation Army, Mary Beckman, Coastal Re-Entry & Vets, Inc , Nelson C ummings, Coastal Re-Entry & Vets, Inc , Clainetta T Jefferson, U S Navy, Child and Youth Programs, Sheila Sapp, Camden Family Connection, Agnes Abdullah, United Way of Camden Cou nty, Waldron Hamilton, Camden Family Connection, Dana OQuinn, Camden Family Connection, As hley Cooper-Health, Camden Family Connection, Mary Eleanor Wickersham, Facilitator (2)Bra ntley Focus Group Participants -Promises and Multi-Disciplinary Task Force Meeting March 2 0, 2019John Simpson, Brantley County Sheriffs Office, Jason A Lee, Brantley County Sherif fs Office, Victoria Rowe, Brantley County DFCS, Kathy Chesser, Brantley County Schools, Er in Thrift, Unison Behavioral Health, Elizabeth Rowell, District Attorneys Office, Latoshia Kirksey, Satilla Advocacy Services, Mark Stone, Brantley County Sheriffs Department, Lyn Jacobs, National Park Service, Lora Harvard, Brantley County Schools, Hoboken Elementary S chool, Cathy Jacobs, Brantley County Health Department, Renee Mumford, Georgia Department of Juvenile Justice, Terry Anderson,Satilla Advocacy, Tammy Boyett,Nahunta Elementary Scho ol, Atkinson Elementary School, Mary Eleanor Wickersham, Facilitator (3)Charlton Focus Gro up Participants -Charlton Family Connections March 20, 2019 Daniel Underwood, Folkston Un ited Methodist Church, Heather Harrison, Charlton County Health Department, Carla Rodeffer , Coordinator, Charlton County Family Connection,, Mary Eleanor Wickersham, Facilitator (4)Glynn Focus Group Participants -Glynn Family ConnectionsMarch 22, 2019 Brandi Fisher, Co astal Georgia Community Action Authority, Leslie Scarboro, Glynn County Schools, Shamaia T homas, Coastal Georgia Area Community Action Authority, Melinda Ennis-Roughton, Family Con nection Glynn, Kalista Morton,

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 SE GA Health System -Brunswick - Part V, Section B, Line 5	Second Harvest, Joselyn Logan, Teen Empowering Network, Dominique Mack, Coastal Georgia C ommunity Action Authority, Trina Kelley, Southeast Georgia Health System, Zerik Samples, C oastal Georgia Community Action Authority (5)McIntosh Focus Group Participants -McIntosh C ounty Family Connection Collaborative March 19, 2019 Jackie Mull, Chamber of Commerce Boa rd Chair, Jasmine Black, University of Georgia Extension Service, Diane Martin, Family Con nection member, former chair, Sharon Brandt, FC Secretary/McIntosh Co Ministerial Associa tion, Lee Brandt, Coastal Worship Center, Mandy Harrison, McIntosh Chamber of Commerce Pre sident, Genevieve Wynegar, Executive Director-McIntosh County Family Connection, Eunice M oore, McIntosh Grass Roots, Mark Deverger, McIntosh County Fire Department Chief Bob Mucha , Business person, Melissa Williams, McIntosh Schools, Mary Eleanor Wickersham, Facilitato r (6) Wayne Focus Group Participants - Wayne County Family Connection March 18, 2019 Lana Wright, Family Connection Collaborative, Dexter Newby, Pineland, Jeannine Watts, Pineland , Ansleigh Godwin, Safe Harbor, Susan Delegal, Web Electronics, Shauna Mattingly, Anchored in Wellness, Helen Raczkowski, Skylark Sexual Health Care Clinic, Ted Buford, Department of Labor-Retired,Mary Eleanor Wickersham, Facilitator Steering Committee Members Southeast Georgia Health System April 18, 2019Michael D Scherneck, President & Chief Executive Off icer,Christy D Jordan, Chief Operating Officer & General Counsel,Howard W Sepp, Jr , FAC HE ,Vice President/Administrator Camden Campus,DelRia Baisden,Vice President, Ancillary Se rvices,Marjorie Mathieu, Vice President, Support Services,Katie Wood, Vice President, Phys ician Practices,LaJoy Johnson,Manager, Resource Manager,Brendan Hunt, Manager, Health Prom otion & Wellness,Lecia Albright, Director, Quality Improvement,Adam Brown, Director, Physi cian Practices,Stephanie Sinopoli,Director, Cancer Care Center,Glenn Gann, Director, Emerg ency Care Center,Mary Eleanor Wickersham, Facilitator

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 SE GA Health System - Camden - Part V, Section B, Line 11	Camden - Explanation of how significant identified needs are being addressed and needs not addressed, The Process of Prioritizing Needs When Needs Are Great In order to achieve the greatest impact with its Implementation Strategy, Southeast Georgia Health Systems Camden Campus focuses on the high need, high feasibility priorities that are part of the hospita ls core mission and that were identified first by local community groups and confirmed by the Steering Committee (That process is described in detail in the Community Health Needs Assessment, which is available online on the hospitals website) The selection of highest need and highest feasibility areas for focus for the Implementation Strategy does not impl y the absence of other significant needs in the community These are described in detail i n the CHNA, along with specific county needs The idea of low feasibility reflects not a l ack of a concern about these problems but rather the intractable nature of larger, societa l problems that may be upstream causes of poorer health outcomes and those that are not a part of the service mission of the hospital While many of these needs are not specifically addressed in the Implementation Strategy, as part of its role as a major health leader i n the service area, Southeast Georgia Health System will continue to contribute staff time , resources, and expertise as it works with other community groups to address the types of community health problems that fall within a broad description as the social determinants of health The high need, low feasibility areas identified include improved access to sub stance abuse treatment, expanded transportation options to improve access to health care, and increased availability of health coverage resources to reduce the proportion of uninsu red in our communities These broad issues and others that surfaced in community group dis cussions, including poverty, reflect regional, state, and even national challenges and can not be addressed or ameliorated by any one organization The cooperation of multiple area organizations in different sectors is essential to create real impact for sustainable chan ge Describing the social determinant and other community problems as high need, low feasi bility points to the necessity for collaboration across the community, from the hospital t o schools and health organizations to business and industry By identifying these more glo bal problems, the CHNA report spells out locally identified opportunities and challenges t hat assist the broader community focus on the difficult factors that can, in the long term , create these upstream changes that can lead to a healthier community Southeast Georgia Health System is committed to working collaboratively with others to address the social de terminants of health in the service area For purposes of the Implementation Strategy, this report includes six primary goals identified as high need, high feasibility areas Most g oals will include a multi-pron

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 SE GA Health System - Camden - Part V, Section B, Line 11	ged approached for change In the following sections prioritized needs, goals, the related objectives and activities the hospital intends to pursue to address identified health nee ds priorities, and a plan for evaluation of each strategy to monitor progress are outlined Priority Needs and Goals as Defined by the Steering Committee Using information from fo cus groups in the Camden Campus service area counties, the Steering Committee identified p riority needs in two domains High Need, High Feasibility and High Need, Lower Feasibility (A description of the full process and reports from county focus groups and area summary reports are available in the CHNA)Using the higher needs, higher feasibility findings id entified by the Steering Committee in the chart above, final goals for the Implementation Strategy were created to establish a formal means of addressing these important regional i ssues with a plan of implementation Goal 1 Increase access to primary care Goal 2 Provid e targeted health education and screenings in areas of high need Goal 3 Work collaborativ ely with other community providers to improve maternal and neonatal health outcomes Goal 4 Assist in locating resources for recently discharged patients to support successful and stable transitions home Goal 5 Collaborate with local mental health providers, emergency m edical services, and law enforcement about available resources for mental health care trea tment as part of the effort to improve access to mental health services Goal 6 Identify an d recruit specialty physicians in areas of high needEvaluation of the Implementation Strat egy The Implementation Strategy is a plan of action to address high needs areas where SGH S and its partner organizations can make a difference in the community As in any strategi c planning process, measurement of performance is essential The 2019 Community Health Nee ds Assessment describes in detail outcomes for the 2016 Implementation Strategy Between 2 019 and 2022, SGHS will continually review, collect data, and evaluate this plan of action - the Implementation Strategy - to assess the progress made by the Health System to achie ve its identified goals by 2022, the time of the next CHNA and Implementation Strategy Th e following tables describe the Implementation Strategy and include planned actions, the r ationale for those actions, resources required, potential partners, and how progress will be measured Goal 1 Increase access to primary care Community Input Professionals parti cipating in the survey and interviews identified lack of primary care resources as a barri er to care Community groups and survey respondents were focused on lack of access to prim ary care caused by financial hardship or lack of insurance Half of the counties in the se rvice area said that lack of access to care is a priority issue in their communitiesGoal 2 Provide targeted health education and screenings in areas of high need Community Input The professional survey condu

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 SE GA Health System - Camden - Part V, Section B, Line 11	cted in 2019 found lack of health education as a barrier to good health Health profession als cited lack of education and health knowledge necessary for self-care and appropriate u se of health resources, also referencing the need for education in diabetes management, nu trition, and the importance of adherence to medication regimens Community focus groups re cognized the lack of diabetes education as a primary cause of high prevalence and poor out comes for diabetes, also focusing on the need for education in the areas of obesity and nu trition Survey respondents listed health education as one of four priority health needs, also specifying issues that are amenable to health education that put the communitys healt h at risk (in order) drug abuse, alcohol abuse, tobacco use/smoking, and being overweight Goal 3 Work collaboratively with other community providers to improve maternal and neona tal health outcomes Community Input Experts and community groups expressed concern about high teen birth rates Background Public data indicates high rates of low birthweights, h igh rates of both fetal and infant mortality, and a high percentage of women with fewer th an five prenatal visits In most service area counties, there are high birth rates to moth ers without a high school education and births to unmarried mothers Lower educational lev els may play a role in lack of prenatal care, which results in poorer outcomes Little dat a is available in the region on maternal mortality, although this issue has been identifie d as an area of concern by the State of Georgia Goal 4 Assist in locating resources for r ecently discharged patients to support successful and stable transitions home Community I nput Community members and experts referenced lack of resources for vulnerable patients, including those without means to pay Hospital staff expressed concerns over hospital read missions that are expensive in time and money to the patient and family, that negatively a ffect patient outcomes, use resources that might be better put to use in other ways, and t hat could be prevented or reduced with additional supportive services for at-risk patients Goal 5 Collaborate with local mental health providers, emergency medical services, and law enforcement about available resources for mental health care treatment as part of the effort to improve access to mental health services Community Input Lack of awareness of a vailable mental health services and resources may limit the ability of patients to access needed mental health care In the wider SGHS service area, four of six county focus groups identified mental health/mental health awareness/mental health treatment as a priority ne ed Professionals (physicians, nurse practitioners, physician assistants, and public healt h leaders) identified high rates of mental illness and lack of resources for treatment as a priority area While there are some services, those without insurance or who have certai n payment types may not find s

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 SE GA Health System -Brunswick - Part V, Section B, Line 11	Brunswick - How significant identified needs are being addressed and needs not addressed T he Process of Prioritizing Needs When Needs Are Great-In order to achieve the greatest imp act with its Implementation Strategy In order to achieve the greatest impact with its Impl ementation Strategy, Southeast Georgia Health Systems Brunswick Campus focuses on the high need, high feasibility priorities that are part of the hospitals core mission and that we re identified first by local community groups and confirmed by the Steering Committee (Th at process is described in detail in the Community Health Needs Assessment, which is avail able online on the hospitals website)The selection of highest need and highest feasibilit y areas for focus for the Implementation Strategy does not imply the absence of other sign ificant needs in the community These are described in detail in the CHNA, along with spec ific county needs The idea of low feasibility reflects not a lack of a concern about thes e problems but rather the intractable nature of larger, societal problems that may be upst ream causes of poorer health outcomes and those that are not a part of the service mission of the hospital While many of these needs are not specifically addressed in the Implemen tation Strategy, as part of its role as a major health leader in the service area, Southea st Georgia Health System will continue to contribute staff time, resources, and expertise as it works with other community groups to address the types of community health problems that fall within a broad description as the social determinants of health The high need, low feasibility areas identified include improved access to substance abuse treatment, exp anded transportation options to improve access to health care, and increased availability of health coverage resources to reduce the proportion of uninsured in our communities The se broad issues and others that surfaced in community group discussions, including poverty , reflect regional, state, and even national challenges and cannot be addressed or amelior ated by any one organization The cooperation of multiple area organizations in different sectors is essential to create real impact for sustainable change Describing the social d eterminant and other community problems as high need, low feasibility points to the necess ity for collaboration across the community, from the hospital to schools and health organi zations to business and industry By identifying these more global problems, the CHNA repo rt spells out locally identified opportunities and challenges that assist the broader comm unity focus on the difficult factors that can, in the long term, create these upstream cha nges that can lead to a healthier community Southeast Georgia Health System is committed to working collaboratively with others to address the social determinants of health in the service area For purposes of the Implementation Strategy, this report includes six prima ry goals identified as high ne

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 SE GA Health System -Brunswick - Part V, Section B, Line 11	ed, high feasibility areas Most goals will include a multi-pronged approached for change In the following sections prioritized needs, goals, the related objectives and activities the hospital intends to pursue to address identified health needs priorities, and a plan for evaluation of each strategy to monitor progress are outlined Priority Needs and Goals as Defined by the Steering Committee Using information from focus groups in the Brunswic k Campus service area counties, the Steering Committee identified priority needs in two do mains High Need, High Feasibility and High Need, Lower Feasibility (A description of the full process and reports from county focus groups and area summary reports are available in the CHNA)Using the higher needs, higher feasibility findings identified by the Steerin g Committee in the chart above, final goals for the Implementation Strategy were created t o establish a formal means of addressing these important regional issues with a plan of im plementation Work collaboratively with other community providers to improve maternal and neonatal health outcomes Goal 4 Assist in locating resources for recently discharged patie nts to support successful and stable transitions home Goal 5 Collaborate with local mental health providers, emergency medical services, and law enforcement about available resourc es for mental health care treatment as part of the effort to improve access to mental heal th services Goal 6 Identify and recruit specialty physicians in areas of high need Evaluat ion of the Implementation StrategyThe Implementation Strategy is a plan of action to addre ss high needs areas where SGHS and its partner organizations can make a difference in the community As in any strategic planning process, measurement of performance is essential The 2019 Community Health Needs Assessment describes in detail outcomes for the 2016 Imple mentation Strategy Between 2019 and 2022, SGHS will continually review, collect data, and evaluate this plan of action - the Implementation Strategy - to assess the progress made by the Health System to achieve its identified goals by 2022, the time of the next CHNA an d Implementation Strategy The following tables describe the Implementation Strategy and i nclude planned actions, the rationale for those actions, resources required, potential par tners, and how progress will be measured Goal 1 Increase access to primary care Communit y Input Professionals participating in the survey and interviews identified lack of prima ry care resources as a barrier to care Community groups and survey respondents were focus ed on lack of access to primary care caused by financial hardship or lack of insurance Ha lf of the counties in the service area said that lack of access to care is a priority issu e in their communities Goal 2 Provide targeted health education and screenings in areas o f high need Community Input The professional survey conducted in 2019 found lack of heal th education as a barrier to g

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 SE GA Health System -Brunswick - Part V, Section B, Line 11	ood health Health professionals cited lack of education and health knowledge necessary fo r self-care and appropriate use of health resources, also referencing the need for educati on in diabetes management, nutrition, and the importance of adherence to medication regime ns Community focus groups recognized the lack of diabetes education as a primary cause of high prevalence and poor outcomes for diabetes, also focusing on the need for education i n the areas of obesity and nutrition Survey respondents listed health education as one of four priority health needs, also specifying issues that are amenable to health education that put the communitys health at risk (in order) drug abuse, alcohol abuse, tobacco use/s moking, and being overweight Goal 3 Work collaboratively with other community providers t o improve maternal and neonatal health outcomes Community Input Experts and community gro ups expressed concern about high teen birth rates Goal 4 Assist in locating resources fo r recently discharged patients to support a successful and stable transition Community Inp ut Community members and experts referenced lack of resources for vulnerable patients, in cluding those without means to pay Hospital staff expressed concerns over hospital readmi ssions that are expensive in time and money to the patient and family, that negatively aff ect patient outcomes, use resources that might be better put to use in other ways, and tha t could be prevented or reduced with additional supportive services for at-risk patients G oal 5 Collaborate with local mental health providers, emergency medical services, and law enforcement about available resources for mental health care treatment as part of the eff ort to improve access to mental health services Community Input Lack of awareness of ava ilable mental health services and resources may limit the ability of patients to access ne eded mental health care Four of six county focus groups identified mental health/mental h ealth awareness/mental health treatment as a priority need Professionals (physicians, nur se practitioners, physician assistants, and public health leaders) identified high rates o f mental illness and lack of resources for treatment as a priority area While there are s ome services, those without insurance or who have certain payment types may not find servi ces accessible The 2019 community survey identified mental health treatment as a top heal th need, tied with urgent care, more doctors, and affordable care Goal 6 Identify and re cruit specialty providers in areas of high need Community Input/Background Experts survey ed for the 2019 CHNA identified the need for certain high-demand specialty providers, incl uding rheumatology, pulmonology, and endocrinology Survey respondents also expressed the need for additional specialists as related to their ability to get timely appointments Li ke all hospitals, SGHS is competing with other hospitals for these sought-after specialist s, although recruitment is con

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1911751

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 . . . . . ▶ 8

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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) Employee Catastophic Funds	24	11,550			
(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
Grantmaker's Description of How Grants are Used	It is the policy of Southeast Georgia Health System, Inc that scholarship assistance is provided based on criteria established and approved by the Administrative Council's Scholarship Committee (Scholarship Committee) as appointed by the Vice President, Human Resources and for identified, critically needed positions Critically needed positions are those which have been identified as in short supply regionally or nationally and/or are specialized A scholarship fund is established and budgeted for at the beginning of each Southeast Georgia Health System,Inc , fiscal year Scholarships are provided to assist students while supplying an additional employment stream to the Health System The intent of the scholarship is for the student to work with the Health System following graduation from the accredited program or to repay the monies granted (principal plus interest) in accordance with the procedures outlined in this policy Scholarship assistance is typically provided to allied health or nursing school students who are willing to commit to at least one (1) year of fulltime employment in goal position with Southeast Georgia Health System,Inc , in exchange for one year of scholarship assistance

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 58-1911751
Name: SOUTHEAST GEORGIA HEALTH SYSTEM INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society 3011 Hampton Ave Ste 361 Brunswick, GA 31520	13-1788491	501(c)(3)	11,050	0			Primary Exempt Acitivy
Boy Scouts of America 1325 WWalnut Hill Lane Irving, TX 75038	22-1576300	501(c)(3)	11,000	0			Primary Exempt Activity

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
Coastal Symphony of GA PO Box 21733 St Simons Islan, GA 31522	58-1637768	501(c)(3)	6,000	0			Primary Exempt Activity
Davis Love III Foundation PO Box 20344 St Simons Isl, GA 31522	20-2920597	501(c)(3)	37,500	0			Primary Exempt Activity

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
Golden Isles FCA 8701 Leeds Rd Kansas City, MO 64129	44-0610626	501(c)(3)	6,000	0			Primary Exempt Activity
Hospice Golden Is Foundation 1692 Glynco Pkwy Brunswick, GA 31525	20-0368663	501(c)(3)	7,650	0			Primary Exempt Activity

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
SE GA Health Sys Foundation 2415 Parkwood Dr Brunswick, GA 31520	58-2125644	501(c)(3)	361,014	0			Operation Expense of Foundation
United Way of Coastal Georgia PO Box 877 Brunswick, GA 31521	58-0671327	501(c)(3)	5,111	0			Primary Exempt Acitivy

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1911751

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**	Yes	
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**	Yes	
b	Any related organization?	**6b**	Yes	
	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**		No

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
Part I, Line 6b Explanation of organization compensation contingent on net earnings from related or	Compensation contingent on Net Earnings of the organization Certain members of Management participate in a Management Incentive Plan which is based on a variety of managerial, quality and financial performance indicators However, compensation is provided under that plan only if a certain net earnings threshold is met

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 58-1911751
Name: SOUTHEAST GEORGIA HEALTH SYSTEM INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Christy Jordan VP,General Counsel	(I) (II)	241,972		28,211	43,841	21,693	335,717	
Delria T Baisden VP, Ancillary Svcs	(I) (II)	188,791		35,414	32,789	17,226	274,220	
Howard Sepp VP, Assistant Administrator/Camden	(I) (II)	245,787		45,228	41,736	17,354	350,105	19,716
Jacqueline Weder VP,Marketing	(I) (II)	159,445		24,887	101,658	12,822	298,812	
Janice Dunn VP, CFO	(I) (II)	326,673		69,696	13,063	17,097	426,529	
Judith Henson VP, Patient Care Services	(I) (II)	215,730		13,684	33,624	7,097	270,135	
Kelli Reale VP, Human Resources	(I) (II)	221,805		8,625	33,613	4,893	268,936	
Marjorie Mathieu VP, Support Svcs	(I) (II)	175,312		43,178	32,008	7,097	257,595	
Michael D Scherneck President & CEO	(I) (II)	494,044		86,378	123,440	17,226	721,088	55,020
Robert Bernasek MD VP,Chief Med Offcr	(I) (II)	324,596		34,548	49,039	17,354	425,537	
Shirley D Wilson MD Board Member	(I) (II)	364,397	152,259	22,064	16,500	41,844	597,064	
Stephen A Chitty IV MD Board Member	(I) (II)	376,757	202,819	25,358	16,500	48,080	669,514	

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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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1911751

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Effective September 1, 2015, Coastal Community Health, Inc (Coastal) is the sole corporat e member of Southeast Georgia Health System, Inc pursuant to the Affiliation agreement, a mended November 30, 2018, between Southeast Georgia Health System, Inc,and Baptist Health System, Inc , a Florida not-for-profit corporation, (collectively, the Health Systems) Un der the affiliation agreement, the Coastal governing board maintains certain reserved powe rs which could influence specific operational and governance matters of the Health Systems

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	At least one-third of the Board of Directors shall be composed of members of the governing board of the Glynn-Brunswick Memorial Hospital Authority

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Effective September 1, 2015,and amended November 30, 2018, the System entered into the Coa stal Community Health, Inc (Coastal) Affiliation Agreement with Baptist Health System, In c , a Florida not-for-profit corporation, in order to pursue potential operational efficie ncies in areas such as supply chain management, information systems, and care coordination in the southeast Georgia and northeast Florida regions that the Health Systems serve The Coastal governing board consists of seven individuals,three of whom are appointed by the Systems Board of Directors Under the affiliation agreement, the Coastal governing board m aintains certain reserved powers which could influence specific operational and governance matters of the Health Systems

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	An electronic copy of Form 990 was provided to the members of the Board of Directors prior to being filed with the Internal Revenue Service

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Southeast Georgia Health System, Inc , has in place conflict-of-interest, whistleblower, a nd document retention and destruction policies Under the conflict-of-interest policy, the Compliance Department requires all members of the Board of Directors, officers and key em ployees to report any potential conflicts on an annual basis

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	As employees of Southeast Georgia Health System, Inc , the compensation amounts paid to th e individual serving in the capacity as Chief Executive Officer, Executive Director and/or other top management officials and officers are determined based on comparative survey/ma rket data compiled by an independent consulting firm specializing in executive and employe e compensation matters The findings and recommendation of the consultant are reviewed wit h the Compensation Committee of Southeast Georgia Health System, Inc , which in turn makes recommendations to the full Board of Southeast Georgia Health System, Inc ,which ultimate ly approves those compensation amounts In addition, the compensation amounts for those ke y employees included on Schedule J who receive compensation directly from the organization are determined based on comparative survey/market data compiled by an independent consult ing firm specializing in executive and employee compensation matters The findings and rec ommendation of the consultant are reviewed with the Compensation Committee of Southeast Ge orgia Health System, Inc , which in turn makes recommendations to the full Board of Southe ast Georgia Health System, Inc ,which ultimately approves those compensation amounts

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Except through the normal I R S/ Form 990 inspection process, Southeast Georgia Helath System, Inc ,has not established a standard process for making its governing documents, conflict of interest policy and financial statements available to the public Any of these documents are available to the pulic upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Distributions = -$2012785

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Market Gain/Loss Pension Assets = -$10663

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Net Gain/-Loss from Subsidiary Activity CHSI-Found-QALICB = -$33483474

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2 Change of Oversight or Selection Process	This process has not changed from the prior year

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1911751

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) Cooperative Healthcare Svcs Inc 2415 Parkwood Dr Brunswick, GA 31520 01-0594994	Physician and Immediate Care Facilities	GA	501(c)(3)	12	Southeast Georgia Health System Inc	Yes	
(2) SE Georgia Health System Foundation Inc 2415 Parkwood Dr Brunswick, GA 31520 58-2125644	Charitable Foundation	GA	501(c)(3)	12	Southeast Georgia Health System Inc	Yes	
(3) Glynn-Brunswick Mem Hosp Authority 2415 Parkwood Dr Brunswick, GA 31520 58-6000498	Leased Employees	GA	501(c)(3)	3	N/A		No
(4) Coastal Community Health Inc 3563 Philips Hwy Bld F Ste 608 Jacksonville, FL 32207 47-1322041	Regional Affiliation of 501 (c)(3) orgs	FL	501(c)(3)	3	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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
(1) SE GA Cyberknife Center LLC 2500 Starling St Ste 107 Brunswick, GA 31520 27-3316081	Medical Services	GA	N/A	Exempt	2,436,524	-1,424,389		No			No	51 000 %
(2) SGHS QALICB I LLC 2415 Parkwood Dr Brunswick, GA 31520 90-0912965	Real Estate Holdings	GA	N/A	Unrelated	59,921	17,758,580		No			No	98 000 %
(3) Glynco LLC 3010 W White River Blvd Muncie, IL 47304 59-3762931	Real Estate Leasing	IL	N/A	Unrelated				No			No	55 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Thomas & Mildred Beach Foundation Main St Birmingham, AL 35202	Charitable Remainder Trust	AL	N/A	Trust					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		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		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	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
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
(1) Cooperative Healthcare Svcs Inc	j	3,486,537	
(2) Cooperative Healthcare Svcs Inc	o	67,753,033	
(3) Cooperative Healthcare Svcs Inc	q	2,286,902	
(4)SE Georgia Health System Foundation Inc	b	359,014	
(5)SE Georgia Health System Foundation Inc	c	1,336,149	

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)

Return Reference	Explanation