

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228005010

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

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

C Name of organization
TIFT REGIONAL HEALTH SYSTEM INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 2650

City or town, state or province, country, and ZIP or foreign postal code
TIFTON, GA 317932650

F Name and address of principal officer:
CHRISTOPHER DORMAN
PO BOX 2650
TIFTON, GA 31793

D Employer identification number
45-3072990

E Telephone number
(229) 353-6310

G Gross receipts \$ 401,260,567

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TIFTREGIONAL.COM

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 ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2011

M State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
OUR MISSION IS TO DELIVER A LIFETIME OF QUALITY AND COMPASSIONATE CARE FOR EACH PATIENT WE SERVE.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 8

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 1

6 Total number of volunteers (estimate if necessary) 6 99

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

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 1,118,273

9 Program service revenue (Part VIII, line 2g) 9 253,173,677

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 77 14,764,121

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -49,031 3,344,892

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 -48,954 272,400,963

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 152,220,028

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 105,228,458

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 257,448,486

19 Revenue less expenses. Subtract line 18 from line 12 19 -48,954 14,952,477

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 666,250 904,950,801

21 Total liabilities (Part X, line 26) 21 338,302,114

22 Net assets or fund balances. Subtract line 21 from line 20 22 666,250 566,648,687

Part II Signature Block

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

Sign Here

Signature of officer
Date 2020-08-13
KIMBERLY WILLS SVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-08-13

Check ☐ if self-employed

PTIN P00451499

Firm's name ▶ DRAFFIN & TUCKER LLP

Firm's EIN ▶ 58-0914992

Firm's address ▶ PO BOX 71309
ALBANY, GA 317081309

Phone no. (229) 883-7878

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

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

OUR MISSION IS TO DELIVER A LIFETIME OF QUALITY AND COMPASSIONATE CARE FOR EACH PATIENT WE SERVE.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:)	(Expenses \$ 214,699,413	including grants of \$	(Revenue \$ 255,115,393)
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 ▶	214,699,413
-----------	----------------------------------	-------------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	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	No
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	No

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? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4
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	

Form **990** (2018)

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	8	
	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	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
KIM WILLIS CFO PO BOX 2650 TIFTON, GA 31793 (229) 353-3397

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) JOHN BROWNLEE CHAIRMAN	2.00	X		X				0	0	0
(2) DALLAS HUNT VICE CHARIMA	2.00	X		X				0	0	0
(3) JESSICA BEIER MD DIRECTOR	2.00	X						0	0	0
(4) WILLIAM BOWEN DIRECTOR	2.00	X						0	0	0
(5) JOYCE MIMS SECRETARY	2.00	X		X				0	0	0
(6) CHASE DAUGHTREY DIRECTOR	2.00	X						0	0	0
(7) SCOTT FULP DIRECTOR	2.00	X						0	0	0
(8) JAMES SCOTT MD DIRECTOR	2.00	X						0	0	0
(9) CHRISTOPHER DORMAN PRESIDENT &	40.00			X				0	0	0
(10) KAREN SUMMERLIN SVP & GEN. C	40.00			X				0	0	0
(11) KIMBERLY WILLS SVP & CFO	40.00			X				0	0	0
(12) CAROL SMITH SVP & CNO	40.00			X				0	0	0
(13) CLAIRE BYRNES SVP AMBULATO	40.00			X				0	0	0

Part VII

1b Sub-Total	
c Total from continuation sheets to Part VII, Section A	
d Total (add lines 1b and 1c)	

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 ▶

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*

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*

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*

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation

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 ▶

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a				
b	Membership dues . . .	1b				
c	Fundraising events . . .	1c				
d	Related organizations	1d	434,301			
e	Government grants (contributions)	1e				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	683,972			
g	Noncash contributions included in lines 1a - 1f:\$ _____					
h Total.	Add lines 1a-1f ▶		1,118,273			

Program Service Revenue

		Business Code				
2a	NET PATIENT SERVICE REVENUE	623000	225,507,670	225,507,670		
b	EMPLOYEE LEASE - HOSP. AUTH.	623000	27,394,346	27,394,346		
c	CLINIC AND OTHER PATIENT REV.	621110	182,389	182,389		
d	MOB & DATA CENTER	531190	89,272	89,272		
e	_____					
f	All other program service revenue.					
g Total.	Add lines 2a-2f ▶		253,173,677			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		5,187,860			5,187,860
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties ▶					
6a	Gross rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
d	Net rental income or (loss) ▶					
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		138,410,497	25,368			
	b Less: cost or other basis and sales expenses	128,845,228	14,376			
	c Gain or (loss)	9,565,269	10,992			
d	Net gain or (loss) ▶		9,576,261			9,576,261
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
b	Less: direct expenses b					
c	Net income or (loss) from fundraising events . . . ▶					
9a	Gross income from gaming activities. See Part IV, line 19 a					
b	Less: direct expenses b					
c	Net income or (loss) from gaming activities . . . ▶					
10a	Gross sales of inventory, less returns and allowances a					
b	Less: cost of goods sold b					
c	Net income or (loss) from sales of inventory . . . ▶					
	Miscellaneous Revenue	Business Code				
11a	EMPLOYEE PHARMACY	623000	1,403,176			1,403,176
b	CAFETERIA & VENDING	722514	893,376	893,376		
c	REBATES AND DISCOUNTS	623000	830,424	830,424		
d	All other revenue		217,916	217,916		
e Total.	Add lines 11a-11d ▶		3,344,892			
12 Total revenue.	See Instructions. ▶		272,400,963	255,115,393		16,167,297

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,501,464	1,124,910	1,376,554	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	120,462,619	96,188,865	24,273,754	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,600,064	2,057,691	542,373	
9 Other employee benefits	20,321,072	16,082,096	4,238,976	
10 Payroll taxes	6,334,809	5,013,368	1,321,441	
11 Fees for services (non-employees):				
a Management				
b Legal	92,164		92,164	
c Accounting	100,335		100,335	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,472,623	15,243,997	4,228,626	
12 Advertising and promotion	330,708		330,708	
13 Office expenses	2,601,099	1,861,873	739,226	
14 Information technology	7,397,980	5,854,761	1,543,219	
15 Royalties				
16 Occupancy	5,002,589	4,552,856	449,733	
17 Travel	394,774	394,774		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	276,085	276,085		
20 Interest	2,601,182	2,367,336	233,846	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,214,474	18,529,202	1,685,272	
23 Insurance	325,901	296,603	29,298	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL & SURGICAL SUPP.	21,702,140	21,702,140		
b PHARMACY & DRUGS	19,175,734	19,175,734		
c PROVIDER TAXES	2,723,101	2,723,101		
d OTHER	992,579	278,418	714,161	
e All other expenses	1,824,990	975,603	849,387	
25 Total functional expenses. Add lines 1 through 24e	257,448,486	214,699,413	42,749,073	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		29,039	1	61,187,178	
	2	Savings and temporary cash investments		64,177	2	5,258,571	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4	56,667,200	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7	1,771,228	
	8	Inventories for sale or use			8	2,912,332	
	9	Prepaid expenses and deferred charges			9	6,753,866	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	609,502,183			
	b	Less: accumulated depreciation	10b	339,806,205	573,034	10c	269,695,978
	11	Investments—publicly traded securities			11	493,975,658	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13	1,047,186	
	14	Intangible assets			14	4,490,886	
	15	Other assets. See Part IV, line 11			15	1,190,718	
16	Total assets. Add lines 1 through 15 (must equal line 34)		666,250	16	904,950,801		
Liabilities	17	Accounts payable and accrued expenses			17	52,375,273	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20	149,034,015	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23	132,063,887	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	4,828,939	
	26	Total liabilities. Add lines 17 through 25		0	26	338,302,114	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		666,250	27	566,648,687	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		666,250	33	566,648,687		
34	Total liabilities and net assets/fund balances		666,250	34	904,950,801		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	272,400,963
2	Total expenses (must equal Part IX, column (A), line 25)	2	257,448,486
3	Revenue less expenses. Subtract line 2 from line 1	3	14,952,477
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	666,250
5	Net unrealized gains (losses) on investments	5	8,852,216
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	542,177,744
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	566,648,687

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:
Software Version:
EIN: 45-3072990
Name: TIFT REGIONAL HEALTH SYSTEM INC

Form 990 (2018)

Form 990, Part III, Line 4a:

TIFT REGIONAL HEALTH SYSTEM (TRHS) IS A GROWING, NOT-FOR-PROFIT HOSPITAL SYSTEM. ITS MAIN CAMPUS SERVES 12 COUNTIES IN SOUTH CENTRAL GEORGIA. TRHS OFFERS MORE THAN 135 PHYSICIANS WITH EXPERTISE IN OVER 30 SPECIALTIES. TRHS PROVIDES A WIDE RANGE OF CARE, INCLUDING SIGNATURE SERVICES IN SURGERY, ONCOLOGY, CARDIOVASCULAR CARE, WOMENS HEALTH, NEURODIAGNOSTICS, GERIATRIC PSYCHIATRIC CARE, RADIOLOGY AND MORE. THE MAIN CAMPUS IS TIFT REGIONAL MEDICAL CENTER (TRMC), A 181-BED REGIONAL REFERRAL HOSPITAL LOCATED IN TIFTON AT 901 EAST 18TH STREET. TIFT REGIONAL MEDICAL CENTERS WEST CAMPUS, LOCATED IN TIFTON AT 2225 HIGHWAY 41 NORTH, IS AN OUTPATIENT FACILITY WHICH HOUSES VARIOUS DIAGNOSTIC SERVICES AND THE REGIONS LARGEST MULTI-SPECIALTY PHYSICIAN PRACTICE. LOCATED IN ADEL, SOUTHWELL MEDICAL, A CAMPUS OF TRMC, IS A 60-BED HOSPITAL (THAT IS NOT SEPARATELY LICENSED) INCLUDING A 12-BED GERIATRIC PSYCHIATRIC UNIT. A 95-BED SKILLED NURSING REHABILITATION FACILITY, SOUTHWELL HEALTH & REHABILITATION, IS LOCATED ON THE SOUTHWELL MEDICAL CAMPUS. TRHS IS ALSO THE SOLE MEMBER OF CARE ALLIANCE: AN ACCOUNTABLE CARE ORGANIZATION, LLC.

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
TIFT REGIONAL HEALTH SYSTEM INC

Employer identification number
45-3072990

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

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

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶		(a) 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 ▶ <input type="checkbox"/>							
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 ▶ <input type="checkbox"/>							
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 ▶ <input type="checkbox"/>							
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 ▶ <input type="checkbox"/>							
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 ▶ <input type="checkbox"/>							
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 ▶ <input type="checkbox"/>							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

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

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
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	<div><div>7</div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

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.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	EFFECTIVE MARCH 1, 2019, TIFT REGIONAL HEALTH SYSTEM, INC. (TRHS) EXECUTED A 40-YEAR LEASE AGREEMENT WITH THE TIFT COUNTY HOSPITAL AUTHORITY (THE "AUTHORITY"), A GOVERNMENTAL HOSPITAL AUTHORITY ORGANIZED UNDER THE HOSPITAL AUTHORITIES PROVISIONS OF THE OFFICIAL CODE OF GEORGIA. UNDER THE AGREEMENT, TRHS ASSUMED SUBSTANTIALLY ALL OF THE OPERATIONS, ASSETS AND LIABILITIES OF THE AUTHORITY. AS A RESULT, TRHS IS PROPERLY CLASSIFIED AS A HOSPITAL FOR PURPOSES OF ITS PUBLIC CHARITY STATUS.

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 TIFT REGIONAL HEALTH SYSTEM INC	Employer identification number 45-3072990
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

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

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

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

d Other exempt purpose expenditures

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		29,768
j	Total. Add lines 1c through 1i			29,768
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	TIFT REGIONAL HEALTH SYSTEM IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, THE GEORGIA HOSPITAL ASSOCIATION AND CERTAIN OTHER MEMBERSHIP ORGANIZATIONS. THE LOBBYING EXPENSE REFLECTED REPRESENTS THE ESTIMATED PORTION OF DUES PAID TO THESE ORGANIZATIONS SPENT ON LOBBYING ACTIVITIES AT THE FEDERAL, STATE AND LOCAL LEVELS OF GOVERNMENT.

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
TIFT REGIONAL HEALTH SYSTEM INC

Employer identification number
45-3072990

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐

Yes

☐

No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,748,500		9,748,500
b Buildings		266,440,030	88,594,683	177,845,347
c Leasehold improvements				
d Equipment		333,313,653	251,211,522	82,102,131
e Other				
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				269,695,978

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTIMATED THIRD PARTY SETTLEMENTS	3,286,005
ACCRUED PROFESSIONAL LIABILITY	1,542,934
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	4,828,939

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	281,128,223
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	8,852,216
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-124,956
e	Add lines 2a through 2d	2e	8,727,260
3	Subtract line 2e from line 1	3	272,400,963
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	272,400,963

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	257,323,530
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	257,323,530
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	124,956
c	Add lines 4a and 4b	4c	124,956
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	257,448,486

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 45-3072990
Name: TIFT REGIONAL HEALTH SYSTEM INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	<p>SOUTHWELL AND THE SYSTEM ARE NOT-FOR-PROFIT CORPORATIONS AND HAVE BEEN RECOGNIZED AS TAX-E</p> <p>XEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACO IS CONSIDERED A DISREGARDED ENTITY TO THE SYSTEM. SOUTHWELL APPLIES ACCOUNTING POLICIES THAT PRESCRIBE WHEN TO RECOGNIZE AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKE N OR EXPECTED TO BE TAKEN ON ITS INCOME TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY THE RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED. BASED ON THAT EVALUATION, SOUTHWELL ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT MORE THAN IS 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM THE POSITION. SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES. BASED ON THE RESULTS OF MANAGEMENT'S EVALUATION, NO LIABILITY IS RECOGNIZED IN THE ACCOMPANYING BALANCE SHEET FOR UNRECOGNIZED TAX POSITIONS. FURTHER, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF SEPTEMBER 30, 2019 OR FOR THE YEAR THEN ENDED. SOUTHWELL'S TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES. FOR FEDERAL INCOME TAX PURPOSES, THE TAX RETURNS ESSENTIALLY REMAIN OPEN FOR POSSIBLE EXAMINATION FOR A PERIOD OF THREE YEARS AFTER THE RESPECTIVE FILING DEADLINES OF THOSE RETURNS. LEGEND SOUTHWELL - SOUTHWELL, INC. (PARENT) SYSTEM - TIFT REGIONAL HEALTH SYSTEM, INC. ACO - CARE ALLIANCE: AN ACCOUNTABLE CARE ORGANIZATION, LLC</p>

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	RECLASSIFIED RENTAL EXPENSES -124,956

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	RECLASSIFIED RENTAL EXPENSES 124,956

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

► 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.

Department of the Treasury

Internal Revenue Service

Name of the organization
TIFT REGIONAL HEALTH SYSTEM INC

Employer identification number
45-3072990

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>225.0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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.	3a	Yes
		3b	No
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			15,837,617		15,837,617	6.150 %
b Medicaid (from Worksheet 3, column a)			27,059,334	18,838,671	8,220,663	3.190 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			333,584	146,824	186,760	0.070 %
d Total Financial Assistance and Means-Tested Government Programs			43,230,535	18,985,495	24,245,040	9.420 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			699,072	37,952	661,120	0.260 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			699,072	37,952	661,120	0.260 %
k Total. Add lines 7d and 7j			43,929,607	19,023,447	24,906,160	9.670 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	62,051,723
6 Enter Medicare allowable costs of care relating to payments on line 5	6	69,110,166
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-7,058,443
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:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

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

	ER—other	ER—24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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 A

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

Community Health Needs Assessment

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

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

A

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? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225.000000000000 % and FPG family income limit for eligibility for discounted care of %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): HTTP://WWW.TIFTREGIONAL.COM/FINANCIALA		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): HTTP://WWW.TIFTREGIONAL.COM/FINANCIALA		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): HTTP://WWW.TIFTREGIONAL.COM/FINANCIALA		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

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

A

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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 33

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F) - EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	PRICE CONCESSIONS OF 32,534,411 ARE TREATED AS A REDUCTION IN REVENUE ON THE ORGANIZATION'S FINANCIAL STATEMENTS. PRICE CONCESSIONS ARE NOT INCLUDED IN OPERATING EXPENSES. BAD DEBTS (CHARGES CONSIDERED UNCOLLECTIBLE IN THE PERIOD BASED ON A CHANGE IN CREDIT ISSUES THAT WERE NOT ASSESSED AT THE DATE OF SERVICE) ARE INCLUDED IN OPERATING EXPENSES. THERE WERE NO SUCH BAD DEBTS RECORDED DURING THE YEAR. THUS, THERE IS NO NEED TO EXCLUDE AN AMOUNT FROM TOTAL EXPENSES.
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	A COST-TO-CHARGE RATIO IS CALCULATED USING WORKSHEET 2 FROM THE INSTRUCTIONS TO FORM 990, SCHEDULE H.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	IN THE FINANCIAL STATEMENTS, CHANGES IN CREDIT ISSUES THAT ARE NOT ASSESSED AT THE DATE OF SERVICE ARE RECOGNIZED AS BAD DEBT EXPENSE AND ARE INCLUDED AS A COMPONENT OF OPERATING EXPENSES. CREDIT ISSUES THAT ARE ASSESSED AT THE DATE OF SERVICE ARE TREATED AS PRICE CONCESSIONS THAT REDUCE THE TRANSACTION PRICE, WHICH ARE REPORTED AS PART OF NET PATIENT SERVICE REVENUES. THE AMOUNT REPORTED AS BAD DEBTS ON SCHEDULE H, PART III, LINE 2 REPRESENTS THE AMOUNT REPORTED AS PRICE CONCESSIONS. THERE WERE NO BAD DEBTS RECORDED IN OPERATING EXPENSES. BASED UPON MANAGEMENT'S JUDGEMENT AND EXPERIENCE, 100% OF SELF-PAY ACCOUNT BALANCES ARE RECORDED AS PRICE CONCESSIONS.
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	IN 2019, SOUTHWELL, INC. (INCLUDING TIFT REGIONAL HEALTH SYSTEM, INC.) ADOPTED FASB ASU NO. 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606), WHICH IS A NEW COMPREHENSIVE REVENUE RECOGNITION STANDARD. THE CORE PRINCIPLE OF THE REVENUE MODEL IS THAT AN ENTITY RECOGNIZES REVENUE TO DEPICT THE TRANSFER OF PROMISED GOODS OR SERVICES TO CUSTOMERS IN AN AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE ENTITY EXPECTS TO BE ENTITLED IN EXCHANGE FOR THOSE GOODS OR SERVICES. SOUTHWELL ADOPTED ASU NO. 2014-09 ON OCTOBER 1, 2018 USING THE MODIFIED RETROSPECTIVE METHOD OF TRANSITION AND PRACTICAL EXPEDIENT IN FASB ASC 606-10-65-1(F)(4) WITH NO SIGNIFICANT IMPACT. THE NEW GUIDANCE WAS APPLIED ONLY TO CONTRACTS THAT ARE NOT COMPLETED AT THE DATE OF THE INITIAL APPLICATION. SOUTHWELL PERFORMED AN ANALYSIS OF REVENUE STREAMS AND TRANSACTIONS UNDER ASU NO. 2014-09. IN PARTICULAR, FOR NET PATIENT SERVICE REVENUE, SOUTHWELL PERFORMED AN ANALYSIS INTO THE APPLICATION OF THE PORTFOLIO APPROACH AS A PRACTICAL EXPEDIENT TO GROUP PATIENT CONTRACTS WITH SIMILAR CHARACTERISTICS, SUCH THAT REVENUE FOR A GIVEN PORTFOLIO WOULD NOT BE MATERIALLY DIFFERENT THAN IF IT WERE EVALUATED ON A CONTRACT-BY-CONTRACT BASIS. UPON ADOPTION, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS PROVISION FOR BAD DEBTS AND PRESENTED AS A REDUCTION TO NET PATIENT SERVICE REVENUE ON THE STATEMENTS OF OPERATION IS NOW TREATED AS A PRICE CONCESSION THAT REDUCES THE TRANSACTION PRICE, WHICH IS REPORTED AS NET PATIENT SERVICE REVENUE. CHANGES IN CREDIT ISSUES NOT ASSESSED AT THE DATE OF SERVICE, ARE RECOGNIZED AS BAD DEBT EXPENSE AND INCLUDED AS A COMPONENT OF OPERATING EXPENSES ON THE STATEMENT OF OPERATIONS. THE NEW STANDARD ALSO REQUIRES ENHANCED DISCLOSURES RELATED TO THE DISAGGREGATION OF REVENUE AND SIGNIFICANT JUDGMENTS MADE IN MEASUREMENT AND RECOGNITION. THE ADOPTION OF THIS GUIDANCE DID NOT MATERIALLY IMPACT TOTAL OPERATING REVENUES, EXCESS OF REVENUES OVER EXPENSES, OR NET ASSETS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	MEDICARE ALLOWABLE COSTS ARE COMPUTED IN ACCORDANCE WITH COST REPORTING METHODOLOGIES UTILIZED ON THE MEDICARE COST REPORT AND IN ACCORDANCE WITH RELATED REGULATIONS. INDIRECT COSTS ARE ALLOCATED TO DIRECT SERVICE AREAS USING THE MOST APPROPRIATE STATISTICAL BASIS. THE FULL AMOUNT OF THE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT. MEDICARE IS A FEDERAL PROGRAM WHICH DICTATES PAYMENT RATES AND CONDITIONS OF PARTICIPATION FOR SERVING CERTAIN ELDERLY AND DISABLED MEMBERS OF THE COMMUNITY. SERVING THE NEEDS OF OUR CITIZENS AT BELOW MEDICARE'S COMPUTATION OF COSTS PROVIDES NECESSARY LOCAL CARE FOR A SEGMENT OF THE POPULATION THAT CONSTITUTES A CHARITABLE CLASS.
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY ("FAP") RECIEVE A 100% DISCOUNT. THERE ARE NO COLLECTION ACTIVITIES FOR QUALIFYING FAP-ELIGIBLE PATIENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	AS A GOVERNMENTAL ORGANIZATION OPERATED UNDER THE GEORGIA HOSPITAL AUTHORITIES LAW PRIOR TO MARCH 1, 2019, THE HOSPITAL WAS NOT SUBJECT TO INTERNAL REVENUE CODE SECTION 501(R). NEVERTHELESS, THE HOSPITAL AUTHORITY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENTS IN 2014 AND 2017 FOR ITS TIFTON CAMPUS. IN ADDITION, AS PART OF THE STRATEGIC PLANNING PROCESS FOR EACH CAMPUS, COMMUNITY INPUT RELATED TO HEALTH NEEDS IS RECEIVED FROM A VARIETY OF SOURCES, INCLUDING PHYSICIANS, NURSING STAFF AND COMMUNITY MEMBERS.
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY ("FAP"), PLAIN LANGUAGE SUMMARY AND FINANCIAL ASSISTANCE APPLICATION ARE AVAILABLE ONLINE AND UPON REQUEST AT THE 2 HOSPITAL CAMPUSES (TRMC AND SOUTHWELL MEDICAL). A PLAIN LANGUAGE SUMMARY OF THE POLICY IS OFFERED TO EACH PATIENT UPON ADMISSION AND SIGNAGE IS POSTED THROUGHOUT BOTH CAMPUSES REGARDING THE FAP.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	<p>TIFT REGIONAL HEALTH SYSTEM, INC. SERVES A 12-COUNTY AREA OF SOUTHWEST GEORGIA WITH A TOTAL POPULATION IN EXCESS OF A QUARTER OF A MILLION INDIVIDUALS. THE POPULATION FOR THE COUNTIES IN THE PRIMARY SERVICE AREA (2010 US CENSUS) ARE - TIFT COUNTY (40,787), TURNER COUNTY (8,338), AND COOK COUNTY (17,033). THE 9 COUNTIES IN THE SECONDARY SERVICE AREA INCLUDE ATKINSON, BENHILL, BERRIEN, COFFEE, COLQUITT, CRISP, IRWIN, WILCOX AND WORTH COUNTIES HAVE A 2010 TOTAL POPULATION OF 196,667. THIS AREA OF GEORGIA HAS A MEDIAN AGE SIMILAR TO THE STATE AVERAGE, LOWER MEDIAN HOUSEHOLD INCOMES, LOWER EDUCATIONAL ATTAINMENT AND HIGHER DISABILITY RATES. IN THE PRIMARY SERVICE AREA, OVER 50% OF THE POPULATION LIVES BELOW 200% OF THE FEDERAL POVERTY LINE. MORE THAN A THIRD OF THE POPULATION OF TIFT COUNTY AND COOK COUNTY ARE OBESE, AND THE OBESITY RATE IN TURNER COUNTY IS 31.1%. HEART DISEASE IS THE LEADING CAUSE OF DEATH IN THE PRIMARY SERVICE AREA AND MORE THAN 30% HIGHER THAN THE AVERAGE FOR THE STATE.</p>
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>TIFT REGIONAL HEALTH SYSTEM, INC. IS GOVERNED BY AN INDEPENDENT BOARD OF DIRECTORS COMPRISED OF COMMUNITY REPRESENTATIVES. THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION UNDER GEORGIA LAW AND ANY EXCESS REVENUES OVER EXPENSES ARE REINVESTED INTO SERVING THE HEALTHCARE NEEDS OF THE COMMUNITY. TIFT REGIONAL MEDICAL CENTER ("TRMC") IS A 181-BED REGIONAL REFERRAL HOSPITAL THAT OPERATES AN EMERGENCY ROOM 24/7/365. SOUTHWELL MEDICAL IS A 60-BED HOSPITAL CAMPUS OF TRMC (INCLUDING 12 GERIATRIC PSYCHIATRIC BEDS). A 95-BED SKILLED NURSING FACILITY (SOUTHWELL HEALTH & REHABILITATION) IS ALSO LOCATED ON THIS CAMPUS. TRMC, SOUTHWELL MEDICAL, AND SOUTHWELL HEALTH & REHABILITATION PARTICIPATE IN THE MEDICARE AND MEDICAID PROGRAMS, AND TREAT ALL PATIENTS IN A NONDISCRIMINATORY MANNER WITHOUT REGARD TO THEIR ABILITY TO PAY FOR ANY EMERGENCY OR MEDICALLY NECESSARY CARE. THE MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	TIFT REGIONAL HEALTH SYSTEM, INC. OPERATES TIFT REGIONAL MEDICAL CENTER, A 181-BED REGIONAL REFERRAL HOSPITAL LOCATED IN TIFTON, GEORGIA; AND SOUTHWELL MEDICAL (FORMERLY COOK MEDICAL CENTER), A 60-BED HOSPITAL CAMPUS OF TRMC (INCLUDING 12 GERIATRIC PSYCHIATRIC BEDS) AND A 95-BED SKILLED NURSING FACILITY, LOCATED IN ADEL, GEORGIA. TIFT REGIONAL MEDICAL CENTER FOUNDATION, INC. IS RESPONSIBLE FOR FUNDRAISING EFFORTS BENEFITING TIFT REGIONAL HEALTH SYSTEM, INC. SOUTHWELL, INC. SERVES AS THE PARENT ORGANIZATION AND IS RESPONSIBLE FOR STRATEGIC AND FINANCIAL PLANNING FOR TIFT REGIONAL HEALTH SYSTEM, INC. AND AFFILIATED ENTITIES, AND RESOURCE ALLOCATION BETWEEN THE AFFILIATED ENTITIES. TIFT ENTERPRISES, INC. IS A FOR PROFIT SUBSIDIARY OF SOUTHWELL, INC. IT SERVES AS A HOLDING COMPANY FOR CERTAIN INVESTMENTS AND PROVIDES LIMITED MANAGEMENT SERVICES.
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	GEORGIA

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	<p>THE FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS PRESENTED ON LINES 7A-K IN PART I OF SCHEDULE H INCLUDE BENEFITS GENERATED FROM BOTH TIFT REGIONAL MEDICAL CENTER AND THE SOUTHWELL MEDICAL CAMPUS. THE ESTIMATED MEDICAID SHORTFALL FOR TIFT REGIONAL MEDICAL CENTER ("TRMC") WAS CALCULATED USING PRORATED AMOUNTS FROM ITS MEDICARE COST REPORT FOR THE 7 MONTHS TRMC WAS OPERATED BY TIFT REGIONAL HEALTH SYSTEM, INC. (SINCE THE COST REPORT WAS FILED FOR A 12-MONTH PERIOD INCLUDING THE PERIOD THE FACILITY WAS OPERATED BY THE TIFT COUNTY HOSPITAL AUTHORITY). THE ESTIMATED MEDICAID SHORTFALL FOR THE SOUTHWELL MEDICAL CAMPUS WAS ESTIMATED FROM ITS TRIAL BALANCE. THE MEDICARE COST REPORT FOR THE SOUTHWELL MEDICAL CAMPUS IS PREPARED ON A DIFFERENT FISCAL YEAR END FROM THAT OF THE TIFT REGIONAL MEDICAL CENTER. PRIOR TO BEING PURCHASED BY THE TIFT COUNTY HOSPITAL AUTHORITY, SOUTHWELL MEDICAL WAS KNOWN AS MEMORIAL HOSPITAL OF ADEL, AND OPERATED AS AN UNRELATED ORGANIZATION. MEMORIAL HOSPITAL OF ADEL FACED CLOSURE DUE TO SIGNIFICANT FINANCIAL LOSSES. THE TIFT COUNTY HOSPITAL AUTHORITY ACQUIRED MEMORIAL HOSPITAL OF ADEL, BUILT AND REOPENED A NEW FACILITY, SOUTHWELL MEDICAL, A CAMPUS OF TIFT REGIONAL MEDICAL CENTER (SOUTHWELL MEDICAL WAS FORMERLY WAS KNOWN AS COOK MEDICAL CENTER, A CAMPUS OF TIFT REGIONAL MEDICAL CENTER). TRMC AND SOUTHWELL MEDICAL, A CAMPUS OF TRMC, WERE TRANSFERRED TO TIFT REGIONAL HEALTH SYSTEM AS PART OF THE 40-YEAR LEASE AGREEMENT.</p>

Additional Data

Software ID:
Software Version:
EIN: 45-3072990
Name: TIFT REGIONAL 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? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	TIFT REGIONAL MEDICAL CENTER 901 E 18TH STREET TIFTON, GA 31793 137-180	X	X					X			A

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 TIFT REGIONAL DIALYSIS CENTER 1010 EDGEFIELD DRIVE TIFTON, GA 31794	END STAGE RENAL DIALYSIS
1 AFFINITY CLINIC 2225 US HIGHWAY 41N TIFTON, GA 31794	MULTI-SPECIALTY CLINIC
2 GEORGIA SPORTS MEDICINE 2227 US HIGHWAY 41N TIFTON, GA 31794	ORTHOPAEDIC SURGERY
3 TIFT REGIONAL ANESTHESIA 2227 US HIGHWAY 41N TIFTON, GA 31794	ANESTHESIOLOGY
4 SOUTHWELL HEALTH & REHABILITATION 260 MJ TAYLOR ROAD ADEL, GA 31620	SKILLED NURSING
5 SOUTH GEORGIA SURGICAL 1007 GREENFIELD DRIVE TIFTON, GA 31794	GENERAL SURGERY
6 TIFT REGIONAL UROLOGY 1815 OLD OCILLA ROAD TIFTON, GA 31794	UROLOGY
7 AFFINITY PEDIATRICS 39 KENT ROAD SUITE 5 TIFTON, GA 31794	PEDIATRICS
8 HOSPICE OF TIFT AREA 618 N CENTRAL AVENUE TIFTON, GA 31794	HOSPICE
9 TIFT REGIONAL WOUND CARE CENTER 907 E 18TH STREET SUITE 140 TIFTON, GA 31794	OUTPATIENT WOUND CARE
10 TIFT REGIONAL OUTPATIENT THERAPY 2227 US HIGHWAY 41N TIFTON, GA 31794	OUTPATIENT PT/OT/SPEECH THERAPY
11 AFFINITY PHYSICIANS FOR WOMEN 1493 KENNEDY ROAD SUITE C TIFTON, GA 31794	OBSTETRICS AND GYNECOLOGY
12 SOUTHWELL MEDICAL ADEL PRIMARY CARE 172 MJ TAYLOR ROAD ADEL, GA 31620	FAMILY MEDICINE
13 ALLURE PLASTIC & RECONSTRUCTIVE 907 E 18TH STREET SUITE 340 TIFTON, GA 31794	PLASTIC SURGERY
14 TIFT REGIONAL VASCULAR 1641 MADISON AVENUE TIFTON, GA 31794	VASCULAR SURGERY

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)
16 SOUTHWELL NEPHROLOGY 39 KENT ROAD SUITE 1 TIFTON, GA 31794	NEPHROLOGY
1 TIFT REGIONAL OPHTHALMOLOGY 1803 OLD OCILLA ROAD TIFTON, GA 31794	OPHTHALMOLOGY/OPTICAL
2 TIFT FAMILY MEDICINE 907 E 18TH STREET SUITE 130 TIFTON, GA 31794	FAMILY MEDICINE
3 ARTHRITIS & OSTEOPOROSIS CENTER 2227 US HIGHWAY 41N TIFTON, GA 31794	RHEUMATOLOGY
4 AFFINITY CLINICNEUROLOGY 227 US HIGHWAY 41N TIFTON, GA 31794	NEUROLOGY
5 OCILLA PEDIATRICS 813 IRWIN AVENUE OCILLA, GA 31794	PEDIATRICS
6 AFFINITY PEDIATRICS 3007 2ND STREET NE MOULTRIE, GA 31768	PEDIATRICS
7 NASHVILLE PRIMARY CARE 416A E MCPHERSON AVENUE NASHVILLE, GA 31639	FAMILY MEDICINE
8 ASHBURN PRIMARY CARE 611 E WASHINGTON AVENUE ASHBURN, GA 31714	FAMILY MEDICINE
9 TRMC ONCOLOGY PROFESSIONALS 1623 MADISON AVENUE TIFTON, GA 31794	ONCOLOGY
10 AFFINITY CLINIC MOULTRIE 2 HOSPITAL PARK MOULTRIE, GA 31768	MULTI-SPECIALTY CLINIC
11 AFFINITY PHYSICIANS FOR WOMEN MOULT 2 HOSPITAL PARK MOULTRIE, GA 31768	OBSTETRICS AND GYNECOLOGY
12 SOUTHWELL CENTER FOR HEALING & WELL 39 KENT ROAD SUITE 2 TIFTON, GA 31794	FAMILY MEDICINE
13 SOUTHWELL SCHOOL CLINIC 1464 CARPENTER ROAD S TIFTON, GA 31794	SCHOOL BASED CLINIC
14 SOUTHWELL SCHOOL CLINIC 700 8TH STREET W TIFTON, GA 31794	SCHOOL BASED CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
31 SYLVESTER FAMILY PRACTICE 1010 W FRANKLIN STREET SYLVESTER, GA 31791	FAMILY MEDICINE
1 TIFT COMMUNITY HEALTH CENTER 2735 S CENTRAL AVENUE TIFTON, GA 31794	FAMILY MEDICINE
2 WORKSMART OCCUPATION HEALTH 4468 UNION ROAD TIFTON, GA 31794	OCCUPATIONAL HEALTH

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TIFT REGIONAL HEALTH SYSTEM INC

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Employer identification number

45-3072990

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	TIFT COUNTY HOSPITAL AUTHORITY	58-6001719	886640HS3	03-01-2019	81,326,130	FINANCE/REFINANCE ADDITIONS AND IMPROVEMENTS TO HOSPITAL FACILITY; REFUND		X		X		X
B	TD BANK MASTER NOTES	58-6001719	NONENONEN	03-01-2019	38,200,000	BRIDGE LOANS FOR CONSTRUCTION OF SOUTHWELL HOSPITAL FACILITY		X		X		X
C	BANK OF AMERICA LEASE OBLIGATIONS	58-6001719	NONENONEN	03-01-2019	31,862,844	ACQUISITION, INSTALLATION AND IMPLEMENTATION OF EMR SYSTEM		X		X		X

Part II Proceeds

				A		B		C		D	
1	Amount of bonds retired										
2	Amount of bonds legally defeased										
3	Total proceeds of issue			81,326,130		38,200,000		31,862,844			
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows			81,326,130		38,200,000		31,862,844			
7	Issuance costs from proceeds										
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds										
11	Other spent proceeds										
12	Other unspent proceeds										
13	Year of substantial completion			2017		2019		2017			
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X		X		X			
15	Were the bonds issued as part of an advance refunding issue?				X		X		X		
16	Has the final allocation of proceeds been made?				X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X		X		X			

Part III Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION	TIFT COUNTY HOSPITAL AUTHORITY OUTSTANDING 2002 BONDS; REPAY A BANK LOAN; AND PAY ISSUANCE COST OF 2013 BONDS.

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	TIFT COUNTY HOSPITAL AUTHORITY EFFECTIVE MARCH 1, 2019 THE OPERATIONS, ASSETS AND LIABILITIES OF THE TIFT COUNTY HOSPITAL AUTHORITY AN INSTRUMENTALITY OF THE STATE OF GEORGIA, WERE TRANSFERRED TO TIFT REGIONAL HEALTH SYSTEM, INC., AN ORGANIZATION EXEMPT FROM INCOME TAXES PURSUANT TO IRC SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). AS A RESULT, THE EXISTING TAX-EXEMPT DEBT OF THE HOSPITAL AUTHORITY WAS REISSUED AS QUALIFIED 501(C)(3) DEBT. AS A RESULT OF THE REISSUANCE, THE NEW OBLIGATIONS ARE TREATED AS CURRENTLY REFUNDING THE AUTHORITY'S DEBT AT THE DATE OF THE TRANSFER.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

TIFT REGIONAL HEALTH SYSTEM INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

45-3072990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 2	EFFECTIVE MARCH 1, 2019, TIFT REGIONAL HEALTH SYSTEM, INC. (TRHS) EXECUTED A 40-YEAR LEASE AGREEMENT WITH THE TIFT COUNTY HOSPITAL AUTHORITY (THE "AUTHORITY"), A GOVERNMENTAL HOSPITAL AUTHORITY ORGANIZED UNDER THE HOSPITAL AUTHORITIES PROVISIONS OF THE OFFICIAL CODE OF GEORGIA. UNDER THE AGREEMENT, TRHS ASSUMED SUBSTANTIALLY ALL OF THE OPERATIONS, ASSETS AND LIABILITIES OF THE AUTHORITY. BEGINNING MARCH 1, 2019, TRHS OPERATES TIFT REGIONAL MEDICAL CENTER, A NONPROFIT 181-BED REGIONAL REFERRAL HOSPITAL LOCATED IN TIFTON, GEORGIA. THIS CAMPUS SERVES 12 COUNTIES OF SOUTH-CENTRAL GEORGIA. TRHS ALSO OPERATES SOUTHWELL MEDICAL, A CAMPUS OF TIFT REGIONAL MEDICAL CENTER (FORMERLY KNOWN AS COOK MEDICAL CENTER). LOCATED IN ADEL, GEORGIA, THIS ACUTE CARE HOSPITAL WAS PURCHASED BY THE TIFT COUNTY HOSPITAL AUTHORITY ON JULY 1, 2012. IT OPENED AT ITS NEW CAMPUS ON OCTOBER 1, 2019, AND WAS TRANSFERRED TO TRHS AS PART OF THE 40-YEAR LEASE ON MARCH 1, 2019. THIS HOSPITAL OPERATES AS A CAMPUS OF TIFT REGIONAL MEDICAL CENTER. WITH 60 BEDS, IT IS NOT A SEPARATELY LICENSED FACILITY. A 95-BED SKILLED NURSING FACILITY, SOUTHWELL HEALTH & REHABILITATION, IS ALSO LOCATED ON THE SOUTHWELL MEDICAL CAMPUS. TRHS IS THE SOLE MEMBER OF CARE ALLIANCE: AN ACCOUNTABLE CARE ORGANIZATION, LLC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>TIFT REGIONAL HEALTH SYSTEM (TRHS) IS A GROWING, NOT-FOR-PROFIT HOSPITAL SYSTEM. ITS MAIN CAMPUS SERVES 12 COUNTIES IN SOUTH CENTRAL GEORGIA. TRHS OFFERS MORE THAN 135 PHYSICIANS WITH EXPERTISE IN OVER 30 SPECIALTIES. TRHS PROVIDES A WIDE RANGE OF CARE, INCLUDING SIGNATURE SERVICES IN SURGERY, ONCOLOGY, CARDIOVASCULAR CARE, WOMENS HEALTH, NEURODIAGNOSTICS, GERIATRIC PSYCHIATRIC CARE, RADIOLOGY AND MORE. THE MAIN CAMPUS IS TIFT REGIONAL MEDICAL CENTER (TRMC), A 181-BED REGIONAL REFERRAL HOSPITAL LOCATED IN TIFTON AT 901 EAST 18TH STREET. TIFT REGIONAL MEDICAL CENTERS WEST CAMPUS, LOCATED IN TIFTON AT 2225 HIGHWAY 41 NORTH, IS AN OUTPATIENT FACILITY WHICH HOUSES VARIOUS DIAGNOSTIC SERVICES AND THE REGIONS LARGEST MULTI-SPECIALTY PHYSICIAN PRACTICE. LOCATED IN ADEL, SOUTHWELL MEDICAL, A CAMPUS OF TRMC, IS A 60-BED HOSPITAL (THAT IS NOT SEPARATELY LICENSED) INCLUDING A 12-BED GERIATRIC PSYCHIATRIC UNIT. A 95-BED SKILLED NURSING REHABILITATION FACILITY, SOUTHWELL HEALTH & REHABILITATION, IS LOCATED ON THE SOUTHWELL MEDICAL CAMPUS. TRHS IS ALSO THE SOLE MEMBER OF CARE ALLIANCE: AN ACCOUNTABLE CARE ORGANIZATION, LLC.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 4	<p>THE ARTICLES OF INCORPORATION WERE AMENDED AND RESTATED ON DECEMBER 21, 2018 TO ADD PROVIDE FULL POWER AND AUTHORITY FOR THE ORGANIZATION TO OPERATE TIFT REGIONAL MEDICAL CENTER, COOK SENIOR LIVING CENTER (NOW SOUTHWELL HEALTH & REHABILITATION), COOK MEDICAL CENTER (NOW SOUTHWELL MEDICAL), VARIOUS PHYSICIAN PRACTICES AND CLINICS, AND OTHER HEALTH CARE FACILITIES. THE RESTATED ARTICLES OF INCORPORATION NAME AND ESTABLISH SOUTHWELL, INC. (A RELATED TAX-EXEMPT ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3)) AS THE SOLE MEMBER OF THE ORGANIZATION; RESERVE CERTAIN ACTIONS REQUIRING THE APPROVAL OF THE SOLE MEMBER (WHICH ARE IDENTIFIED IN RESPONSE TO FORM 990, PART VI, QUESTION 7B); AND CLARIFY THAT UPON DISSOLUTION, THE ASSETS REMAINING AFTER PAYMENT OF ALL LIABILITIES ARE TO BE DISTRIBUTED TO THE MEMBER, ONE OR MORE AFFILIATES OF THE MEMBER, OR TO TIFT REGIONAL MEDICAL CENTER FOUNDATION PROVIDED ANY SUCH RECIPIENT IS DESCRIBED IN IRC SECTION 501(C)(3) AT THAT TIME. IF NONE OF THESE ORGANIZATIONS ARE ABLE TO ACCEPT TITLE TO THE ASSETS FOR ANY REASON (INCLUDING NOT BEING A 501(C)(3) TAX- EXEMPT ENTITY), ALL OF THE ASSETS ARE TO BE DISTRIBUTED TO ANOTHER ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. ANY ASSETS NOT DISPOSED OF IN THIS MANNER, SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION IN THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE CORPORATION IS LOCATED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	SOUTHWELL, INC. IS THE SOLE MEMBER OF TIFT REGIONAL HEALTH SYSTEM, INC. SOUTHWELL IS A 501(C)(3) TAX-EXEMPT ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	APPOINTMENT TO THE BOARD OF DIRECTORS IS SUBJECT TO THE APPROVAL OF THE SOLE MEMBER, SOUTHWELL, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	<p>SOUTHWELL, INC. IS THE SOLE MEMBER OF TIFT REGIONAL HEALTH SYSTEM, INC. THE FOLLOWING ACTIONS CANNOT BE TAKEN WITHOUT THE APPROVAL OF THE MEMBER: 1) FILL VACANCIES IN, NOMINATE AND APPROVE THE ELECTION OF AND APPROVE OR DIRECT THE REMOVAL OF DIRECTORS OF TRHS; 2) APPROVE ALL AMENDMENTS, MODIFICATIONS, RESTATEMENTS AND ALTERATIONS OF TRHS'S ARTICLES OF INCORPORATION OR BYLAWS; 3) APPROVE MERGERS, CONSOLIDATIONS, ACQUISITIONS, JOINT VENTURES, AFFILIATIONS OR ANY OTHER REORGANIZATION OF TRHS; 4) APPROVE THE SALE, TRANSFER, LONG-TERM LEASE, LONG-TERM ENCUMBRANCE, MORTGAGE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL ASSETS OF TRHS AND OF ANY REAL PROPERTY OWNED BY TRHS; 5) APPROVE ANY PLAN OF DISSOLUTION; 6) APPROVE AND DETERMINE THE DISTRIBUTION OF ASSETS OF THE CORPORATION UPON DISSOLUTION OF TRHS SUBJECT TO ARTICLE V OF THE TRHS'S ARTICLES OF INCORPORATION; 7) ADD OR REMOVE MEMBERS OF TRHS; 8) APPROVE ANY MATERIAL INCURRENCE OF DEBT THAT REQUIRES AN ADDENDUM TO THE MASTER TRUST INDENTURE, EXCLUDING CAPITAL LEASES OF LESS THAN 1,000,001; 9) APPOINT OR REMOVE THE CHAIR OF THE BOARD OF DIRECTORS OF TRHS; 10) APPROVE THE ANNUAL BUDGET OF TRHS; 11) SELECT THE AUDITOR FIRM FOR TRHS AND APPROVE THE ANNUAL AUDIT PERFORMED BY SUCH FIRM; 12) APPROVE CAPITAL EXPENDITURES BY TRHS OF 1,000,001 OR GREATER; 13) APPROVE SCOPE OF SERVICES PROVIDED BY TRHS; 14) APPOINT OR REMOVE THE PRESIDENT/CEO OF TRHS; AND 15) APPROVE ANY AMENDMENT TO THE LEASE BETWEEN THE HOSPITAL AUTHORITY OF TIFT COUNTY AND TRHS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	INFORMATION FOR PREPARATION OF THIS RETURN WAS PROVIDED TO AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT. AFTER THE RETURN WAS PREPARED AND PRIOR TO FILING, IT WAS REVIEWED IN DETAIL BY SENIOR FINANCIAL MANAGEMENT. A COPY OF THE RETURN WAS THEN MADE AVAILABLE TO ALL BOARD MEMBERS TO REVIEW PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	TRHS ANNUALLY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO EACH MEMBER OF THE BOARD OF DIRECTORS. BOARD MEMBERS MUST DISCLOSE ANY POTENTIAL CONFLICTS. ANY BOARD MEMBER WITH A POTENTIAL CONFLICT MUST RECUSE THEMSELVES FROM THE MEETING AT WHICH ANY POTENTIAL CONFLICT IS DISCUSSED. ONLY NON-CONFLICTED MEMBERS MAY DECIDE TO PURSUE A TRANSACTION INVOLVING A CONFLICT IF A MAJORITY DETERMINES THE TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST . VIOLATION OF THE COI POLICY IS SUBJECT TO CORRECTIVE ACTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	<p>THE TIFT REGIONAL HEALTH SYSTEM, INC. ("TRHS") BOARD OF DIRECTORS HAS APPOINTED A COMMITTEE OF INDEPENDENT, CONFLICT-FREE BOARD MEMBERS TO DEVOTE THEIR TIME AND ATTENTION TO THE OVERSIGHT OF TRHS'S EXECUTIVE COMPENSATION PROGRAMS. THE COMMITTEE ANNUALLY RETAINS INDEPENDENT ADVISORS (INCLUDING HEALTH CARE COMPENSATION CONSULTANTS) TO PROVIDE THIRD-PARTY INFORMATION AND ADVICE, TO ENSURE EXECUTIVE COMPENSATION IS REASONABLE WHEN COMPARED TO THE PRACTICES OF OTHER SIMILARLY SITUATED ORGANIZATIONS, AND THAT THE PROGRAM HAS SIGNIFICANT AND APPROPRIATE COMPENSATION THAT IS SUBJECT TO MEETING ORGANIZATIONAL AND INDIVIDUAL GOALS (TO ENSURE THE ALIGNMENT OF PAY AND PERFORMANCE). COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD, WHO ARE INDEPENDENT WITH NO FINANCIAL INTEREST IN THE COMPENSATION THEY REVIEW AND APPROVE. INCENTIVE BASED COMPENSATION IS CALCULATED BASED ON ACHIEVEMENTS AGAINST GOALS AND METRICS THAT WERE PRE-APPROVED BY THE BOARD. THE GOALS AND METRICS SPAN TRHS'S FIVE PILLARS OF SERVICE: QUALITY, FINANCE, PEOPLE, GROWTH AND COMMUNITY. THE PERFORMANCE PAY PLAN IS INTENDED TO REWARD EXECUTIVES FOR EXEMPLARY PERFORMANCE AND TO BE PART OF A COMPETITIVE TOTAL COMPENSATION PACKAGE. TOTAL COMPENSATION (INCLUDING THE PERFORMANCE PAY PLAN) IS DETERMINED TO BE REASONABLE AND STRICTLY COMPLIANT WITH ALL RULES AND REGULATIONS THAT GOVERN EXECUTIVE PAY AT A TAX-EXEMPT ORGANIZATION LIKE TRHS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SEE THE RESPONSE TO 15A ABOVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE FILED WITH AND AVAILABLE ON THE GEORGIA SECRETARY OF STATE WEBSITE OR THROUGH THAT OFFICE. GOVERNING DOCUMENTS CAN ALSO BE OBTAINED BY CONTACTING TRHS. TRHS IS UNDER OBLIGATION TO DISCLOSE TO BOND HOLDERS PERTINENT FINANCIAL INFORMATION. A PUBLIC INSPECTION COPY OF FORM 990 IS AVAILABLE UPON REQUEST AND UPON THE TRHS WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	THE EMPLOYEES OF THE TIFT COUNTY HOSPITAL AUTHORITY (THE "AUTHORITY") WERE TRANSFERRED TO THE TIFT REGIONAL HEALTH SYSTEM, INC. ("TRHS"), EFFECTIVE JANUARY 1, 2019. THERE WAS NO REPORTABLE COMPENSATION PAID BY TRHS FOR CALENDAR YEAR 2018 TO REPORT IN PART VII OF FORM 990. THE HOSPITAL DID NOT BEGIN OPERATING AS PART OF TRHS UNTIL MARCH 1, 2019. (TIFT COUNTY HOSPITAL AUTHORITY TRANSFERRED SUBSTANTIALLY ALL OPERATIONS, ASSETS AND LIABILITIES TO TRHS VIA LEASE ON THAT DATE). PRIOR TO JANUARY 1, 2019, THE HOSPITAL WAS OWNED AND OPERATED BY THE AUTHORITY AND ALL EMPLOYEES WERE EMPLOYED BY THE AUTHORITY. THE AUTHORITY AND TRHS ARE NOT RELATED ORGANIZATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM TIFT COUNTY HOSPITAL AUTHORITY 541,866,611 EQUITY TRANSFER - SOUTHWELL, INC. 311,133 TOTAL 542,177,744

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
TIFT REGIONAL HEALTH SYSTEM INC

Employer identification number
45-3072990

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CARE ALLIANCE AN ACCOUNTABLE CARE ORGANIZATION PO BOX 2650 TIFTON, GA 31793 47-4357229	ACO	GA		10,000	TRHS

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)SOUTHWELL INC PO BOX 747 TIFTON, GA 31793 58-1772605	PARENT	GA	501C3	12C	N/A		No
(2)TIFT REGIONAL MEDICAL CENTER FND PO BOX 747 TIFTON, GA 31793 58-1705285	FUNDRAISIN	GA	501C3	7	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?		(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	
(1) COASTAL PLAINS HEALTH ALLIANCE LLC PO DRAWER 1287 TIFTON, GA 31793 58-2412081	HEALTHCARE	GA	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) TIFT ENTERPRISES INC PO BOX 747 TIFTON, GA 31793 58-1986064	MGMT. SVCS	GA	N/A						No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

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

Schedule R (Form 990) 2018

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation