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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC
% MARIE GAFFNEY
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1199 PRINCE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ATHENS, GA 30606

D Employer identification number
58-2179986

E Telephone number
(706) 475-7000

G Gross receipts $ 502,152,951

F Name and address of principal officer:
MR J MICHAEL BURNETT
1199 PRINCE AVENUE
ATHENS, GA 30606

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.PIEDMONT.ORG/LOCATIONS/PIEDMONT-ATHENS/

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

L Year of formation: 1987

M State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROVISION OF HEALTHCARE SERVICES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	3,194
6	Total number of volunteers (estimate if necessary)	**6**	675
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 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	197,606	29,407,699
9	Program service revenue (Part VIII, line 2g)	531,541,086	482,099,674
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-19,638,628	335,398
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,975,239	-9,689,820
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	517,075,303	502,152,951
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,283,568	980,700
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	212,566,677	217,748,974
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	324,377,864	273,207,457
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	538,228,109	491,937,131
19	Revenue less expenses. Subtract line 18 from line 12	-21,152,806	10,215,820

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	397,504,662	420,292,220
21	Total liabilities (Part X, line 26)	234,742,822	297,785,095
22	Net assets or fund balances. Subtract line 21 from line 20	162,761,840	122,507,125

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

****** 2021-05-17
Signature of officer Date

MARIE GAFFNEY VP CORP. FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-05-13		P01226647

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 303 PEACHTREE ST STE 2000
ATLANTA, GA 30308

Phone no. (404) 222-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF PIEDMONT ATHENS REGIONAL MEDICAL CENTER IS TO IMPROVE THE LIVES AND HEALTH OF THOSE WE TOUCH.

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 $ 450,286,334 including grants of $ 980,700) (Revenue $ 467,614,128)

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 ▶** 450,286,334

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		No
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		No
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		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	3,194		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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:
▶MARIE GAFFNEY 2727 PACES FERRY RD BLDG 2 STE 70 ATLANTA, GA 30339 (470) 271-6007

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.

See instructions for the order in which to list the persons above.

☐ 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			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								5,719,513	2,256,468	705,732

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 ▶ 146

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL CENTER ANESTHESIOLOGY OF AT, 1199 Prince Ave ATHENS, GA 30606	ANESTHESIA	46,958,363
GEORGIA EMERGENCY MEDICINE SPECIALI, 1199 Prince Ave ATHENS, GA 30606	ER SERVICES	24,088,479
ATHENS PULMONARY ALLERGY PC, 3320 Old Jefferson Rd ATHENS, GA 30607	MEDICAL SERVICES	16,823,372
ATHENS RADIOLOGY ASSOCIATES PC, 1199 PRINCE AVE ATHENS, GA 30606	RADIOLOGY	7,204,757
DPR CONSTRUCTION, 3301 Windy Ridge Pkwy ATLANTA, GA 30339	CONSTRUCTION	21,993,528

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 38

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e** 29,407,699				
	f All other contributions, gifts, grants, and similar amounts not included above **1f**				
	g Noncash contributions included in lines 1a - 1f: $ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶	29,407,699			
Program Service Revenue		Business Code			
	2a HEALTHCARE SERVICES	622110	471,610,581	471,610,581	
	b PHARMACY	900099	5,921,435	5,921,435	
	c PARKING	900099	131,569		131,569
	d OTHER OPERATING REVENUE	900099	4,436,089	4,436,089	
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	482,099,674			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		335,398		335,398
	4 Income from investment of tax-exempt bond proceeds ▶		0		
	5 Royalties . . . . . ▶		0		
		(i) Real	(ii) Personal		
	6a Gross rents **6a**	2,603,694			
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**	2,603,694	0		
	d Net rental income or (loss) . . . . . ▶		2,603,694		2,603,694
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**				
	b Less: cost or other basis and sales expenses **7b**				
	c Gain or (loss) **7c**				
	d Net gain or (loss) . . . . . ▶		0		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . **8a** 0				
	b Less: direct expenses . . . **8b** 0				
	c Net income or (loss) from fundraising events . . ▶		0		
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a** 0				
	b Less: direct expenses . . . **9b** 0				
	c Net income or (loss) from gaming activities . . ▶		0		
	10a Gross sales of inventory, less returns and allowances . . **10a** 345,710				
	b Less: cost of goods sold . . **10b** 0				
	c Net income or (loss) from sales of inventory . . ▶		345,710		345,710
	Miscellaneous Revenue	Business Code			
	11a CAFETERIA SALES	722210	1,714,753		1,714,753
	b PARTNERSHIP GAIN/LOSS	900099	-14,545,037	-14,545,037	
	c RESEARCH	900099	16,371	16,371	
	d All other revenue		174,689	174,689	
	e Total. Add lines 11a–11d . . . . . ▶		-12,639,224		
	12 Total revenue. See instructions . . . . . ▶		502,152,951	467,614,128	5,131,124

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	980,700	980,700		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,074,362	3,838,456	235,906	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	171,618,025	161,681,341	9,936,684	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	31,247,214	29,438,000	1,809,214	
10 Payroll taxes	10,809,373	10,183,510	625,863	
11 Fees for services (non-employees):				
a Management	212,524		212,524	
b Legal	656,850		656,850	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,273,428	41,493,643	2,779,785	
12 Advertising and promotion	1,550,477	1,162,858	387,619	
13 Office expenses	35,438,805	35,266,226	172,579	
14 Information technology	11,762,977	8,822,233	2,940,744	
15 Royalties	0			
16 Occupancy	11,298,262	9,364,798	1,933,464	
17 Travel	70,009	62,389	7,620	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	82,336	73,988	8,348	
20 Interest	7,106,214		7,106,214	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	16,472,671	12,354,503	4,118,168	
23 Insurance	3,954,048		3,954,048	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES & DRUGS	88,902,466	88,902,466		
b BAD DEBT EXPENSE	33,983,370	33,983,370		
c TAXES	5,530,103	5,530,103		
d OTHER EXPENSES	11,912,917	7,147,750	4,765,167	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	491,937,131	450,286,334	41,650,797	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		7,470,670	1	26,615,004
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		67,792,352	4	61,007,418
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		10,478,037	8	10,581,636
	9	Prepaid expenses and deferred charges		7,605,090	9	5,041,520
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 369,356,548			
	b	Less: accumulated depreciation	10b 56,484,162	294,738,838	10c	312,872,386
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		4,149,015	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		5,270,660	15	4,174,256
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		397,504,662	16	420,292,220
Liabilities	17	Accounts payable and accrued expenses		53,085,474	17	123,236,629
	18	Grants payable		0	18	0
	19	Deferred revenue		264,486	19	326,859
	20	Tax-exempt bond liabilities		181,392,862	20	174,221,607
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		234,742,822	26	297,785,095
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		162,761,840	27	122,507,125
	28	Net assets with donor restrictions		0	28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		162,761,840	32	122,507,125
	33	Total liabilities and net assets/fund balances		397,504,662	33	420,292,220

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	502,152,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	491,937,131
3	Revenue less expenses. Subtract line 2 from line 1	3	10,215,820
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	162,761,840
5	Net unrealized gains (losses) on investments	5	
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	-50,470,535
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,507,125

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 58-2179986

Name: PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

PIEDMONT ATHENS REGIONAL MEDICAL CENTER ("PAR") IS A 360-BED FACILITY LOCATED IN THE CITY OF ATHENS IN CLARKE COUNTY, GEORGIA. OVER 500 PRIMARY CARE AND SPECIALTY PHYSICIANS COMPRISE THE MEDICAL STAFF AND MEET THE PROFESSIONAL CLINICAL NEEDS OF CHILDREN, ADULTS, AND SENIORS WITHIN ATHENS AND THE SURROUNDING NORTHEAST GEORGIA MARKET, REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY FOR SERVICES. FOR THE FISCAL YEAR ENDED JUNE 30, 2020, THE HOSPITAL HAD 20,242 PATIENT ADMISSIONS WITH A TOTAL OF 89,991 OF IN-PATIENT HOSPITALIZATION. ER VISITS TOTALED 77,952 OUTPATIENT VISITS TOTALED 207,443. SURGICAL SERVICES WERE PROVIDED TO 12,582 PATIENTS.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mr Michael McAnder Treasurer	1.0 54.0			X				0	1,036,007	130,895
Mr J Michael Burnett CEO	52.0 3.0			X				891,386	0	109,446
Ms Elizabeth Leddy Secretary	1.0 54.0			X				0	843,536	107,225
Mr Robert Sinyard VP MEDICAL AFFAIRS	40.0 0.0				X			571,078	0	34,176
Ms Wendy Cook Chief Financial Officer	55.0 0.0			X				501,371	0	33,818
Dr Geoffrey Cole VP, ANCILLARY SVCS	40.0 0.0				X			451,128	0	27,912
Mr Jason Smith COO	40.0 0.0					X		373,380	0	28,632
Mr Larry Ebert FORMER EXC DIR STRAT OPS	0.0 55.0						X	0	360,737	26,927
Mr James Appiah-Pippim faculty	40.0 0.0					X		357,288	0	19,360
Ms Jody Corry VP IN HOUSE LEGAL	40.0 0.0				X			335,734	0	27,675

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ms Tamara Jackson CNO	40.0 0.0					X		331,050	0	17,502
Ms Catherine Apaloo FACULTY PROGRAM DIRECTOR	40.0 0.0					X		321,148	0	23,927
Mr Louis Duhe VP AND CIO	40.0 0.0				X			281,390	0	24,243
Mr Norman Burkett VP, PROFESSIONAL SERVICES	40.0 0.0				X			270,140	0	33,109
Ms Diane Todd VP CORP - COMPLIANCE & OPS	40.0 0.0				X			242,654	0	19,460
Ms Keisha Bonhomme PHYSICIAN	40.0 0.0					X		249,849	0	9,916
Ms Tammy Gilland VP FOUNDATION	40.0 0.0				X			223,038	0	20,253
Dr Charles Peck FORMER CEO	55.0 0.0						X	164,895	0	11,256
Dr Carolann Eisenhart Board Member	10.0 4.0	X						95,220	0	0
Dr David Sailors Board Member	10.0 4.0	X						58,764	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dr Jane M Parks Board Member	1.0 8.0	X						0	16,188	0
Mr Dexter L Fisher Board Member	1.0 4.0	X						0	0	0
Dr Wlliam Brad Harper Board Member	1.0 4.0	X						0	0	0
Ms Cheryl Legette Board Member	1.0 5.0	X						0	0	0
Mr Alan Reddish Board Member	1.0 4.0	X						0	0	0
Ms Kim Ripps Board Member	1.0 4.0	X						0	0	0
Dr Samuel K Thomason Board Member	1.0 4.0	X						0	0	0
Mr Tony Townley Board Member	1.0 4.0	X						0	0	0
Dr Jonathan D Woody Board Member	1.0 4.0	X						0	0	0

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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 instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

Employer identification number
58-2179986

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

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

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

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

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

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 58-2179986

Name: PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

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

Facts And Circumstances Test

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SCHEDULE 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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

Employer identification number
58-2179986

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

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,368,855		30,368,855
b Buildings		181,185,364	25,582,287	155,603,077
c Leasehold improvements		2,180	491	1,689
d Equipment		89,336,759	29,216,806	60,119,953
e Other		68,463,390	1,684,578	66,778,812
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				312,872,386

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	0

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 58-2179986
Name: PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	ASC 740 Footnote PHC ACCOUNTS FOR INCOME TAXES UNDER THE PROVISIONS OF THE INCOME TAXES TO PIC OF THE ASC (ASC 740). UNDER THE REQUIREMENTS OF ASC 740, TAX-EXEMPT ORGANIZATIONS MAY BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS UNCERTAIN TAX EXPOSURE ITEMS. THERE WERE NO MATERIAL UNCERTAIN TAX POSIT IONS AT JUNE 30, 2020 AND 2019.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

Employer identification number
58-2179986

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 300 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other ____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			36,434,460		36,434,460	7.960 %
b Medicaid (from Worksheet 3, column a)			19,232,387	17,111,409	2,120,978	0.460 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			6,394,849	6,683,559	-288,710	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			62,061,696	23,794,968	38,266,728	8.420 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			202,333		202,333	0.040 %
f Health professions education (from Worksheet 5)			1,332,841		1,332,841	0.290 %
g Subsidized health services (from Worksheet 6)			1,125,111		1,125,111	0.250 %
h Research (from Worksheet 7)			0		0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			175,000		175,000	0.040 %
j **Total.** Other Benefits			2,835,285		2,835,285	0.620 %
k **Total.** Add lines 7d and 7j			64,896,981	23,794,968	41,102,013	9.040 %

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			25,000	0	25,000	0.010 %
8 Workforce development						
9 Other						
10 Total			25,000	0	25,000	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	16,335,236		
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	0		
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	106,505,911		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	105,434,275		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	1,071,636		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	NONE				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group PIEDMONT ATHENS REGIONAL MED CENTER

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART VI			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART VI			
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)

PIEDMONT ATHENS REGIONAL MED CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. % and FPG family income limit for eligibility for discounted care of 300. %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): SEE PART VI			
b	☑ The FAP application form was widely available on a website (list url): SEE PART VI			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART VI			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

PIEDMONT ATHENS REGIONAL MED CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

PIEDMONT ATHENS REGIONAL MED CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1	
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
PUBLIC AVAILABILITY OF COMMUNITY BENEFIT REPORT	SCH H, PART I, LINE 6A Piedmont Athens Regional Medical Center regularly reports to the community its community benefit activities in several ways. Each year, the hospital prepares a systemwide community-benefit report that is widely distributed to the public through emailed versions sent to community stakeholders and community organizations, printed copies made available to community members upon request, and publication on the system's website. The hospital also makes available copies of its IRS Form 990 Schedule H on its website and available to anyone upon request. Additionally, the hospital presents its community benefit work within the health care system's annual report and the health care system's foundation annual report, which is widely distributed to the public through both printed copies made available to community members upon request and through publication on the system's website. Additionally, the report was mailed to hospital and system board members, state and local elected officials and other key stakeholders. The hospital provides information on community benefit programming to local, state and federal lawmakers through our government affairs office. Finally, the hospital issues media alerts on key community benefit programming, such as its community benefit grants program, to the public, and provides an annual impact report demonstrating the outcomes from those grants. PERCENT OF TOTAL EXPENSE SCHEDULE H, PART I, LINE 7(F) THE DENOMINATOR USED FOR THE CALCULATION OF COLUMN (F), PERCENT OF TOTAL EXPENSE, WAS THE AMOUNT OF TOTAL FUNCTIONAL EXPENSES ON FORM 990, PART IX, LINE 25, COLUMN (A) OF $491,937,131, LESS BAD DEBT EXPENSE OF $33,983,370 FROM FORM 990, PART IX, LINE 24(B). FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST SCHEDULE H, PART I, LINE 7 A RATIO OF PATIENT CARE COST TO CHARGES, CONSISTENT WITH WORKSHEET 2, WAS USED TO REPORT THE AMOUNTS IN PART I, LINES 7A-7D. FOR AMOUNTS ON LINES 7E-7K, ACTUAL EXPENSES FOR EACH COMMUNITY BENEFIT ACTIVITY ARE TRACED AND REPORTED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM. BAD DEBT EXPENSE CALCULATION AND FOOTNOTE SCHEDULE H, PART III, LINES 2-4 The provision for bad debts is based upon management's assessment of historical and expected net collections considering business and economic conditions, trends in health care coverage and other collection indicators. Periodically, management assesses the adequacy of the allowance for double accounts based upon historical write-off experience by payer category. The results of the review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible receivables. THE AMOUNT REPORTED ON PART III, LINE 3, WAS DETERMINED BY TAKING THE AVERAGE ACCEPTANCE RATE FOR ALL CHARITY CARE APPLICATIONS RECEIVED DURING THE YEAR MULTIPLIED BY THE NUMBER OF DENIALS THAT WERE ATTRIBUTABLE TO INCOMPLETE INFORMATION. THAT TOTAL WAS THEN ADJUSTED DOWNWARD FOR THE ORGANIZATION'S USE OF PRESUMPTIVE ELIGIBILITY WHEN DETERMINING ITS COMMUNITY BENEFITS. BAD DEBT EXPENSE FOOTNOTE FROM CONSOLIDATED, AUDITED FINANCIAL STATEMENTS: THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBT TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. PIEDMONT ATHENS REGIONAL MEDICAL CENTER PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES. AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE ARE NOT REPORTED AS REVENUE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
BAD DEBT METHODOLOGY	SCH H, PART III, LINE 4 The provision for bad debts is based upon management's assessment of historical and expected net collections considering business and economic conditions, trends in health care coverage and other collection indicators. Periodically, management assesses the adequacy of the allowance for double accounts based upon historical write-off experience by payer category. The results of the review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible receivables.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
MEDICARE SHORTFALLS AS COMMUNITY BENEFIT	SCH H, PART III, LINE 8 The amount reported on Part III, Line 6, was calculated in accordance with Schedule H instructions by utilizing the organization's allowable Medicare cost as reported in the Medicare cost report, which is based on a cost to charge ratio. However, the allowable costs in the Medicare cost report do not reflect the actual cost of providing care to patients since the Medicare cost report excludes many direct patient care costs that are essential to provide quality healthcare for Medicare patients. For example, certain coverage fees to physicians, cost of Medicare C and D, and other similar direct patient care expenses are specifically excluded from allowable cost in the Medicare Cost Report. The organization believes that Piedmont Athens' Medicare shortfall reported on Part III, Line 7 of Schedule H, should be considered a community benefit as the IRS community benefit standard includes the provision of care to elderly and Medicare patients. IRS Revenue Ruling 69-545 provides, in part, that hospitals serving patients with governmental health insurance, such as Medicare, is an indication the hospital operates to promote health in the community. Additionally, Medicare accounted for 49.63 percent of Piedmont Athens' patient service revenue. Charity care accounts for an additional 7.66 percent of Piedmont Athens' patient service revenue. Piedmont Athens' policy is to treat Medicare patients, regardless of the extent to which Medicare actually pays for the treatment. For many services, Medicare's reimbursement is less than the cost of the care provided, resulting in shortfalls that are to be absorbed by the hospital in honor of Piedmont Athens' commitment to treat elderly patients. Many of these patients live on a low, fixed income, and would qualify for financial assistance or other means-tested programs, absent from their enrollment in Medicare. COLLECTION PRACTICES SCHEDULE H, PART III, LINE 9(B) INITIAL SCREENINGS OF ALL INPATIENT, EMERGENCY, AND SURGERY ENCOUNTERS, WELL AS MOST OUTPATIENT VISITS, ARE CONDUCTED BY FINANCIAL COUNSELORS IN ORDER TO IDENTIFY ANY AVAILABLE INSURANCE OR OTHER COVERAGE FOR EACH PATIENT. COUNSELORS CONTACT PATIENTS AND THEIR FAMILIES DIRECTLY, EITHER IN PERSON OR BY LETTER, TO ASSIST THE FAMILY IN IDENTIFYING ANY PROGRAMS FOR WHICH THE PATIENT/SERVICE MAY QUALIFY (INCLUDING MEDICAID, STATE CHILDREN'S HEALTH INSURANCE PROGRAM ("SCHIP"), PRIVATE OR GOVERNMENT COVERAGE, AND CHARITY ASSISTANCE). IF THE FAMILY CANNOT BE TIMELY LOCATED OR IS UNCOOPERATIVE, RELATED ACCOUNTS ARE TRANSFERRED TO AN INTERNAL COLLECTION DEPARTMENT FOR FURTHER ATTEMPTS TO OBTAIN PAYMENT OR, IF THE PATIENT MAY QUALIFY FOR ASSISTANCE, TO SECURE A FINANCIAL ASSISTANCE APPLICATION. THE ORGANIZATION'S DEBT COLLECTION POLICY AND PROCEDURES PROHIBIT ANY COLLECTION EFFORTS FOR THE PORTION OF A PATIENT ACCOUNT BALANCE THAT QUALIFIES FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY.

Form and Line Reference	Explanation
SCH H, PART VI, LINE 2	As a designated 501(c)(3) nonprofit hospital, Piedmont Athens is required by the Internal Revenue System to provide to conduct a triennial community health needs assessment (CHNA), in accordance with regulations put forth by the IRS following the 2010 Patient Protection and Affordable Care Act (ACA). Through this assessment, we hope to better understand loca l health challenges, identify health trends in our community, determine gaps in the curren t health delivery system and craft a plan to address those gaps and the identified health needs. In FY19, Piedmont Athens conducted its third triennial community health needs asses sment (CHNA). FY20 marked Year One of the subsequent Implementation Strategy. The Piedmont Athens CHNA was led by the Piedmont Healthcare community benefits team, with significant input and direction from Piedmont Athens leadership, including the director of community r elations and the Piedmont Athens Board of Directors, which formed a subcommittee to help d etermine final priorities. Process The CHNA started first with a definition of our communi ty. We started first with the hospital's home county, due to the impact of our tax-exempt status. We estimate property taxes make up the largest segment of a hospital's tax exempti on. Because of this, we want to ensure that we are providing equal benefit to our county. Additionally, we take into consideration patient origin, and especially that of our lower- income patients, such as those who qualify for financial assistance or receive insurance c overage through Medicaid. Our secondary communities are considered the areas in which we h ave the highest concentration of patients fitting that criteria, including ones from nearb y communities. Once we established our primary and secondary community, we then conducted an analysis of available public health data. This included resources from: US Census, US H ealth and Human Services' Community Health Status Indicators, US Department of Agriculture , Economic Research Service, National Center for Education Statistics, Kaiser Family Found ation's State Health Facts, American Heart Association, County Health Rankings and Georgia Online Analytical Statistical Information System (OASIS). All figures are for 2017, unles s otherwise noted. Health indicators are estimates provided by County Health Rankings and hospital data were provided by the hospital. An internal survey was also conducted through out the healthcare system for both clinical and non-clinical employees. Information was ga thered on knowledge and understanding of community benefit and current programs, as well a s suggestions for how we can better serve our patients and communities. Nearly 900 employe es spanning the system responded. Additionally, we conducted a community-based survey in w hich local stakeholders were asked their thoughts on unmet community health needs and the hospital's role in addressing those needs. These stakeholders included local leaders, nonp rofit representatives, elected officials and those with a unique knowledge of the challeng es vulnerable populations face. We also evaluated previous community benefit, hospital and community interventions identified in our last CHNA implementation strategies through thr ee lenses: impact, outcomes and sustainability. Interventions and programming considered t o have a high score on all three were included in this CHNA and our subsequent strategy. T his included our community benefit grants program, our charitable clinic-hospital partners hips and our heart- and stroke-focused community programming. Finally, we conducted direct interviews with 31 state and regional stakeholders and policymakers, with each representi ng a specific group that tends to be adversely impacted by issues of health equity. These groups included but are not limited to Georgians for a Healthy Future, Georgia Watch, Cons iderHealth, the Community Foundation for Greater Atlanta, the Georgia Charitable Care Netw ork, the Medical Association of Georgia and Healthy Mothers, Healthy Babies. Additionally, we sought and received feedback on our CHNA from public health. Our priorities A key comp onent of the CHNA is to identify the top health priorities we'll address over fiscal years 2020, 2021 and 2022. These priorities will guide our community benefit work. They are, in no order: . Increase access to appropriate and affordable health and mental care for all community members, and especially those who are uninsured and those with low incomes . Dec rease deaths from cancer and increase access to cancer programming for those with living t he disease, with a focus on lung and breast cancer . Promote healthy weights and behaviors as to decrease preventable instances of heart disease, stroke, diabetes, hypertension and other related chronic conditions . Reduce opioid and related substance abuse and overdose deaths With each priority, we work to achieve greater health equity by reducing the impac t of poverty and other socioeconomic indicators. T

Form and Line Reference	Explanation
SCH H, PART VI, LINE 2	his means that health equity is built into each priority, and that is demonstrated through our implementation strategies. How we determined our priorities: Several key community he alth needs emerged during the assessment process. The chosen priorities were recommended b y the community benefit department with sign-off from hospital and board leadership. The f ollowing criteria were used to establish the priorities: . The number of persons affected; . The seriousness of the issue; . Whether the health need particularly affected persons l iving in poverty or reflected health disparities; and, . Availability of community and/or hospital resources to address the need. The priorities we chose reflected a collective agr eement on what hospital leadership, staff and the community felt was most important and wi thin our ability to positively impact the issue. While the priorities reflect clinical acc ess and certain conditions, all priorities are viewed through the lens of health dispariti es, with particular attention paid to improving outcomes for those most vulnerable due to income and race. The CHNA was unanimously approved by the Piedmont Athens Board of Directo rs on May 23, 2019. The Piedmont Athens implementation strategy was developed in partnersh ip with hospital leadership and community stakeholders to address the identified prioritie s in our FY19 community health needs assessment. The implementation strategy was designed to be executed over a three-year period and included specific metrics by which we would be able to evaluate our work and its impact. The implementation strategy was developed by ut ilizing community feedback from the assessment in partnership with the system community be nefits department, Piedmont Athens leadership and the Piedmont Athens Board of Directors. As mentioned above, we included proven and successful interventions and programming, inves ting further in work we felt was successful in addressing unmet health needs. The CHNA imp lementation strategy was unanimously approved October 24, 2019.

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Form and Line Reference	Explanation
SCH H, PART VI, LINE 3	Piedmont Athens understands that not everyone has the ability to pay their hospital bill due to their insurance status or a limited income, and because of this, we offer financial assistance to qualifying patients. Notification about financial assistance available at Piedmont Athens includes providing a dedicated contact number, which is disseminated by the hospital to patients by various means. These include but are not limited to the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses, and at other public places the hospital may elect, including availability at local low-cost clinics primarily treating uninsured populations. Piedmont Athens also publishes and widely publicizes a plain language summary of this financial assistance care policy on its facility website, which includes a link to full policy. Referral of patients for financial assistance may be made by any staff or medical staff member at the hospital, including physicians, nurses, financial counselors, social workers, case managers, chaplains and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws. Finally, we provide copies of our financial assistance policy to our partner clinics and others who work closely with low-income populations. We offer assistance in understanding the policy, how it relates to their populations and receive feedback in ways our financial assistance programming could be improved. Additionally, Piedmont Healthcare annually publishes a directory of services and programs for low-income community members, and within this resource guide are extensive directions and advice on how to apply for patient financial assistance. Also, in this guide is information on how to apply for certain government assistance programs, resources to help prepare and file tax returns, as well as detailed resources for local sliding scale and free mental, dental and health resources. This guide is widely distributed to the community via hardcopy, is available within our hospitals and is digitally available online. Copies are provided in both English and Spanish. In FY20, we distributed approximately 3,000 copies of this guide throughout the Athens community.

Form and Line Reference	Explanation
SCH H, PART VI, LINE 4	Piedmont Athens is located in Athens-Clarke County, which we consider to be our primary co mmunity. A total of 126,176 people live in the 119.22 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2015-19 5-ye ar estimates. The population density for this area, estimated at 1,058.36 persons per squa re mile, is greater than the national average population density of 91.93 persons per squa re mile. During those years, about 63 percent of all Athens-Clarke County residents were w hite, 28 percent were African American, and other races made up the remaining 9 percent. T he median age of people living within the county was 27, much lower than state and nationa l averages. Seventeen percent of the population were 18 or younger, 11 percent were over t he age of 65 and the rest were in between. Between 2015 and 2019, the median household inc ome was $38,623. African Americans had a much lower median household income at $29,394. Si xty-eight percent of the population has, at a minimum, attended some college (with 51 perc ent having obtained an associate degree or higher), and 12 percent did not graduate high s chool. Generally speaking, household income and educational attainment are related. Five p ercent of adults were unemployed in 2020, a figure slightly lower than the national averag e of 5.4 percent. Forty-two percent of households had housing costs that exceeded more tha n 30 percent of total household income in 2017, indicating a cost burdened household more likely to face overall financial difficulty. Thirty percent of the county - about 38,000 p eople - lived in poverty each year on average between 2015 and 2019. During that same time , 33 percent of children in Athens-Clarke County lived in poverty, a figure that has stead ily increased over the last ten years. It is significantly higher than the state average o f 22 percent. When broken down by race, 51 percent of African American children and 12 per cent of white children lived in poverty. Ninety-two percent of public school children were eligible for the free or reduced priced lunch program during the 2018-2019 school year, w hich is higher than the state average of 60 percent. Poor children are statistically less likely to graduate high school or attend college and are nearly twice as likely to become poor adults than their non-poor counterparts. In Athens-Clarke County, 13.5 percent of res idents were uninsured in 2019, and minorities were far more likely as their white counterp arts to be uninsured. Non-elderly adults by far were the most likely to be uninsured, with 17 percent of those age 18 to 64 as having no insurance coverage during that time period. About 5.76 percent of the population had Limited English Proficiency, which references th e populations aged 5 and older who speak a language other than English at home and speak E nglish less than "very well." In Athens-Clarke County, like with the rest of Georgia, hear t disease was the number one cause of age-adjusted death between 2015 and 2019, and this h olds true for all races. Age-adjusted allows communities with different age structures to be compared. Premature death is when death happens before the average age for a given comm unity. Suicide was the leading cause of death in Athens-Clarke County between 2015 and 201 8, with a total 2,474 deaths during that time. There were five designated health professio nal shortage areas in the community in 2021: two primary care shortage areas, two mental h ealth shortage areas and one dental health shortage area. There was one dentist for every 1,720 people in 2019, one primary care physician for every 1,520 people and one mental hea lth provider for every 370 people. Community members have reported an average 4.3 and 4.4 poor physical and mental health days, respectively. Both measures increased since our last CHNA, and poor mental days jumped by about a day, indicating a worsening situation. Twent y-three percent of Athens-Clarke residents reported their health as poor or fair. Approxim ately 410 people lived with HIV in 2018, resulting in a rate of 369.9 infections per every 100,000 people. HIV is a life-threatening communicable disease that disproportionately af fects minority populations and may also indicate the prevalence of unsafe sex practices. C hlamydia rates were much higher than both and national averages in 2018, with 887.4 infect ions per every 100,000 people. This is most prevalent among African American populations. In 2019, there were approximately 138.2 retail opioid prescriptions dispensed per 100 pers ons, according to the CDC. We aren't able to tell how many prescriptions are going to a si ngle person, just the overall figure. It's important to note that this number increased sh arply in 2019 and is among the worst in the state. For every 1,000 teen girls aged 15 to 1 8 in Athens-Clarke County, 13 birth gave birth to a child on average each year between 201 2 and 2018. African American teens were twice as l

Form and Line Reference	Explanation
SCH H, PART VI, LINE 4	ikely to have a baby than their white counterparts. Children born to teenS are statistical ly much more likely to experience adverse health and socioeconomic issues as they grow old er. Sources for all statistics in this section: U.S. Census 2017 ACS Demographic and Housi ng Estimate, University of Wisconsin Population Health Institute, County Health Rankings, 2018, with indicators ranging from 2012 to 2019, and the Georgia Online Analytical Statist ical Information System.

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Form and Line Reference	Explanation
SCH H, PART VI, LINE 5	Piedmont Athens actively promotes the health of its community through clinic-hospital partnerships, our community benefit grants programs, community-based health screenings, educational activities, community building activities, the operation of a 24-hour emergency department available to the entire community, the operation of an emergency room open to all members of the community without regard to ability to pay, a governance board composed of community members, use of surplus revenue for facilities improvement, patient care, and medical training, education, and research, the provision of inpatient hospital care for all persons in the community able to pay, including those covered by Medicare and Medicaid, and an open medical staff with privileges available to all qualifying physicians. It's important to note that COVID-19 did have a significant impact on our proactive community benefit programs, as all in-person events and classes were canceled as of early March 2020. We worked to create programming that was responsive to the pandemic, including our migrating to online platforms for vital community-based programming. In FY20, Piedmont Athens offered numerous proactive community benefit programs meant to boost the health of the community it serves. This includes housing and staffing the Community Care Clinic, a full-service community-based clinic that treats patients at no charge. Services include preventative and specialty care, as well as ophthalmology. This came at a cost of $852,214 in FY20. The hospital also provides lab services at no charge to Mercy Health Center, a not-for-profit charitable clinic. The clinic provides significant ongoing financial assistance to not-for-profit charitable clinic Athens Nurses' Clinic - approximately $140,000 in FY20. The hospital also covered approximately $17,605 in transportation-related costs for low-income and/or mobility-challenged community members access necessary health services. The hospital provides funding to other organizations as well, tallying approximately $1.25 million in subsidized health services in FY20. Additionally, we support the community through our community benefit grants program, which provides funding to local not-for-profit organizations whose programs and mission align with Piedmont Athens' CHNA. In FY20, these organizations were: The Tree House, for its mental health services; the Athens Community Council on Aging's transportation services; New Neighbors Network, for its coordination of refugee care; People Living in Recovery, for addiction-related mental health services; and, Mercy Health Center, for health care services for low-income patients. Additionally, and as mentioned above, Piedmont Athens provided to the general public a bilingual community resource guide, which gives information on community resources for lower income populations as well as plain language details on our financial assistance programs. In FY20, Piedmont Athens also provided health professions education to students and residents training to be health professionals. That year, the hospital oversaw training at a cost of $1.3 million. Piedmont Athens also provided extensive one-on-one support through our cancer program, with a total 464 program participants with 756 total interactions. All on-site programs ceased as of March 16 at the Center. The numbers highlight the decrease in program activity and community events with a concurrent increase in individual contacts to our cancer patient population. Adaptation has meant intensive one-to-one outreach in order to ensure high risk clients still get the support they need. The hospital also provided 34 mammograms to low-income women through March 2020. As part of a Piedmont Healthcare systemwide effort, Piedmont Athens was an active participant in anti-opioid work, which included: active participation on the systemwide task force, tracking opioid prescriptions within the hospital and by providers, utilizing Epic EMR tools to monitor opioid use, offering patients and the community ways to safely dispose of unused medication, and providing ongoing education on opioid prescribing. The advent of COVID-19 precluded local take-back day activities, in which we'd traditionally partner with local law enforcement to host an event in which local residents were encouraged to bring in any unused prescriptions for safe disposal.

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Form and Line Reference	Explanation
SCH H, PART VI, LINE 6	Piedmont Athens is a part of Piedmont Healthcare, a regional not-for-profit organization and the parent company of 11 hospitals, the Piedmont Physicians Group, the Piedmont Heart Institute, the Piedmont Clinic and the Piedmont Healthcare Foundation. Piedmont Healthcare's community benefit department coordinates the community benefit activities on behalf of all hospitals throughout the system. This includes conducting the triennial CHNA and subsequent implementation strategy, ensuring the financial assistance policy is communicated to the community, maintaining the community benefit webpage, authoring the community benefit annual report, preparing board materials, developing and executing the community benefit grants program and compiling all community benefit figures. Each hospital and certain departments of Piedmont Healthcare provide key input and execute programming, such as our revenue department, which oversees and executes the financial assistance policy and program.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCH H, PART VI, LINE 7	Piedmont Athens is not required to file a community benefit report; however, the hospital is required to file with the Georgia Department of Community Health information on its indigent and charity care, as well as its Medicaid and Medicare shortfalls.

Additional Data

Software ID:

Software Version:

EIN: 58-2179986

Name: PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	PIEDMONT ATHENS REGIONAL MED CENTER 1199 PRINCE AVENUE ATHENS, GA 30606 WWW.PIEDMONT.ORG 029-007	X	X					X			1

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

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

Form and Line Reference	Explanation
SCH H, PART V, SECTION B, LINE 5	As a part of our process to represent the broad interests of the community, we interviewed 31 state and regional stakeholders and policy makers that represent public health, low-income populations, uninsured and uninsured persons, minorities, chronic conditions and older adults, as well as elected officials and lawmakers. These stakeholders have a particular expertise or knowledge of the community. Specifically, we interviewed representatives of local and regional public health entities, minority populations, faith-based communities, local business owners, the philanthropic community, mental health agencies, elected officials and individuals representing our most vulnerable patients. These interviews were conducted for people representing the entire region, including Clarke County. The Piedmont Healthcare board of directors and leadership from all 11 hospitals were actively informed and engaged throughout this process.

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

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

Form and Line Reference	Explanation
SCH H, PART V, SECTION B, LINE 7A	COMMUNITY HEALTH NEEDS ASSESSMENT WEBSITE https://www.piedmont.org/media/file/PAR-FY19-CHNA-Strategy.pdf SCHEDULE H, PART V, LINE 7D: PUBLIC AVAILABILITY OF CHNA IN ADDITION TO MAKING ITS CHNA REPORTS AVAILABLE ON ITS WEBSITE AND BY REQUEST, PIEDMONT ATHENS REGIONAL MEDICAL CENTER SENT COPIES TO EACH PARTICIPANT IN THE CHNA PROCESS, DISTRIBUTED THE ASSESSMENTS TO COMMUNITY CENTERS AND OTHER LOCATIONS THAT PRIMARILY SERVE AN UNINSURED POPULATION, SENT COPIES TO LEGISLATIVE AND ELECTED OFFICIALS, AND WIDELY DISTRIBUTED THE ASSESSMENTS TO OTHER PIEDMONT HEALTHCARE HOSPITALS. SCH H, PART V, SECTION B, LINE 10A IMPLEMENTATION STRATEGY THE BOARD OF DIRECTORS FOR PIEDMONT ATHENS REGIONAL MEDICAL CENTER UNANIMOUSLY APPROVED ITS IMPLEMENTATION STRATEGY FOR THE THREE YEAR PERIOD BEGINNING WITH FY20 ON OCTOBER 24, 2019, WITHIN THE GRACE PERIOD FOLLOWING THE APPROVAL OF THE NEW COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING LINK IS FOR THE IMPLEMENTATION STRATEGY EFFECTIVE THROUGH JUNE 30, 2022. THE IMPLEMENTATION POLICY IS LOCATED AFTER THE COMMUNITY HEALTH NEEDS ASSESSMENT IN THE FOLLOWING LINK. https://www.piedmont.org/media/file/PAR-FY19-CHNA-Strategy.pdf

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

Form and Line Reference	Explanation
SCH H, PART V, SECTION B, LINE 11	In 2015, the then-Athens Regional Health System administration and board approved the hosp ital's Community Health Needs Assessment (CHNA), which was developed using primary and sec ondary data, internal hospital data, findings from key stakeholder interviews and other re levant community-based information. The CHNA identified several key health priorities, whi ch were developed using four key criteria: 1) the number of people affected, 2) the severi ty of the problem, 3) the health system's ability to impact, and 4) the extent to which ot her organizations are already meeting the need. From the CHNA findings, and in partnership with hospital leadership and community stakeholders, Athens Regional Health System develo ped its implementation strategy to address the identified priorities listed in the 2015 CH NA. The initial implementation strategy was approved by the Athens Regional Health System Board of Directors on November 24, 2015. Athens Regional joined the Piedmont Healthcare sy stem as Piedmont Athens Regional Medical Center ("PARMC") in October 2016. In March 2017, the Piedmont Health System community benefit team, in partnership with PAR leadership, red rafted the implementation strategy to align it with system priorities and to reflect the s hift in ownership. Core strategies from the original were maintained, and several prioriti es were combined as they share strategies. PARMC has attempted to increase access to care and services by providing financial assistance and covering any short-falls for low and no -income populations through free and reduced-cost care to qualifying patients through Pied mont Healthcare's Financial Assistance Policy. PARMC has also continued to support care fo r Medicaid populations through coverage of cost shortfalls and by enrolling qualifying pat ients with vendors. PARMC has also maintained a partnership with Mercy Clinic for the prov ision of free pharmaceuticals. PARMC also identified supporting cardiovascular, cerebrovas cular, and respiratory health and combating obesity and diabetes as a community need. PARM C provides grant funding to community based non-profits to help at-risk populations direct ly. Further, PARMC provides a variety of healthy lifestyle community education programing, including nutrition counseling, smoke-free campaigns, and other lifestyle classes at the local YMCA. PARMC has also remained accredited for stroke and cardiovascular services. The PARMC Board of Directors unanimously approved the new CHNA on May 23, 2019. Based on the CHNA, PARMC will focus on the following: (1) INCREASE ACCESS TO APPROPRIATE AND AFFORDABLE HEALTH AND MENTAL CARE FOR ALL COMMUNITY MEMBERS, AND ESPECIALLY THOSE WHO ARE UNINSURED AND THOSE WITH LOW INCOMES; (2) REDUCE OPIOID AND RELATED SUBSTANCE ABUSE AND OVERDOSE DEA THS; (3) DECREASE DEATHS FROM LUNG AND BREAST CANCER AND INCREASE ACCESS TO CANCER PROGRAM MING FOR THOSE LIVING WITH THE DISEASE; AND (4) PROMOTE HEALTHY WEIGHTS AND BEHAVIORS AS T O DECREASE PREVENTABLE INSTANC

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

Form and Line Reference	Explanation
SCH H, PART V, SECTION B, LINE 11	ES OF HEART DISEASE, STROKE, DIABETES, HYPERTENSION, AND OTHER RELATED CHRONIC CONDITIONS.

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

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

Form and Line Reference	Explanation
SCH H, PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITES FINANCIAL ASSISTANCE POLICY - https://www.piedmont.org/media/file/Financial-Assistance-Policy.pdf FINANCIAL ASSISTANCE APPLICATION - https://www.piedmont.org/media/file/Financial-Assistance-Application.pdf FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY - https://www.piedmont.org/media/file/Financial-Assistance-Plain-Language-Su mmary-English.pdf

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

Employer identification number
58-2179986

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	MONITORING THE USE OF GRANT FUNDS MONEY IS GIVEN TO CHARITABLE ORGANIZATIONS WHICH PRIMARILY PROMOTE HEALTH CARE CAUSES. THE GRANTS ARE ADMINISTERED AND MONITORED THROUGH THE ORGANIZATION'S PUBLIC RELATIONS DEPARTMENT. SCHEDULE I, PART III, LINE 1B NUMBER OF RECIPIENTS GRANTS TO INDIVIDUALS WERE MADE TO RESIDENTS OF THE GREATER ATHENS CLARKE COMMUNITY IN SUPPORT OF PARMC'S COMMUNITY BENEFIT. PROGRAMS WERE CONDUCTED IN SUPPORT OF PARMC'S IMPLEMENTATION STRATEGY AND TO COMBAT THE LARGEST IDENTIFIED NEEDS OF THE COMMUNITY.

Additional Data

Software ID:
Software Version:
EIN: 58-2179986
Name: PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF GEORGIA ATHLETIC ASSOCIATION PO BOX 1472 ATHENS, GA 30603	58-0652518	501(C)(3)	15,000				PROGRAM SUPPORT
ATHENS NURSES CLINIC 240 NORTH AVE ATHENS, GA 30601	58-2490925	501(c)(3)	423,941				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ATHENS UNITED SOCCER ASSOCIATION 2350 Prince Ave Ste 1 ATHENS, GA 30606	58-1924578	501(C)(3)	25,000				PROGRAM SUPPORT
AMERICAN CANCER SOCIETY 105 WEST PARK DR ATHENS, GA 30606	13-1788491	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ATHENS ACADEMY 1281 SPARTAN LANE ATHENS, GA 30606	58-6055242	501(C)(3)	7,500				PROGRAM SUPPORT
ATHENS TECHNICAL COLLEGE 800 US HWY 29 N ATHENS, GA 30601	58-1824771	501(C)(3)	250,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ATHENS AREA CHAMBER OF COMMERCE 246 W HANCOCK AVE ATHENS, GA 30601	58-0144673	501(C)(3)	10,000				PROGRAM SUPPORT
BARROW COUNTY SCHOOL SYSTEM 179 West Athens St WINDER, GA 30680		GOV'T	6,380				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OCONEE COUNTY GOVERNMENT 23 N Main St WATKINSVILLE, GA 30677		GOV'T	15,000				PROGRAM SUPPORT
TOUCHDOWN CLUB OF ATHENS PO BOX 6831 ATHENS, GA 30604	58-2078712	501(C)(3)	10,000				PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

Employer identification number
58-2179986

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, Part I, Line 1a	COMPANION TRAVEL AND CLUB DUES BOARD TRUSTEES ARE PROVIDED COMPANION TRAVEL - TAXABLE AMOUNT INCLUDED IN COMPENSATION. OFFICERS ARE PROVIDED SOCIAL CLUB DUES - TAXABLE AMOUNT INCLUDED IN COMPENSATION. OTHER COMPENSATION ITEMS THE FOLLOWING INDIVIDUALS RECEIVED A DISCRETIONARY SPENDING ACCOUNT, A FIXED AMOUNT DETERMINED BY JOB LEVEL. THIS RESPECTIVE AMOUNTS WERE INCLUDED IN THE INDIVIDUAL'S TAXABLE WAGES. DR. CHARLES PECK: $2,307 J. MICHAEL BURNETT: $12,923 ELIZABETH LEDDY: $12,923 MICHAEL MCANDER: $12,923
SCHEDULE J, Part I, Line 1b	PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC. DOES NOT HAVE A WRITTEN POLICY REGARDING PAYMENTS OR REIMBURSEMENT OF EXPENSES ON LINE 1A. HOWEVER, COMPANION TRAVEL FOR BOARD MEMBERS ATTENDING OVERNIGHT EVENTS WAS APPROVED BY DR. CHARLES PECK, CEO OF ATHENS REGIONAL HEALTH SERVICES, INC. SCHEDULE J, PART I, LINE 3 COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR THE COMPENSATION FOR THE PRESIDENT/CEO OF PIEDMONT ATHENS REGIONAL MEDICAL CENTER IS SET BY THE ENTITY'S PARENT, PIEDMONT HEALTHCARE, INC. PLEASE SEE THE SCHEDULE O NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A & 15B FOR ADDITIONAL INFORMATION.
SCHEDULE J, Part I, Line 4b	SUPPLEMENTAL COMPENSATION INFORMATION DR. CHARLES PECK RECEIVED PAYMENTS TOTALING $83,250. KEVIN BROWN RECEIVED PAYMENTS TOTALING $1,653,134. J. MICHAEL BURNETT RECEIVED PAYMENTS TOTALING $62,388. THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, BUT DID NOT RECEIVE CURRENT YEAR PAYMENTS: MICHAEL MCANDER ELIZABETH LEDDY WENDY COOK LARRY EBERT
SCHEDULE J, PART I, LINE 5A & 6A	CONTINGENT COMPENSATION EXECUTIVE AND LEADERSHIP POSITIONS ARE ELIGIBLE TO PARTICIPATE IN A VARIABLE PAY PLAN. GROSS REVENUES AND NET EARNINGS ARE VARIABLE PAY PLAN FACTORS. THIS PLAN PROVIDES INCENTIVES BASED ON SYSTEM PERFORMANCE. THE RESULTS ARE BASED ON THE ACCOMPLISHMENT OF SPECIFIC STRATEGIC OBJECTIVES INVOLVING: (1) SUSTAINED AND IMPROVED FINANCIAL PERFORMANCE AND EFFICIENCY; (2) EMPLOYEE SATISFACTION AND RETENTION; (3) IMPROVED CUSTOMER SATISFACTION INCLUDING MEMBERS, PHYSICIANS, PATIENTS, AND EMPLOYEES; (4) MAINTENANCE AND IMPROVEMENT IN QUALITY AND CLINICAL OUTCOMES. THE PERFORMANCE SCORECARD IS DETERMINED ANNUALLY AND APPROVED BY THE BENEFITS AND COMPENSATION COMMITTEE OF THE BOARD. THE PLAN WILL BE DISALLOWED BASED ON LOSS OF THE JOINT COMMISSION ACCREDITATION OR A VIOLATION OF THE BOND COVENANTS.
SCHEDULE J, PART I, LINE 7	CERTAIN EMPLOYEES PARTICIPATED IN AN "ANNUAL INCENTIVE PLAN" UNDER WHICH THEY RECEIVED NON-FIXED BONUS PAYMENTS BASED ON JOB LEVEL AND SEVERAL DIFFERENT PERFORMANCE METRICS.

Additional Data

Software ID:
Software Version:
EIN: 58-2179986
Name: PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Mr Robert Sinyard VP MEDICAL AFFAIRS	(i)	427,791	112,279	31,008	0	34,176	605,254	0
	(ii)	0	0	0	0	0	0	0
1Dr Geoffrey Cole VP, ANCILLARY SVCS	(i)	356,833	71,199	23,096	16,800	11,112	479,040	0
	(ii)	0	0	0	0	0	0	0
2Ms Jody Corry VP IN HOUSE LEGAL	(i)	284,825	48,958	1,951	16,492	11,183	363,409	0
	(ii)	0	0	0	0	0	0	0
3Mr Norman Burkett VP, PROFESSIONAL SERVICES	(i)	223,070	35,690	11,380	16,307	16,802	303,249	0
	(ii)	0	0	0	0	0	0	0
4Mr Louis Duhe VP AND CIO	(i)	239,284	41,730	376	11,750	12,493	305,633	0
	(ii)	0	0	0	0	0	0	0
5Ms Diane Todd VP CORP - COMPLIANCE & OPS	(i)	203,577	31,828	7,249	12,597	6,863	262,114	0
	(ii)	0	0	0	0	0	0	0
6Ms Tammy Gilland VP FOUNDATION	(i)	188,280	29,356	5,402	13,447	6,806	243,291	0
	(ii)	0	0	0	0	0	0	0
7Mr Larry Ebert FORMER EXC DIR STRAT OPS	(i)	0	0	0	0	0	0	0
	(ii)	267,153	87,602	5,982	9,618	17,309	387,664	0
8Dr Charles Peck FORMER CEO	(i)	105,527	37,308	22,060	0	11,256	176,151	0
	(ii)	0	0	0	0	0	0	0
9Mr J Michael Burnett CEO	(i)	494,660	216,563	180,163	91,350	18,096	1,000,832	74,550
	(ii)	0	0	0	0	0	0	0
10Ms Wendy Cook Chief Financial Officer	(i)	383,426	100,802	17,143	16,800	17,018	535,189	0
	(ii)	0	0	0	0	0	0	0
11Ms Catherine Apaloo FACULTY PROGRAM DIRECTOR	(i)	287,115	0	34,033	12,388	11,539	345,075	0
	(ii)	0	0	0	0	0	0	0
12Ms Tamara Jackson CNO	(i)	251,815	68,511	10,724	9,663	7,839	348,552	0
	(ii)	0	0	0	0	0	0	0
13Mr James Appiah-Pippim faculty	(i)	324,450	0	32,838	4,072	15,288	376,648	0
	(ii)	0	0	0	0	0	0	0
14Mr Jason Smith COO	(i)	283,957	74,263	15,160	16,800	11,832	402,012	0
	(ii)	0	0	0	0	0	0	0
15Ms Keisha Bonhomme PHYSICIAN	(i)	248,177	0	1,672	2,308	7,608	259,765	0
	(ii)	0	0	0	0	0	0	0
16Mr Michael McAnder Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	613,592	345,604	76,811	123,395	7,500	1,166,902	0
17Ms Elizabeth Leddy Secretary	(i)	0	0	0	0	0	0	0
	(ii)	448,895	251,848	142,793	89,849	17,376	950,761	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

Employer identification number
58-2179986

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	THE HOSPITAL AUTHORITY OF CLARKE COUNTY GA	58-6003375	181685JM1	11-16-2016	178,225,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,525,000			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	208,099,492			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	208,092,160			
7	Issuance costs from proceeds	7,332			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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						
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						
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 ▶		0 %						
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						
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						
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?		X						
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							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	The proceeds of the Series 2019 bonds were used to redeem the Series 2007 bonds issued in January, 2007, and the Series 2012 Bonds issued in March, 2012.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

Employer identification number
58-2179986

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1A	FORM 1096 FILINGS ALL FORM 1096 FILINGS FOR THE ORGANIZATION ARE FILED BY PIEDMONT HEALTHC ARE, INC. (EIN 58-1503902) FORM 990, PART VI, SECTION A, LINE 6 ORGANIZATION'S SOLE MEMBER PIEDMONT HEALTHCARE, INC., (EIN 58-1503902) IS THE SOLE MEMBER OF PIEDMONT ATHENS REGIONA L MEDICAL CENTER ("PAR").

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ELECTION OF GOVERNING BODY THE BOARD OF PIEDMONT HEALTHCARE, PIEDMONT ATHENS REGIONAL MEDI CAL CENTER'S SOLE MEMBER, APPOINTS THE MEMBERS OF THE BOARD OF DIRECTORS OF PIEDMONT ATHEN S REGIONAL MEDICAL CENTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF GOVERNING BODY PIEDMONT ATHENS REGIONAL MEDICAL CENTER'S BOARD POLICIES AND D ECISIONS MUST BE FILED, IMMEDIATELY AFTER ADOPTION, WITH THE SECRETARY OF THE PIEDMONT HEA LTHCARE BOARD OF DIRECTORS. SUCH POLICIES AND DECISIONS OF THE PIEDMONT ATHENS REGIONAL ME DICAL CENTER BOARD OF DIRECTORS ARE NOT SUBJECT TO THE APPROVAL OF OR RATIFICATION BY THE PIEDMONT HEALTHCARE BOARD, BUT SHOULD THE NEED ARISE, THEY MAY BE RESCINDED BY THE PIEDMON T HEALTHCARE BOARD THROUGH A MAJORITY VOTE OF ITS DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	INFORMATION NEEDED TO PREPARE PIEDMONT ATHENS REGIONAL MEDICAL CENTER'S FORM 990 IS COMPIL ED BY INDIVIDUALS IN THE ORGANIZATION'S FINANCE DEPARTMENT. The INFORMATION IS REVIEWED BY PNH'S CONTROLLER AND VP/CFO. THE 990 IS THEN PREPARED INTERNALLY BY PIEDMONT HEALTHCARE, INC.'S TAX DEPARTMENT AND SUBMITTED TO AN EXTERNAL TAX PREPARER FOR REVIEW. PRIOR TO FILIN G, COPIES OF FORM 990 ARE PROVIDED TO THE BOARD OF DIRECTORS OF PIEDMONT HEALTHCARE, INC., THE ORGANIZATION'S SOLE MEMBER, FOR BOARD REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED BY ORGANIZATION MANAGEMENT IN COORDINATION WITH PIEDMONT HEALTH CARE'S CHIEF COMPLIANCE OFFICER. ALL SENIOR LEADERS, BOARD MEMBERS, PHYSICIAN EMPLOYEES, N URSE PRACTITIONERS/PHYSICIAN ASSISTANTS AND EMPLOYEES AND NON-EMPLOYEES ENGAGED IN RESEARC H ARE REQUIRED TO ANNUALLY DISCLOSE ALL MATTERS WHICH COULD POTENTIALLY CONSTITUTE A CONFL ICT OF INTEREST. MATTERS DISCLOSED UNDER THE POLICY MUST BE REVIEWED IN WRITING BY THE PIE DMONT HEALTHCARE CONFLICT OF INTEREST COMMITTEE IN ORDER TO DETERMINE WHETHER A CONFLICT E XISTS AND, IF SO, WHETHER TO ELIMINATE OR MANAGE THE CONFLICT. ALL BOARD MEMBERS AND EMPLO YEES OF PIEDMONT MOUNTAINSIDE HOSPITAL ARE PROVIDED TRAINING ON CONFLICT OF INTEREST ISSUE S, INCLUDING REPORTING REQUIREMENTS, AT NEW EMPLOYEE ORIENTATION AND AT LEAST ANNUALLY THE REAFTER. NONCOMPLIANCE WITH THE CONFLICT OF INTEREST POLICY MUST BE REPORTED TO PIEDMONT H EALTHCARE'S SENIOR VICE PRESIDENT OF COMPLIANCE FOR INVESTIGATION, AND REMEDIAL STEPS MUST BE TAKEN AS APPROPRIATE UNDER THE PIEDMONT HEALTHCARE DISCIPLINARY POLICIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A, 15B	EXECUTIVE COMPENSATION COMPENSATION FOR EXECUTIVES OF PIEDMONT ATHENS REGIONAL MEDICAL CEN TER IS SET BY THE BOARD OF DIRECTORS OF PIEDMONT HEALTHCARE, INC. THE PIEDMONT HEALTHCARE, INC., BOARD OF DIRECTOR'S EXECUTIVE PERFORMANCE AND COMPENSATION COMMITTEE ("THE COMMITTE E") IS COMPOSED OF AT LEAST THREE MEMBERS OF THE PHC BOARD OF DIRECTORS, SERVING TERMS OF THREE YEARS, AND THE MAJORITY OF WHICH ARE COMMUNITY DIRECTORS WHO GENERALLY DO NOT HAVE C ONFLICTS OF INTEREST RELATED TO FULFILLMENT OF THE DUTIES AS OUTLINED BELOW. THE COMMITTEE OVERSEES EXECUTIVE PERFORMANCE AND COMPENSATION ON BEHALF OF THE PHC BOARD, SUBJECT TO TH E ULTIMATE AUTHORITY AND OVERSIGHT OF THE BOARD. THE COMMITTEE ALSO FORMULATES POLICIES AN D MAKES DECISIONS IN ORDER TO ENSURE A HIGH LEVEL OF EXECUTIVE PERFORMANCE. THE COMMITTEE IS AUTHORIZED TO ACT ON BEHALF OF THE PHC BOARD AS SET OUT IN ITS CHARTER, AND THE COMMITT EE IS ALSO CHARGED WITH PROVIDING RECOMMENDATIONS AND PERIODIC REPORTS TO THE PHC BOARD RE GARDING EXECUTIVE PERFORMANCE AND COMPENSATION. ALL DECISIONS AND COMPARABILITY DATA ARE D OCUMENTED IN THE COMMITTEE MEETING MINUTES. FUNCTIONS OF THE COMMITTEE - ASSESS AND IMPLEM ENT POLICIES REGARDING PERFORMANCE, COMPENSATION AND BENEFITS OF THE PRESIDENT/CEO AND OTH ER EXECUTIVES AS DETERMINED BY THE COMMITTEE - SELECT AN EXECUTIVE COMPENSATION CONSULTANT WHO REPORTS TO THE COMMITTEE - ANNUALLY REVIEW THE PRESIDENT/CEO SUCCESSION PLAN - FORMUL ATE AND IMPLEMENT ANNUAL PERFORMANCE OBJECTIVES FOR THE PRESIDENT/CEO, AND REVIEW AND APPR OVE ANNUALLY RECOMMENDATIONS FROM THE PRESIDENT/CEO RELATING TO COMPENSATION, PERFORMANCE OBJECTIVES, AND SUCCESSION PLANS FOR EVP EXECUTIVES - ANNUALLY ASSESS PRESIDENT/CEO PERFOR MANCE; IF NECESSARY, IMPLEMENT ACTION PLAN WITH PRESIDENT/CEO INPUT TO IMPROVE HIS/HER PER FORMANCE; ADJUST COMPENSATION AS APPROPRIATE; THE COMMITTEE CHAIR SHALL CONSULT WITH THE P HC GOVERNANCE COMMITTEE CHAIR AND THE PHC BOARD CHAIR AND SHALL COORDINATE THE ANNUAL PERF ORMANCE REVIEW OF THE PHC PRESIDENT/CEO, UNLESS THE PHC BOARD CHAIR HAS A REAL OR PERCEIVE D CONFLICT OF INTEREST, IN WHICH CASE THE COMMITTEE CHAIR SHALL DETERMINE THE PROPER REVIE W PROCESS - REVIEW AND APPROVE LONG TERM AND SHORT-TERM GOALS TO BE USED IN CONNECTION WIT H EVP COMPENSATION PROGRAMS AS RECOMMENDED BY THE PRESIDENT/CEO AND VALIDATED BY THE COMPE NSATION CONSULTANT - PERIODICALLY REVIEW COMPENSATION, IF ANY, FOR THE PHC BOARD CHAIR AND ALL BOARD CHAIRS OF THE PHC SUBSIDIARIES - ESTABLISH OTHER POLICIES AND PROCEDURES, AND P ERFORM OTHER TASKS, RELATED TO EXECUTIVE PERFORMANCE AND COMPENSATION, INCLUDING BUT NOT L IMITED TO, APPROVAL OF EXECUTIVE EMPLOYMENT CONTRACTS AND BENEFITS - PERIODICALLY REPORT S IGNIFICANT DECISIONS AND ANY ADDITIONAL REQUESTED INFORMATION TO THE PHC BOARD, INCLUDING BUT NOT LIMITED TO, APPROVAL OF EXECUTIVE EMPLOYMENT CONTRACTS AND BENEFITS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DISCLOSURE OF GOVERNING, CONFLICT OF INTEREST AND FINANCIAL DOCUMENTS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THESE D OCUMENTS SHOULD BE REQUESTED FROM PIEDMONT HEALTHCARE, INC.'S LEGAL COUNSEL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES TO NET ASSETS REPORTED ON PART XI, LINE 9 ARE COMPRISED OF: UNALLOCATED EXPENSES ($11,513,658) BOOK/TAX DIFF $354,461 CHANGES IN TEMP. $335,937 INTERCOMPANY TRANS. ($39,707 ,450) CHANGES IN UNRESTR. FUND $60,175 ---------- TOTAL ($50,470,535)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

Employer identification number
58-2179986

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PEACHTREE ORTHOPAEDIC SURGERY CENTER 2001 PEACHTREE RD NE STE 705 ATLANTA, GA 30309 58-2562721	SURGERY	GA	NA	N/A	0	0		No	0		No	0 %
(2) DIGESTIVE HEALTHCARE OF GA SURGERY CTR 95 COLLIER RD NW STE 4075 ATLANTA, GA 30309 58-2406657	HEALTHCARE	GA	NA	N/A	0	0		No	0		No	0 %
(3) FOUR WINDS HEALTH LLC 3350 RIVERWOOD PKWY STE 1850 ATLANTA, GA 30339 45-1273930	HEALTHCARE	GA	NA	N/A	0	0		No	0		No	0 %
(4) GEORGIA HEALTH COLLABORATIVE LLC 2727 PACES FERRY RD BLDG 2 STE 20 ATLANTA, GA 30339 46-1500639	HEALTHCARE	GA	NA	N/A	0	0		No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)PIEDMONT MEDICAL CARE CORPORATION 2727 PACES FERRY ROAD SUITE 1-1100 ATLANTA, GA 30339 58-2092768	HEALTHCARE	GA	PHC	C-CORP	0	0	0 %		No
(2)THE PIEDMONT CLINIC INC 2727 PACES FERRY ROAD SUITE 1-1100 ATLANTA, GA 30339 58-2005358	HEALTHCARE	GA	PHC	C-CORP	0	0	0 %		No
(3)PIEDMONT HEART INSTITUTE PHYSICIANS INC 95 COLLIER ROAD NW STE 2045 ATLANTA, GA 30309 26-0593850	HEALTHCARE	GA	PHC	C-CORP	0	0	0 %		No
(4)AMSTER MCRAE INSURANCE COMPANY PO BOX 1159 GRAND CAYMAN ky1-1102 CJ 98-0427603	Related Insur	CJ	PHC	C-CORP	0	0	0 %		No
(5)PIEDMONT WELLSTAR HEALTHPLANS INC 2859 PACES FERRY ROAD SUITE 600 ATLANTA, GA 30339 46-1922499	HEALTH INSUR.	GA	PHC	C-CORP	0	0	0 %		No
(6)COLUMBUS HEALTHCARE RESOURCES PO BOX 790 COLUMBUS, GA 31902 58-1717754	HEALTHCARE	GA	CRHS	C CORP	0	0	0 %		No
(7) Columbus Health Services Inc PO BOX 790 COLUMBUS, GA 31902 58-1640939	HEALTHCARE	GA	CRHS	C CORP	0	0	0 %		No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PIEDMONT ATHENS REGIONAL PHYSICIANS SERVICES	Q	1,475,674	FMV
(2)PIEDMONT ATHENS REGIONAL SPECIALTY PHYSICIANS	Q	10,868,537	FMV
(3)REGIONAL FIRSTCARE	P	830,554	FMV

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 58-2179986
Name: PIEDMONT ATHENS REGIONAL MEDICAL CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1800 HOWELL MILL ROAD SUITE 850 ATLANTA, GA 30318 58-1503902	MANAGEMENT	GA	501(c)(3)	12B, III-F	NA		No
1968 PEACHTREE ROAD NW ATLANTA, GA 30309 58-0566213	HOSPITAL	GA	501(c)(3)	3	PHC		No
1255 HIGHWAY 54 WEST FAYETTEVILLE, GA 30214 58-2232328	HOSPITAL	GA	501(c)(3)	3	PHC		No
1266 HIGHWAY 515 SOUTH JASPER, GA 30143 35-2228583	HOSPITAL	GA	501(c)(3)	3	PHC		No
745 POPLAR ROAD NEWNAN, GA 30265 20-5077249	HOSPITAL	GA	501(c)(3)	3	PHC		No
2001 PEACHTREE ROAD NE SUITE 400 ATLANTA, GA 30309 58-1272768	FUNDRAISING	GA	501(c)(3)	12B, II	PHC		No
1133 EAGLES LANDING PKWY STOCKBRIDGE, GA 30281 58-2200195	HOSPITAL	GA	501(c)(3)	3	PHC		No
5126 HOSPITAL DRIVE NE COVINGTON, GA 30014 58-2155150	HOSPITAL	GA	501(C)(3)	3	PHC		No
95 COLLIER ROAD NW STE 2045 ATLANTA, GA 30309 26-3553500	HOSPITAL	GA	501(C)(3)	10	PHC		No
1199 PRINCE AVENUE ATHENS, GA 30606 58-1930580	DEVELOPMENT	GA	501(C)(3)	12B, II	PARMC	Yes	
1199 PRINCE AVENUE ATHENS, GA 30606 58-1978389	FUNDRAISING	GA	501(C)(3)	12B, II	PARMC	Yes	
1199 PRINCE AVENUE ATHENS, GA 30606 27-1975001	HEALTHCARE	GA	501(C)(3)	3	PARMC	Yes	
1199 PRINCE AVENUE ATHENS, GA 30606 58-2332921	HEALTHCARE	GA	501(C)(3)	12B, II	PARMC	Yes	
1199 PRINCE AVENUE ATHENS, GA 30606 58-2362733	URGENT CARE	GA	501(C)(3)	12B, II	PARMC	Yes	
707 CENTER ST COLUMBUS, GA 31901 58-1719867	AMBULATORY	GA	501(C)(3)	3	CRHS		No
707 CENTER ST COLUMBUS, GA 31901 58-1719994	HEALTHCARE	GA	501(C)(3)	12B, II	PHC		No
707 CENTER ST COLUMBUS, GA 31901 58-1501642	FUNDRAISING	GA	501(C)(3)	7	CRHS		No
710 CENTER ST COLUMBUS, GA 31901 58-1685139	HOSPITAL	GA	501(C)(3)	3	CRHS		No
707 CENTER ST COLUMBUS, GA 31901 33-1216751	HOSPITAL	GA	501(C)(3)	3	CRHS		No
1412 MILSTEAD AVE CONYERS, GA 30012 30-0999841	HOSPITAL	GA	501(C)(3)	3	PHC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2151 WEST SPRING ST MONROE, GA 30655 82-4194264	HOSPITAL	GA	501(C)(3)	3	PHC		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
PIEDMONT MEDICAL CARE CORPORATION 2727 PACES FERRY ROAD SUITE 1-1100 ATLANTA, GA 30339 58-2092768	HEALTHCARE	GA	PHC	C-CORP	0	0	0 %		No
THE PIEDMONT CLINIC INC 2727 PACES FERRY ROAD SUITE 1-1100 ATLANTA, GA 30339 58-2005358	HEALTHCARE	GA	PHC	C-CORP	0	0	0 %		No
PIEDMONT HEART INSTITUTE PHYSICIANS INC 95 COLLIER ROAD NW STE 2045 ATLANTA, GA 30309 26-0593850	HEALTHCARE	GA	PHC	C-CORP	0	0	0 %		No
AMSTER MCRAE INSURANCE COMPANY PO BOX 1159 GRAND CAYMAN ky1-1102 CJ 98-0427603	Related Insur	CJ	PHC	C-CORP	0	0	0 %		No
PIEDMONT WELLSTAR HEALTHPLANS INC 2859 PACES FERRY ROAD SUITE 600 ATLANTA, GA 30339 46-1922499	HEALTH INSUR.	GA	PHC	C-CORP	0	0	0 %		No
COLUMBUS HEALTHCARE RESOURCES PO BOX 790 COLUMBUS, GA 31902 58-1717754	HEALTHCARE	GA	CRHS	C CORP	0	0	0 %		No
Columbus Health Services Inc PO BOX 790 COLUMBUS, GA 31902 58-1640939	HEALTHCARE	GA	CRHS	C CORP	0	0	0 %		No