

Financial and Organizational Information Regarding Our Hospital

July 1, 2021

Audited Financial Statement FY 2020

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.



COMBINED FINANCIAL STATEMENTS

for the years ended June 30, 2020 and 2019

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
St. Joseph's/Candler Health System, Inc.
Savannah, Georgia

We have audited the accompanying combined financial statements of St. Joseph's/Candler Health System, Inc. (System), which comprise the combined balance sheets as of June 30, 2020 and 2019, and the related combined statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the combined financial statements.

Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We did not audit the financial statements of Geechee Reinsurance Company, LLC, a wholly-owned subsidiary, which statements reflect total assets constituting 6% of combined total assets at June 30, 2020 and 2019 and total revenues constituting 1% of combined total revenues for the years then ended. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Geechee Reinsurance Company, LLC, is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

Continued

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An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, based on our audits and the report of the other auditors, the combined financial statements referred to above present fairly, in all material respects, the financial position of St. Joseph's/Candler Health System, Inc. as of June 30, 2020 and 2019, and the results of its operations and changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Change in Accounting Principles

As discussed in Note 1 to the combined financial statements, the System adopted new accounting guidance, Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Accounting Standards Update (ASU) No. 2016-02, *Leases (Topic 842)* on July 1, 2019. The System also adopted FASB ASC ASU No. 2016-18, *Statement of Cash Flows – Restricted Cash*, in 2020 and fiscal year 2019 was recast to conform to the new presentation. Our opinion is not modified with respect to these matters.

Other Reporting Requirements by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 22, 2020, on our consideration of the System's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the System's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the System's internal control over financial reporting and compliance.

Draffin & Tucker, LLP

Albany, Georgia
October 22, 2020

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINED BALANCE SHEETS
as of June 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 155,593,194	\$ 22,056,111
Assets limited as to use required for current liabilities	6,905,237	2,202,486
Patient accounts receivable, net	71,060,136	75,504,344
Other receivables	11,131,106	13,139,986
Inventories	18,517,025	15,543,594
Prepaid expenses	7,033,332	6,341,473
Estimated third-party payor settlements	<u>4,155,307</u>	<u>2,990,703</u>
Total current assets	<u>274,395,337</u>	<u>137,778,697</u>
Assets limited as to use:		
Held in trust under bond indenture	25,662,118	10,347
Restricted under interest rate swap and deferred compensation agreements	4,610,467	5,040,522
Board designated	<u>212,021,597</u>	<u>208,341,890</u>
Total assets limited as to use	<u>242,294,182</u>	<u>213,392,759</u>
Property and equipment, net	<u>263,611,670</u>	<u>226,577,690</u>
Derivative financial instruments	<u>-</u>	<u>440,566</u>
Other assets:		
Long-term investments	2,084,948	2,609,784
Goodwill on long-term investments	56,577,257	56,577,257
Operating lease right-of-use assets	13,945,463	-
Beneficial interest in net assets of Foundations	<u>12,699,740</u>	<u>12,001,105</u>
Total other assets	<u>85,307,408</u>	<u>71,188,146</u>
Total assets	<u>\$ 865,608,597</u>	<u>\$ 649,377,858</u>

	<u>2020</u>	<u>2019</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current maturities of long-term debt	\$ 1,523,041	\$ 8,374,374
Current portion of operating lease liabilities	2,588,510	-
Accounts payable	35,163,178	32,383,354
Accrued employee related expenses	29,842,484	24,686,789
Other accrued expenses	14,517,025	7,499,861
Estimated third-party payor settlements	<u>8,402,163</u>	<u>-</u>
Total current liabilities	92,036,401	72,944,378
Medicare advance payments, excluding current portion	57,849,847	-
Long-term debt, excluding current maturities	274,046,285	171,241,511
Operating lease liabilities, excluding current portion	11,413,653	-
Accrued self-insurance claims	25,160,839	25,212,127
Accrued pension cost	18,322,419	28,412,088
Deferred compensation payable	10,637,991	10,218,046
Derivative financial instruments	3,092,078	-
Collateral held under interest rate swap agreement	<u>-</u>	<u>850,000</u>
Total liabilities	<u>492,559,513</u>	<u>308,878,150</u>
Net assets:		
St. Joseph's/Candler Health System, Inc. net assets:		
Without donor restrictions	357,939,764	325,935,095
With donor restrictions:		
Purpose restrictions	8,501,024	8,516,190
Perpetual in nature	<u>1,035,000</u>	<u>1,035,000</u>
Total St. Joseph's/Candler Health System, Inc. net assets	367,475,788	335,486,285
Noncontrolling interest in joint ventures	<u>5,573,296</u>	<u>5,013,423</u>
Total net assets	<u>373,049,084</u>	<u>340,499,708</u>
Total liabilities and net assets	<u>\$ 865,608,597</u>	<u>\$ 649,377,858</u>

The accompanying notes are an integral part of these financial statements.

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINED STATEMENTS OF OPERATIONS AND
CHANGES IN NET ASSETS

for the years ended June 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Revenues, gains and other support:		
Net patient service revenue	\$ 612,391,015	\$ 592,154,579
Other revenue	<u>80,442,687</u>	<u>59,180,601</u>
Total revenues, gains and other support	<u>692,833,702</u>	<u>651,335,180</u>
Expenses:		
Salaries and wages	246,890,958	223,124,583
Employee benefits	45,482,736	46,513,758
Physician and professional fees	54,681,741	50,490,115
Materials and supplies	192,679,204	183,564,709
Purchased services	37,991,553	36,509,545
Insurance	9,495,664	9,737,001
Interest	8,973,268	5,936,852
Depreciation and amortization	26,406,254	24,279,158
Other	<u>44,084,074</u>	<u>39,646,596</u>
Total expenses	<u>666,685,452</u>	<u>619,802,317</u>
Income from operations	<u>26,148,250</u>	<u>31,532,863</u>
Nonoperating income (loss):		
Investment income	6,507,763	7,766,655
Unrealized gains (losses) on securities	(3,675,446)	7,022,745
Recognized gains on transferred securities	-	18,703,583
Decrease in fair value of derivative instruments	(3,123,606)	(173,987)
Net periodic pension cost	(138,023)	61,393
Other nonoperating losses	<u>(861,109)</u>	<u>(784,673)</u>
Nonoperating income (loss), net	<u>(1,290,421)</u>	<u>32,595,716</u>
Revenues and gains in excess of expenses and losses	24,857,829	64,128,579
Net (income) loss attributable to noncontrolling interest in joint ventures	<u>(375,568)</u>	<u>(13,242)</u>
Revenues and gains in excess of expenses and losses after noncontrolling interest	24,482,261	64,115,337

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ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINED STATEMENTS OF OPERATIONS AND
CHANGES IN NET ASSETS, Continued
for the years ended June 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Net assets without donor restrictions:		
Increase in beneficial interest in net assets of Foundations	\$ 713,801	\$ 505,856
Contributions for property	580,916	772,674
Reclassification of unrealized gains on transferred securities	-	(18,703,583)
Change in actuarial loss on defined benefit pension plan	3,221,912	(8,910,082)
Amortization of actuarial loss on defined benefit pension plan	3,835,891	3,313,050
Amortization of prior service cost on defined benefit pension plan	(<u>830,112</u>)	(<u>830,112</u>)
Increase in net assets without donor restrictions	32,004,669	40,263,140
Net assets with donor restrictions:		
Decrease in beneficial interest in net assets of Foundations, net	(<u>15,166</u>)	(<u>3,872</u>)
Increase in St. Joseph's/Candler Health System, Inc. net assets	31,989,503	40,259,268
Net assets, beginning of year	<u>335,486,285</u>	<u>295,227,017</u>
Net assets, end of year	\$ <u>367,475,788</u>	\$ <u>335,486,285</u>
Noncontrolling interest in joint ventures:		
Net income	\$ 375,568	\$ 13,242
Purchase of noncontrolling interest	-	4,214,000
Contributions from partners	<u>184,305</u>	<u>786,181</u>
Increase in noncontrolling interest	559,873	5,013,423
Noncontrolling interest in joint ventures, beginning of year	<u>5,013,423</u>	<u>-</u>
Noncontrolling interest in joint ventures, end of year	\$ <u>5,573,296</u>	\$ <u>5,013,423</u>

The accompanying notes are an integral part of these financial statements.

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINED STATEMENTS OF CASH FLOWS
for the years ended June 30, 2020 and 2019

	<u>2020</u>	Restated <u>2019</u>
Cash flows from operating activities:		
Increase in net assets including noncontrolling interest	\$ 32,549,376	\$ 45,272,691
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Change in fair value of derivative instruments	3,123,606	173,987
Beneficial interest in net assets of Foundations, net	(698,635)	(501,984)
Net realized and unrealized (gains) losses on investments, net of reclassification adjustment	3,504,063	(7,369,184)
Depreciation and amortization	26,406,254	24,279,158
Loss on disposal of property	-	787,874
Contributions/purchase of noncontrolling interest	(184,305)	(5,000,181)
Contributions for property	(580,916)	(772,674)
Changes in:		
Patient accounts receivable	4,444,208	(5,372,665)
Other receivables	2,008,880	(1,019,371)
Inventories	(2,973,431)	(272,298)
Prepaid expenses	(691,859)	(458,540)
Accounts payable	2,779,824	3,968,612
Accrued liabilities	12,172,859	4,737,784
Estimated third-party payor settlements and Medicare advance payments	65,087,406	164,787
Accrued self-insurance claims	(51,288)	4,385,496
Accrued pension costs	(10,089,669)	2,365,757
Deferred compensation payable	<u>419,945</u>	<u>91,102</u>
Net cash provided by operating activities	<u>137,226,318</u>	<u>65,460,351</u>
Cash flows from investing activities:		
Purchases of property and equipment	(60,833,910)	(55,398,330)
Proceeds from sale of assets limited as to use	54,197,452	68,699,101
Purchases of assets limited as to use	(81,903,628)	(54,927,822)
Proceeds from interest rate swap termination	572,000	-
Payments on pledged collateral for swaps	(600,000)	-
Purchase of SJ/C Urgent Care	-	(8,600,000)
Sales (purchases) of long-term investments, net	<u>524,836</u>	<u>(552,824)</u>
Net cash used by investing activities	<u>(88,043,250)</u>	<u>(50,779,875)</u>

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ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINED STATEMENTS OF CASH FLOWS, Continued
for the years ended June 30, 2020 and 2019

	<u>2020</u>	Restated <u>2019</u>
Cash flows from financing activities:		
Repayment of long-term debt	\$(103,599,763)	\$(8,149,056)
Proceeds from issuance of long-term debt	196,720,126	-
Payments on finance lease liabilities	(668,301)	-
Contributions for property	580,915	772,674
Contributions/purchase from partners	<u>184,305</u>	<u>5,000,181</u>
Net cash provided (used) by financing activities	<u>93,217,282</u>	<u>(2,376,201)</u>
Net increase in cash and cash equivalents	142,400,350	12,304,275
Cash and cash equivalents, beginning of year	<u>27,540,263</u>	<u>15,235,988</u>
Cash and cash equivalents, end of year	<u>\$ 169,940,613</u>	<u>\$ 27,540,263</u>
Reconciliation of cash and cash equivalents to the combined balance sheets:		
Cash and cash equivalents in current assets	\$ 155,593,194	\$ 22,056,111
Cash and cash equivalents in assets limited as to use	<u>14,347,419</u>	<u>5,484,152</u>
Total	<u>\$ 169,940,613</u>	<u>\$ 27,540,263</u>
Supplemental disclosures of cash flow information:		
Cash paid during the year for interest	\$ <u>5,078,691</u>	\$ <u>7,028,054</u>
Assets acquired through leases	\$ <u>681,229</u>	\$ <u>-</u>

The accompanying notes are an integral part of these financial statements.

NOTES TO COMBINED FINANCIAL STATEMENTS

June 30, 2020 and 2019

1. Summary of Significant Accounting Policies

Organization

St. Joseph's/Candler Health System, Inc. (System), a not-for-profit membership corporation, was formed in 1997 under a Joint Operating Agreement entered into between Candler Hospital, Inc. (CH), Saint Joseph's Hospital, Inc. (SJH), and their various respective affiliates, such that the System became the parent organization of CH, SJH, and the affiliates. The Sisters of Mercy of the Americas, Inc. (SMA) is the sole member of the System.

The System is governed by its Board of Trustees (Board) with 19 members. The Board is self-perpetuating and elects its own members, except for the right of the South Central Leadership Team of SMA to appoint three trustees who shall be Sisters of SMA or another congregation of Roman Catholic religious women; and three trustees serve as ex-officio members, the System CEO (ex-officio voting) and the Presidents of the Medical Staff of CH and SJH (ex-officio nonvoting).

The System operates a comprehensive integrated healthcare network and serves as the controlling body of its affiliated entities as follows:

CH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 384-bed acute care hospital in Savannah, Georgia. CH is the sole member of and operates SJC Oncology Services – Georgia, LLC in Savannah, Georgia, SJC Oncology Services – South Carolina, LLC in Hilton Head, South Carolina, Candler Medical Oncology Practice, LLC, Candler ENT Practice, LLC, and SJ/SC Cardiology, LLC, all of which are single member LLC's that provide advanced radiation oncology and other specialized services.

SJH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 330-bed acute care hospital in Savannah, Georgia. SJH is the sole member of and operates St. Joseph's Medical Group, LLC, St. Joseph's Cardiology Group, LLC, SJC Electrophysiology, LLC, and St. Joseph's Vascular Group, LLC, all of which are single member LLC's that provide specialized physician services.

SJC Home Health, Inc. (Home Health) is a not-for-profit corporation, of which the System is the sole member, established to provide home health services in a twenty-one county area in southeast Georgia.

Georgia Infirmary, Inc. (Infirmary) is a not-for-profit corporation, of which the System is the sole corporate member. The System shall have, and may exercise with respect to the Infirmary, all rights and authorities granted by law to members of nonprofit corporations in Georgia or the bylaws of the Infirmary, except that the System does not have the authority to change the mission of the Infirmary as outlined in the Infirmary's original Articles of Incorporation. In the event of any merger or sale of substantially all of the assets of the System, all membership interest of the System in the Infirmary shall be deemed surrendered by the System and reverted to the Infirmary. The Infirmary is an adult day health provider and also provides a case management program to improve health outcomes for elderly or disabled Medicaid recipients with chronic medical conditions.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

1. Summary of Significant Accounting Policies, Continued

Organization, Continued

SJC Ventures, Inc. (SJCVC) is a for-profit corporation and wholly owned stock subsidiary of the System organized to be the sole shareholder of SJC Medical Group, Inc., SJC Properties, Inc. and SJC Health Services, Inc., thereby creating an affiliated group of corporations eligible to report on a consolidated basis for federal income tax purposes within the meaning of the Internal Revenue Code of 1986, as amended. In the accompanying combining information, the wholly owned subsidiaries of SJCVC are presented separately.

SJC Medical Group, Inc. (SJCMI) is a for-profit corporation which owns, operates, and manages physician practices, in addition to performing billing services, of which SJCVC is the sole shareholder.

SJC Properties, Inc. (Properties) is a for-profit corporation, wholly owned by SJCVC, which owns and develops certain real estate and manages several medical office buildings.

SJC Health Services, Inc. (Health Services) is a for-profit corporation, wholly owned by SJCVC, organized to further the health care delivery of the System. Health Services maintains a controlling interest in SJC/Wayne Medical Oncology, LLC and St. Joseph's/Candler Urgent Care Centers, LLC.

Geechee Reinsurance Company, LLC (Geechee) is a captive insurance company formed under the laws of the State of South Carolina to insure the general and professional liability risks of the System. Geechee is organized as a single member LLC with the System as its sole member.

St. Joseph's/Candler Advocate Health Network, LLC (AHN) operates as a clinically integrated network for the purpose of contracting with payers as an accountable care organization. AHN is organized as a single member LLC with the System as its sole member. During 2019, AHN ceased operations and disposed of all its assets.

The combined financial statements include the accounts of St. Joseph's/Candler Health System, Inc. and its affiliated entities. All significant intercompany accounts and transactions have been eliminated.

Basis of Accounting

These combined financial statements, which are presented on the accrual basis of accounting, have been prepared to focus on the System as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classifying net assets and transactions as net assets without donor restrictions and net assets with donor restrictions.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

1. Summary of Significant Accounting Policies, Continued

Basis of Accounting, Continued

Net assets without donor restrictions – net assets available for use in general operations and not subject to donor imposed restrictions. The Board of Trustees has discretionary control over these resources. Designated amounts represent those net assets that the Board has set aside for a particular purpose. All revenue not restricted by donors and donor restricted contributions whose restrictions are met in the same period in which they are received are accounted for in net assets without donor restrictions.

Net assets with donor restrictions – net assets subject to donor imposed restrictions. Some donor imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. All revenues restricted by donors as to either timing, purpose of the related expenditures, or required to be maintained in perpetuity as a source of investment income are accounted for in net assets with donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Use of Estimates

The preparation of the combined financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments such as certificates of deposit, commercial paper and money market accounts purchased with a maturity of three months or less.

Pension Cost

The System sponsors a frozen defined benefit pension plan. The System recognizes the overfunded and underfunded status of the defined benefit pension plan in its combined balance sheets. Changes in the funded status are recorded in the year in which the changes occurred in the combined statements of operations and changes in net assets. Components of the net periodic pension cost other than service cost are reported in nonoperating income (loss). See Note 13 for additional information.

Inventories

Inventories are stated at the lower of cost and net realizable value, as determined on a first-in, first-out basis.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

1. Summary of Significant Accounting Policies, Continued

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities, which are all classified as trading securities, are measured at fair value in the combined balance sheets. For investments in equity securities without a readily determinable fair value that do not qualify for the net asset value (NAV) practical expedient in ASC 820-10-35-59, an entity is permitted to elect a practicability exception to fair value measurement, under which the investment will be measured at cost, less impairment, plus or minus observable price changes (in orderly transactions) of an identical or similar investment of the same issuer. Investments qualifying for the equity method are stated at quoted net asset value of shares held at year end. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in excess revenues unless the income or loss is restricted by donor or law. Effective July 1, 2018, the System transferred all of its investments into the trading category. The transfer between categories was at fair value and the portion of unrealized gains excluded from excess revenues was reclassified and recognized in earnings. Effective July 1, 2019, the System adopted FASB ASU No. 2016-01.

Assets Limited as to Use

Assets limited as to use primarily include assets held by trustees under indenture agreements; restricted assets under an interest rate swap agreement and a deferred compensation agreement; and designated assets set aside by the Board for future capital improvements, self-insurance and unfunded deferred compensation, over which the Board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the System have been reclassified in the combined balance sheets at June 30, 2020 and 2019.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Finance lease assets are amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the asset. Such amortization is included in depreciation and amortization in the combined financial statements. Interest costs incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as increases in net assets without donor restrictions, and are excluded from excess revenues, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as increases in net assets with donor restrictions. Absent explicit donor stipulations addressing how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

1. Summary of Significant Accounting Policies, Continued

Derivative Financial Instruments

The System accounts for its derivative financial instruments in accordance with FASB ASC 815, *Derivatives and Hedging*. FASB ASC 815 requires an entity to recognize all derivative instruments as either assets or liabilities in the combined balance sheets and to measure those instruments at fair value. FASB ASC 815 also requires that changes in the derivatives' fair values be recognized in the combined statement of operations and changes in net assets unless specific hedge accounting criteria are met. The System did not elect hedge accounting for its derivative instruments.

Goodwill

Goodwill and intangible assets with indefinite lives are tested for impairment annually and more frequently in the event of an impairment indicator. Intangible assets with definite lives are amortized over their respective estimated useful lives, and reviewed whenever events or circumstances indicate impairment may exist.

The System assesses qualitative factors to determine whether the existence of events or circumstances leads to a determination that it is more likely than not that the fair value of a reporting unit is less than its carrying amount. If, after assessing the totality of events or circumstances, the System determines it is more likely than not that the fair value of a reporting unit is less than its carrying amount, then performing the two-step impairment test is required. If the two-step impairment test is determined to be necessary, and in step two the carrying value of a reporting unit's goodwill exceeds its implied fair value, an impairment loss equal to the difference will be recorded.

As of June 30, 2020 and 2019, the System had goodwill of \$56,577,257. The System has elected June 30th as its annual impairment assessment date. The System completed its annual impairment assessment and concluded that no material goodwill or indefinite lived intangible asset impairment charge was required for 2020.

Beneficial Interest in Net Assets of Foundations

The System accounts for the activities of its related Foundations in accordance with FASB ASC 958-20, *Not-for-Profit Entities, Financially Interrelated Entities*. FASB ASC 958-20 establishes reporting standards for transactions in which a donor makes a contribution to a not-for-profit organization which accepts the assets on behalf of or transfers these assets to a beneficiary which is specified by the donor. The St. Joseph's Foundation of Savannah, Inc. and Candler Foundation, Inc. accept assets on behalf of SJH and CH, respectively.

Deferred Financing Costs

Costs related to the issuance of long-term debt were deferred and are being amortized using the straight-line method over the life of the related debt which approximates the effective interest method. These costs are reported on the combined balance sheets as a direct deduction from the carrying amount of the related debt liability.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

1. Summary of Significant Accounting Policies, Continued

Revenues and Gains in Excess of Expenses and Losses

The combined statements of operations and changes in net assets includes revenues and gains in excess of expenses and losses. Changes in net assets without donor restrictions which are excluded from revenues and gains in excess of expenses and losses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, adjustments to pension obligations, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Patient Service Revenue

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors, and others and includes variable consideration for retroactive revenue adjustments under reimbursement arrangements with third-party payors. Retroactive adjustments are included in the determination of the estimated transaction price and adjusted in future periods as settlements are determined.

Charity Care

The System provides care to patients who meet certain criteria under its financial assistance policy without charge or at amounts less than its established rates. Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Estimated Self-Insurance Costs

The provision for estimated malpractice claims and other claims under self-insurance plans include estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Income Taxes

The System, CH, SJH, Home Health and Infirmary are generally exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. Only net income from activities designated as unrelated to the exempt purposes of CH, SJH, Home Health, and Infirmary are subject to federal and state unrelated business income tax. Geechee is organized as a single member LLC owned by System and is treated as a disregarded entity for tax purposes.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

1. Summary of Significant Accounting Policies, Continued

Income Taxes, Continued

The System applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the System only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2020 and 2019 or for the years then ended. The System's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

SJCV, SJCMG, Properties, and Health Services have generally incurred operating losses for tax purposes and have not recorded a current or deferred tax provision due to significant net operating loss (NOL) carryforwards which would be utilized to offset any potential tax liabilities generated from future taxable income. At June 30, 2020, NOL carryforwards expiring through 2040 amounted to approximately \$94,464,000 and are available for the offset of future taxable income. No asset has been recognized related to this NOL carryforward due to continued operating losses.

Impairment of Long-Lived Assets

The System evaluates on an ongoing basis the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is required to be recognized if the carrying value of the asset exceeds the undiscounted future net cash flows associated with that asset. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The System has not recorded any material impairment charges in the accompanying combined statements of operations and changes in net assets for the years ended June 30, 2020 and 2019.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 20191. Summary of Significant Accounting Policies, ContinuedFair Value Measurements

FASB ASC 820, *Fair Value Measurement and Disclosures*, defines fair value as the amount that would be received for an asset or paid to transfer a liability (i.e., an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 also establishes a fair value hierarchy that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. FASB ASC 820 describes the following three levels of inputs that may be used:

- *Level 1:* Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets and liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.
- *Level 2:* Observable prices that are based on inputs not quoted on active markets but corroborated by market data.
- *Level 3:* Unobservable inputs when there is little or no market data available, thereby requiring an entity to develop its own assumptions. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Recently Adopted Accounting Pronouncements

In January 2016, the FASB issued ASU No. 2016-01, *Financial Instruments-Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities*. The new guidance requires equity investments (except those accounted for under the equity method or those that result in consolidation) to be measured at fair value, with changes in fair value recognized in net income; simplifies the impairment assessment of equity investments without readily determinable fair values; and amends certain disclosure requirements associated with the fair value of financial instruments. The System adopted ASU No. 2016-01 on July 1, 2019 using the modified retrospective method of transition. Prior to adoption, the System classified equity securities with readily determinable fair values as trading, therefore, adoption did not have an impact on the recognition of income related to the System's equity investments.

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*, which is a new comprehensive lease accounting model. The new standard clarifies the definition of a lease and requires lessees to recognize right-of-use assets and related lease liabilities for all leases with terms greater than twelve months. As part of the transition to the new standard, the System was required to measure and recognize leases that existed at July 1, 2019 using a modified retrospective approach. The System also elected the package of practical expedients permitted under the new standard that allowed the System to carry forward historical lease classification. The impact of adoption on the combined financial statements was an increase on July 1, 2019 in other noncurrent assets to record right-of-use assets and an increase in other current and noncurrent liabilities to record lease liabilities for current operating leases of approximately \$16.4 million, representing the present value of remaining leases payments for operating leases.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 20191. Summary of Significant Accounting Policies, ContinuedRecently Adopted Accounting Pronouncements, Continued

In November 2016, the FASB issued ASU 2016-18, *Statement of Cash Flows (Topic 230): Restricted Cash*. This ASU requires entities to show the changes in the total cash, cash equivalents, restricted cash, and restricted cash equivalents in the statement of cash flows and reconcile those amounts to the balance sheet. The System adopted ASU 2016-18 in 2020 and applied the provisions retrospectively to all periods presented in the combined financial statements. For the years ended June 30, 2020 and 2019, the System included approximately \$14.3 million and \$5.5 million, respectively, of restricted cash and cash equivalents to the total cash and cash equivalents presented in the combined statements of cash flows. The adoption of ASU 2016-18 had no impact to total revenues, gains and other support, revenues and gains in excess of expenses and losses or total net assets.

Prior Year Reclassifications

Certain reclassifications have been made to the fiscal year 2019 combined financial statements to conform to the fiscal year 2020 presentation. These reclassifications had no impact on the change in net assets in the accompanying combined financial statements.

Subsequent Events

In preparing these combined financial statements, the System has evaluated events and transactions for potential recognition or disclosure through October 22, 2020, the date the combined financial statements were issued.

2. InvestmentsAssets Limited as to Use

The composition of assets limited as to use at June 30, 2020 and 2019 is set forth in the following table. Investments are stated at fair value.

	<u>2020</u>	<u>2019</u>
Held in trust under bond indenture:		
Cash and cash equivalents	\$ 11,235,532	\$ 2,210,655
Mutual funds – fixed income	21,331,823	-
Interest receivable	<u>-</u>	<u>2,178</u>
Total	<u>32,567,355</u>	<u>2,212,833</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 20192. Investments, ContinuedAssets Limited as to Use, Continued

	<u>2020</u>	<u>2019</u>
Interest rate swap agreement and deferred compensation agreements:		
Cash and cash equivalents	\$ -	\$ 850,000
Mutual funds – equity	<u>4,610,467</u>	<u>4,190,522</u>
Total	<u>4,610,467</u>	<u>5,040,522</u>
Board designated:		
Cash and cash equivalents	3,039,855	2,284,770
U.S. Government and agency obligations	2,844,114	1,991,216
Municipal obligations	696,325	646,368
Corporate bonds	3,859,852	4,343,523
Mortgage backed securities	2,667,348	2,984,902
Mutual funds – fixed income	40,594,681	45,262,625
Mutual funds – balanced	6,879,359	13,203,942
Mutual funds – equity	75,928,395	71,067,209
Mutual funds – international equity	44,069,781	36,368,131
Equity securities – common stock	22,285,963	20,105,833
Equity securities – international	-	1,061,047
Equity securities – preferred stock	9,083,892	8,885,775
Interest receivable	<u>72,032</u>	<u>136,549</u>
Total	<u>212,021,597</u>	<u>208,341,890</u>
Total assets limited as to use	249,199,419	215,595,245
Less amounts required for current liabilities	<u>6,905,237</u>	<u>2,202,486</u>
Total	\$ <u>242,294,182</u>	\$ <u>213,392,759</u>

Investment income and gains (losses) for assets limited as to use, cash equivalents, and investments are comprised of the following for the years ending June 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Income:		
Interest income and dividends	\$ 5,960,813	\$ 7,406,974
Realized gains on sales of securities	<u>171,382</u>	<u>346,439</u>
Total investment income net of investment expense	\$ <u>6,132,195</u>	\$ <u>7,753,413</u>
Unrealized gains (losses) on securities	\$(<u>3,675,446</u>)	\$ <u>7,022,745</u>
Recognized gains on transferred securities	\$ <u>-</u>	\$ <u>18,703,583</u>

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 20192. Investments, ContinuedAssets Limited as to Use, Continued

The System's investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying combined financial statements.

3. Property and Equipment

A summary of property and equipment at June 30, 2020 and 2019 follows:

	<u>2020</u>	<u>2019</u>
Land	\$ 27,918,131	\$ 15,719,931
Land improvements	10,312,068	9,482,088
Building and fixed equipment	375,651,946	350,911,668
Major movable equipment	343,557,125	319,434,261
Finance lease right-of-use assets	<u>2,749,471</u>	<u>-</u>
	760,188,741	695,547,948
Less accumulated depreciation	<u>499,513,648</u>	<u>476,038,228</u>
	260,675,093	219,509,720
Construction in progress	<u>2,936,577</u>	<u>7,067,970</u>
Property and equipment, net	\$ <u>263,611,670</u>	\$ <u>226,577,690</u>

Depreciation expense for the years ended June 30, 2020 and 2019 amounted to approximately \$25,396,000 and \$24,022,000, respectively.

Amortization expense on finance lease right-of-use assets for the year ended June 30, 2020 was approximately \$707,000.

Construction contracts exist for various projects at year end with a total commitment of approximately \$3.3 million. At June 30, 2020, the remaining commitment on these contracts approximated \$2.1 million.

4. Goodwill

The System acquired Savannah Oncology Group on July 15, 2009. Savannah Oncology Group includes SJC Oncology Services – Georgia, LLC and SJC Oncology Services – South Carolina, LLC. The goodwill is evaluated annually for impairment.

The System, through a joint venture in which Health Services maintains a controlling interest, acquired a portfolio of urgent care centers to form St. Joseph's/Candler Urgent Care Centers, LLC on May 1, 2019. The goodwill is evaluated annually for impairment.

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

4. Goodwill, Continued

The changes in the carrying amount of goodwill for the years ended June 30, 2020 and 2019, are as follows:

	<u>2020</u>	<u>2019</u>
Balance at beginning of year:		
Goodwill	\$ 68,235,402	\$ 60,142,497
Accumulated impairment losses	<u>(11,658,145)</u>	<u>(11,658,145)</u>
	<u>56,577,257</u>	<u>48,484,352</u>
Goodwill acquired during the year	-	8,092,905
Impairment losses	<u>-</u>	<u>-</u>
Balance at end of the year:		
Goodwill	68,235,402	68,235,402
Accumulated impairment losses	<u>(11,658,145)</u>	<u>(11,658,145)</u>
Balance at end of the year	<u>\$ 56,577,257</u>	<u>\$ 56,577,257</u>

5. St. Joseph's/Candler Urgent Care Centers, LLC

During February 2019, Health Services signed an operating agreement to form St. Joseph's/Candler Urgent Care Centers, LLC (SJ/C Urgent Care), in which Health Services maintains 51 percent ownership. Accordingly, the results of operations for SJ/C Urgent Care have been included in the accompanying combined financial statements from that date forward. The operating agreement was made for the purpose of acquiring and operating a portfolio of urgent care centers.

On May 1, 2019, SJ/C Urgent Care purchased six urgent and immediate health care clinics for a total purchase price of \$8,600,000. Health Services accounted for this transaction under business combination accounting. As such, Health Services recorded the assets acquired on the purchase date at fair market value as determined by an appraisal by an independent valuation expert. The valuation study primarily relied on the income approach using discounted cash flows in determining fair market value.

The following assets were recognized from the purchase (at fair value):

Inventory	\$ 118,095
Equipment	389,000
Goodwill	<u>8,092,905</u>
Total	<u>\$ 8,600,000</u>

6. Related Organizations

Candler Foundation, Inc. and St. Joseph's Foundation of Savannah, Inc. (Foundations) were established to raise funds to support the operations of CH and SJH (Hospitals). The Foundations' bylaws provide that all funds raised, except for funds acquired for the operations

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 20196. Related Organizations, Continued

of the Foundations, be distributed to or be held for the benefit of the Hospitals. The Foundations' general funds, which represent the Foundations' undesignated resources, are distributed to the Hospitals in amounts and in periods determined by the Foundations' Boards of Directors, who may also restrict the use of general funds for Hospital plant replacement or expansion or other specific purposes. Plant replacement and expansion funds, specific-purpose funds, and assets obtained from endowment income of the Foundations are distributed to the Hospitals as required to comply with the purpose specified by donors. A summary of the Foundations' assets, liabilities, net assets, results of operations, and changes in net assets follows. The Hospitals' interest in the net assets of the Foundations is reported as a noncurrent asset in the combined balance sheets.

Candler Foundation, Inc.

	<u>2020</u>	<u>2019</u>
Assets:		
Cash	\$ 7,439	\$ 21,966
Investments	9,357,167	9,059,085
Other assets	<u>588,066</u>	<u>750,821</u>
Total assets	\$ <u>9,952,672</u>	\$ <u>9,831,872</u>
Liabilities:		
Accounts payable and accrued expenses	\$ 14,501	\$ 1,278
Due to related parties	<u>31,658</u>	<u>130,267</u>
Total liabilities	<u>46,159</u>	<u>131,545</u>
Net assets:		
Without donor restrictions	1,914,549	1,672,122
With donor restrictions:		
Purpose restrictions	7,056,964	7,093,205
Perpetual in nature	<u>935,000</u>	<u>935,000</u>
Total net assets	<u>9,906,513</u>	<u>9,700,327</u>
Total liabilities and net assets	\$ <u>9,952,672</u>	\$ <u>9,831,872</u>
Revenue and support	\$ 1,895,812	\$ 3,097,727
Expenses	<u>1,689,626</u>	<u>1,881,940</u>
Excess revenue	206,186	1,215,787
Other changes in net assets	-	(866,944)
Net assets, beginning of year	<u>9,700,327</u>	<u>9,351,484</u>
Net assets, end of year	\$ <u>9,906,513</u>	\$ <u>9,700,327</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

6. Related Organizations, Continued

St. Joseph's Foundation of Savannah, Inc.

	<u>2020</u>	<u>2019</u>
Assets:		
Cash	\$ 389,847	\$ 35,954
Investments	2,097,021	2,034,776
Due from related parties	73,892	15,099
Other assets	<u>244,487</u>	<u>217,021</u>
Total assets	\$ <u>2,805,247</u>	\$ <u>2,302,850</u>
Liabilities:		
Accounts payable and accrued expenses	\$ <u>12,020</u>	\$ <u>2,072</u>
Total liabilities	<u>12,020</u>	<u>2,072</u>
Net assets:		
Without donor restrictions	1,249,167	777,793
With donor restrictions:		
Purpose restrictions	1,444,060	1,422,985
Perpetual in nature	<u>100,000</u>	<u>100,000</u>
Total net assets	<u>2,793,227</u>	<u>2,300,778</u>
Total liabilities and net assets	\$ <u>2,805,247</u>	\$ <u>2,302,850</u>
Revenue and support	\$ 1,261,297	\$ 1,219,421
Expenses	<u>768,848</u>	<u>774,570</u>
Excess revenue	492,449	444,851
Other changes in net assets	-	(291,711)
Net assets, beginning of year	<u>2,300,778</u>	<u>2,147,638</u>
Net assets, end of year	\$ <u>2,793,227</u>	\$ <u>2,300,778</u>

7. Long-Term Debt

The Hospital Authority of Savannah (Authority) issued a \$46,185,000 principal bond Series 2013A pursuant to a Bond Trust Indenture dated November 1, 2013, by and between the Authority and the bond trustee, Regions Bank. The Authority simultaneously entered into a Loan Agreement dated November 1, 2013, by and between the Authority and the System, CH, and SJH (Obligated Group). Interest will be paid annually through July 2026 by the System to the Authority. Subsequently, principal and interest will be paid through July 2031. Proceeds for the 2013A Revenue Bonds have been used (1) to finance the costs of constructing

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

7. Long-Term Debt, Continued

additions and improvements to, and equipment for, CH and SJH, (2) currently refund the outstanding principal amount of the Series 2003 Bonds, and (3) pay the costs of issuing the bonds and refunding the Series 2003 Bonds.

The Authority issued a \$30,025,000 taxable term bond Series 2013B pursuant to a Bond Trust Indenture dated November 1, 2013, by and between the Authority and the bond trustee, Regions Bank. The Authority simultaneously entered into a Loan Agreement dated November 1, 2013, by and between the Authority and the System, CH, and SJH. Interest will be paid annually through July 2023. Subsequently, principal and interest will be paid through July 2027. Proceeds for the 2013B Revenue Bonds have been used (1) to finance the costs of constructing additions and improvements to, and equipment for, CH and SJH, (2) currently refund the outstanding principal amount of the Series 1998C Bonds, and (3) pay the costs of issuing the taxable bonds and refunding the Series 1998C Bonds.

The Authority issued an \$87,505,000 principal bond Series 2016A pursuant to a Bond Trust Indenture dated July 1, 2016, by and between the Authority, the System, and the bond trustee, Regions Bank. Principal and interest will be paid monthly through July 2026. The purpose of the Bond is (1) to finance the costs of constructing additions and improvements to, and equipment for, CH and SJH, (2) refund the outstanding principal and interest of the Series 2013E and 2013F bonds, (3) pay the cost of issuing the Series 2016A and refunding the Series 2013E and 2013F bonds, and (4) expansion of services and campuses in neighboring communities. In December 2017, \$12,000,000 of this Series was refunded with Series 2017. In November 2019, the remaining outstanding balance was refunded with the issuance Series 2019A bonds.

CH incurred a \$36,000,000 Master Note Series 2016B pursuant to a credit agreement dated July 1, 2016, by and between CH and TD Bank. Principal and interest will be paid monthly through July 2022. The purpose of the Note is (1) to finance the costs of constructing additions and improvements to, and equipment for, CH and SJH, (2) refund the outstanding principal and interest of the Series 2013G and 2013H bonds, and (3) pay the cost of issuing the Series 2016B and refunding the Series 2013G and 2013H bonds. In November 2019, the Series 2019B was issued and a portion of the proceeds were allocated to refinance the Master Note Series 2016B.

SJC Properties, Inc. incurred a \$2,963,640 noninterest bearing note payable pursuant to a purchase and sale agreement dated March 31, 2017, by and between Pooler Parkway, LLC and SJC Properties, Inc. Principal will be paid annually through March 2020. The purpose of the property located in Pooler, Georgia is for expansion of services and campuses in the neighboring community.

The Authority issued a \$12,000,000 principal bond Series 2017 pursuant to a Bond Trust Indenture dated December 27, 2017, by and between the Authority, the System, and the bond trustee, Regions Bank. Principal and interest will be paid monthly through July 2026. The purpose of the Bond is to refund a portion of Series 2016A in order to finance the construction of an additional campus of SJH for outpatient services. In November 2019, the Authority issued the Series 2019A bonds and a portion of the proceeds were allocated to refund the Series 2017.

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NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 20197. Long-Term Debt, Continued

The Authority issued a \$106,960,000 principal bond Series 2019A pursuant to a Bond Trust Indenture dated November 1, 2019, by and between the Authority and the bond trustee, Regions Bank. The Authority simultaneously entered into a Loan Agreement dated November 1, 2019, by and between the Authority and the Obligated Group. The Obligated Group has used the proceeds to (1) pay the costs of issuance of the Series 2019A bonds, (2) refund the outstanding principal amounts of the Series 2016 and 2017 bonds, and (3) fund the Project Fund and the Expense Fund pursuant to the Bond Trust Indenture.

The Authority issued a \$61,625,000 principal bond Series 2019B pursuant to a Bond Trust Indenture dated November 1, 2019, by and between the Authority and the bond trustee, Regions Bank. The Authority simultaneously entered into a Loan Agreement dated November 1, 2019, by and between the Authority and the Obligated Group. The Obligated Group has used the proceeds to (1) pay the costs of issuance of the Series 2019B bonds, (2) fund the Project Fund and the Expense Fund pursuant to the Bond Trust Indenture, and (3) refinance the outstanding principal amounts of the CH Master Note Series 2016B.

The Authority issued a \$19,020,000 principal bond Series 2019C pursuant to a Bond Trust Indenture dated November 1, 2019, by and between the Authority and the bond trustee, Wells Fargo Bank, N.A. The Authority simultaneously entered into a Loan Agreement dated November 1, 2019, by and between the Authority and the Obligated Group. The Obligated Group has used the proceeds to (1) pay the costs of issuance of the Series 2019C bonds and (2) fund the Project Fund and the Expense Fund pursuant to the Bond Trust Indenture.

A summary of long-term debt at June 30, 2020 and 2019 follows:

	<u>2020</u>	<u>2019</u>
Hospital Authority of Savannah Revenue Bonds, St. Joseph's/Candler Health System, Inc.:		
Issue Series 2016A:		
Variable interest rate based on LIBOR plus a margin based on applicable rating, payable in varying monthly amounts from \$11,635 to \$674,657 from August 2016 until June 2026 with a balloon payment in July 2026 of \$69,202,193.	\$ <u> -</u>	\$ <u>75,112,384</u>
Issue Series 2013A:		
5.50% serial bonds, principal due in varying annual installments beginning in July 2027 to July 2031.	46,185,000	46,185,000

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

7. Long-Term Debt, Continued

	<u>2020</u>	<u>2019</u>
Hospital Authority of Savannah Revenue Bonds, St. Joseph's/Candler Health System, Inc., continued:		
Issue Series 2013B:		
6.00% term bonds, principal due in varying annual installments beginning in July 2024 to July 2027.	\$ 30,025,000	\$ 30,025,000
Unamortized premium	<u>1,409,317</u>	<u>1,537,437</u>
Total	<u>77,619,317</u>	<u>77,747,437</u>
Issue Series 2017:		
Variable interest rate based on LIBOR plus a margin based on applicable rating, payable in varying monthly amounts from \$1,700 to \$6,100 from January 2018 until July 2021, increasing to \$90,822 for one year, increasing again to \$92,729 for another year, then decreasing to \$6,000, with a final balloon payment in July 2026 of \$9,511,498.	<u>-</u>	<u>11,970,804</u>
Issue Series 2019A:		
4.00% term bonds, principal due in varying annual installments beginning July 2035 to July 2044 and 3.125% term bonds, principal due in annual installments of \$13,675,000 in July 2043 and \$6,325,000 in July 2044.	106,960,000	-
Issue Series 2019B:		
3.989% term bonds, principal due in varying annual installments beginning in July 2033 to July 2038.	61,625,000	-
Issue Series 2019C:		
5.00% term bonds, principal due in annual installments of \$12,080,000 in July 2032 and \$6,940,000 in July 2033.	19,020,000	
Unamortized premium	<u>10,443,853</u>	<u>-</u>
Total	<u>198,048,853</u>	<u>-</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 20197. Long-Term Debt, Continued

	<u>2020</u>	<u>2019</u>
Candler Hospital, Inc. taxable (Series 2016B), with a variable interest rate based on LIBOR plus a margin based upon the applicable rating, due in varying monthly installments of \$569,365 to \$631,554 from August 2016 until July 2022.	\$ <u>-</u>	\$ <u>14,962,153</u>
SJC Properties, Inc. noninterest bearing note payable, due in varying annual amounts from \$897,500 to \$1,085,140 from March 2018 until March 2020.	<u>-</u>	<u>1,335,448</u>
Finance lease liabilities (Note 20)	<u>2,833,078</u>	<u>-</u>
	278,501,248	181,128,226
Less unamortized debt issue costs	<u>2,931,922</u>	<u>1,512,341</u>
	275,569,326	179,615,885
Less current maturities	751,058	8,246,265
Less current portion of unamortized premiums	<u>771,983</u>	<u>128,109</u>
Total long-term debt	\$ <u>274,046,285</u>	\$ <u>171,241,511</u>

Premiums and discounts on long-term debt are amortized using the straight-line method over the life of the related bonds which approximates the effective interest method.

Under the terms of the bond indentures, the System is required to maintain certain deposits with a trustee. Such deposits are included with assets limited as to use in the accompanying combined balance sheets. The bond indentures also place limits on the incurrence of additional borrowings and require that the System satisfy certain measures of financial performance as long as the bonds are outstanding. Additionally, the bond indentures are secured by gross receipts of the System, CH, and SJH.

The System entered into interest rate swaps in relation to its debt structure. During the years ended June 30, 2020 and 2019, the System recognized approximately \$162,000 and \$292,000, respectively, which has been recorded as an addition to interest expense in the accompanying combined statements of operations and changes in net assets.

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

7. Long-Term Debt, Continued

Scheduled principal repayments on long-term debt (excluding finance lease liabilities) for the next five years are as follows:

<u>Year Ending June 30</u>	<u>Amount</u>
2021	\$ -
2022	-
2023	-
2024	-
2025	7,740,000
Thereafter	<u>256,075,000</u>
Total	\$ <u>263,815,000</u>

8. Short-Term Debt

The System has a revolving line-of-credit for general operating and capital purposes. The line-of-credit is secured by the gross receipts of the System, CH, and SJH. The outstanding balance on the line-of-credit at June 30, 2020 and 2019 was \$-0- with no activity occurring in either year. The terms of the System's line-of-credit during 2020 follows:

- Regions Bank – \$15,000,000 line-of-credit with a maturity date of September 20, 2020. Interest is recalculated at a floating rate per annum equal to 30-Day LIBOR plus eighty-five one-hundredths of one percent (85 basis points), which is due monthly. In December 2016, the System amended the agreement to designate \$3,070,000 as letter-of-credit within the funds available for the System's self-insured workers' compensation claims. Subsequent to year end, the System renewed the agreement to extend the maturity date to September 19, 2021.

9. Derivative Financial Instruments

The Series 1998 and 2003 Bonds utilized various interest rate swaps to take advantage of different interest rate positions. The fair market value of the swaps is reported in derivative financial instruments on the combined balance sheets. Both swaps were terminated in 2020. The critical terms of the swaps were as follows:

	<u>1998A and 1998B Swap Agreement – Variable to Fixed</u>	
	<u>June 30, 2020</u>	<u>June 30, 2019</u>
Notional amount	\$ -	\$ 35,485,000
Fair market swap	\$ -	\$(334,000)
Life remaining on swap	N/A	4 Years

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

9. Derivative Financial Instruments, Continued

1998C and 2003 Swap Agreement – Variable to Variable		
	June 30, 2020	June 30, 2019
Notional amount	\$ -	\$ 30,685,000
Fair market swap	\$ -	\$ 775,000
Life remaining on swap	N/A	14 Years

In 2020, the System entered into a forward starting interest swap to take advantage of different interest rate positions. The fair market value of the swap is reported in derivative financial instruments on the combined balance sheets. The critical terms of the swap are as follows:

Forward Starting Interest Swap		
	June 30, 2020	June 30, 2019
Notional amount	\$ 46,185,000	\$ -
Fair market swap	\$(3,092,000)	\$ -
Life remaining on swap	11 Years	N/A

The swaps were issued at market terms so that they had no fair value at their inception. The carrying amount of the swaps has been adjusted to fair value at the end of the year which, because of changes in forecasted levels of SIFMA and LIBOR, resulted in reporting a net liability in 2020 and a net asset in 2019.

The portion of the swap results not designated as a hedging derivative is included in revenues and gains in excess of expenses and losses. For the years ending June 30, 2020 and 2019, this earnings impact totaled \$(3,123,606) and \$(173,987), respectively.

Certain provisions of the System's interest rate swaps allow the System to receive assets from the counterparty as collateral. The System held approximately \$-0- and \$850,000 of the counterparty's assets at June 30, 2020 and 2019, respectively. These assets are included in assets limited as to use restricted under interest rate swap agreement and deferred compensation agreement and the corresponding liability is included in noncurrent liabilities in the accompanying combined balance sheets.

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

10. Net Assets with Donor Restrictions

A summary of the net assets with donor restrictions at June 30, 2020 and 2019 follows:

	<u>2020</u>	<u>2019</u>
Net assets with donor restrictions that are subject to expenditure for a specified purpose:		
Candler Foundation, Inc.	\$ 7,056,964	\$ 7,093,205
St. Joseph's Foundation of Savannah, Inc.	<u>1,444,060</u>	<u>1,422,985</u>
Total	\$ <u>8,501,024</u>	\$ <u>8,516,190</u>
Net assets with donor restrictions that are perpetual in nature:		
Candler Foundation, Inc.	\$ 935,000	\$ 935,000
St. Joseph's Foundation of Savannah, Inc.	<u>100,000</u>	<u>100,000</u>
Total	\$ <u>1,035,000</u>	\$ <u>1,035,000</u>

11. Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the System bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the System. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The System believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patient services. The System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. These services are considered to be a single performance obligation and have a duration of less than one year. Revenue for performance obligations satisfied at a point in time is recognized when services are provided and the System does not believe it is required to provide additional services to the patient.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 201911. Patient Service Revenue, Continued

Because all of its performance obligations relate to contracts with a duration of less than one year, the System has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The System is utilizing the portfolio approach practical expedient in ASC 606 for contracts related to net patient service revenue. The System accounts for the contracts within each portfolio as a collective group, rather than individual contracts, based on the payment pattern expected in each portfolio category and the similar nature and characteristics of the patients within each portfolio. As a result, the System has concluded that revenue for a given portfolio would not be materially different than if accounting for revenue on a contract by contract basis.

The System has arrangements with third-party payors that provide for payments to the System at amounts different from its established rates. For uninsured patients that do not qualify for charity care, the System recognizes revenue on the basis of its standard rates, subject to certain discounts and implicit price concessions as determined by the System. The System determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the System's policy, and implicit price concessions provided to uninsured patients. Implicit price concessions represent the difference between amounts billed and the estimated consideration the System expects to receive from patients, which are determined based on historical collection experience, current market conditions, and other factors. The System determines its estimates of contractual adjustments and discounts based on contractual agreements, discount policies, and historical experience.

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

- Medicare

Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

The System is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare Administrative Contractor (MAC). The System's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the System. The System's Medicare cost reports have been audited by the MAC through 2015 for both CH and SJH.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

11. Patient Service Revenue, Continued

• Medicare, Continued

Laws and regulations governing the Medicare program are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The System believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. However, there has been an increase in regulatory initiatives at the federal level including the initiation of the Recovery Audit Contractor (RAC) program. The RAC program was created to review Medicare claims for medical necessity and coding appropriateness. The RAC's have authority to pursue improper payments with a three year look-back from the date the claim was paid. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare program.

• Medicaid

Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology.

The System is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicaid fiscal intermediary. The System's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through 2017 for both CH and SJH.

Laws and regulations governing the Medicaid program are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The System has also entered into contracts with certain managed care organizations to receive reimbursement for providing services to selected enrolled Medicaid beneficiaries. Payment arrangements with these managed care organizations consist primarily of prospectively determined rates per discharge, discounts from established charges, or prospectively determined per diems.

The System believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. However, there has been an increase in regulatory initiatives at the state level including the initiation of the Medicaid Integrity Contractor (MIC) program. This

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

11. Patient Service Revenue, Continued

• Medicaid, Continued

program was created to review Medicaid claims for medical necessity and coding appropriateness. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicaid program.

The state of Georgia enacted legislation known as the Provider Payment Agreement Act (Act) whereby hospitals in the state of Georgia are assessed a "provider payment" in the amount of 1.45% of their net patient service revenue. The Act became effective July 1, 2010, the beginning of state fiscal year 2011. The provider payments are due on a quarterly basis to the Department of Community Health. The payments are to be used for the sole purpose of obtaining federal financial participation for medical assistance payments to providers on behalf of Medicaid recipients. The provider payment results in an increase in payments for Medicaid services to hospitals of approximately 11.88%. Approximately \$6,824,000 and \$6,737,000 of provider payments relating to the Act are included as a reduction in net patient service revenue in the accompanying combined statements of operations and changes in net assets for the years ended June 30, 2020 and 2019, respectively.

• Other Agreements

The System has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the System under these agreements include prospectively determined rates per discharge, prospectively determined daily rates, fixed rate fee schedules, and discounts from established charges.

• Uninsured Patients

The System maintains a Financial Assistance Policy (FAP) in accordance with Internal Revenue Code Section 501(r). Based on the FAP, following a determination of financial assistance eligibility, an individual will not be charged more than the Amounts Generally Billed (AGB) for emergency or other medical care provided to individuals with insurance covering that care. AGB is calculated by reviewing claims that have been paid in full (including deductibles and coinsurance paid by the patient) to the System for medically necessary care by Medicare and private health insurers during a 12-month look-back period.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the System's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 201911. Patient Service Revenue, Continued

(that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price, were not significant in 2020 or 2019.

Generally patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The System also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The System estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Adjustments arising from a change in the transaction price were not significant for the years ending June 30, 2020 and 2019. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended June 30, 2020 and 2019 was not significant.

Consistent with the System's mission, care is provided to patients regardless of their ability to pay. Therefore, the System has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles).

Net patient service revenue by major payor source, facility, and timing of revenue recognition for the years ended June 30, 2020 and 2019 is as follows:

<u>Net Patient Service Revenue</u>					
	<u>Medicare</u>	<u>Medicaid</u>	<u>Third-Party Payors</u>	<u>Self-Pay</u>	<u>Total All Payors</u>
2020	\$ <u>249,323,399</u>	\$ <u>35,619,028</u>	\$ <u>323,321,575</u>	\$ <u>4,127,013</u>	\$ <u>612,391,015</u>
2019	\$ <u>257,514,682</u>	\$ <u>32,112,061</u>	\$ <u>298,278,970</u>	\$ <u>4,248,866</u>	\$ <u>592,154,579</u>
				<u>Net Patient Service Revenue</u>	
				<u>2020</u>	<u>2019</u>
Candler Hospital			\$ 323,147,499	\$ 315,260,214	
St. Joseph's Hospital			248,630,757	245,091,798	
SJC Home Health			8,709,886	8,546,366	
SJC Medical Group			17,676,548	18,094,115	
SJC Health Services			10,879,946	1,819,179	
Georgia Infirmary			<u>3,346,379</u>	<u>3,342,907</u>	
Timing of revenue and recognition:					
Services transferred over time			\$ <u>612,391,015</u>	\$ <u>592,154,579</u>	

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

11. Patient Service Revenue, Continued

Hospital net patient service revenue includes a variety of services mainly covering inpatient acute care services requiring overnight stays, outpatient procedures that require anesthesia or use of the System's diagnostic and surgical equipment, and emergency care services. Performance obligations for the hospitals, home health, and other ancillary patient services are satisfied over time as the patient simultaneously receives and consumes the benefits the System performs. Requirements to recognize revenue for inpatient services are generally satisfied over periods that average approximately four days and for outpatient services are generally satisfied over a period of less than one day. Retail pharmacy, reference lab, and other point-of-sale revenues' performance obligations are satisfied at a point in time when the goods and services are provided. These revenues are recorded in other revenue on the combined statement of operations and changes in net assets.

The System has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the System's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the System does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

The System has applied the practical expedient provided by FASB ASC 340-40-25-4 and all incremental customer contract acquisition costs are expensed as they are incurred as the amortization period of the asset that the System otherwise would have recognized is one year or less in duration.

12. Uncompensated Services

Net patient service revenue includes amounts, representing the transaction price, based on standard charges reduced by variable considerations such as contractual adjustments, discounts, and implicit price concessions. Uncompensated care includes charity and indigent services of approximately \$151,000,000 and \$155,000,000 for 2020 and 2019, respectively. The cost of charity and indigent services provided during 2020 and 2019 was approximately \$36,000,000 and \$37,000,000, respectively, computed by applying a total cost factor to the charges foregone for uninsured claims and an estimated unreimbursed cost for insured claims.

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ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

12. Uncompensated Services, Continued

The following is a summary of uncompensated services and a reconciliation of gross patient charges to net patient service revenue for 2020 and 2019.

	<u>2020</u>	<u>2019</u>
Gross patient charges	\$ <u>2,743,369,687</u>	\$ <u>2,696,194,070</u>
Uncompensated services:		
Charity and indigent care	150,783,717	154,911,135
Medicare	1,168,210,764	1,124,927,612
Medicaid	170,433,901	183,489,554
Other third-party payors	609,928,623	607,960,193
Price concessions	<u>31,621,667</u>	<u>32,750,997</u>
Total uncompensated care	<u>2,130,978,672</u>	<u>2,104,039,491</u>
Net patient service revenue	\$ <u>612,391,015</u>	\$ <u>592,154,579</u>

13. Pension Plans

The System had a defined benefit pension plan (Plan) covering substantially all of its employees. Effective July 1, 2006, the System approved a plan amendment that effectively froze the Plan for any future service cost. The Plan benefits for retired, terminated and active employees or their beneficiaries were based on years of service and employee compensation during three of the last ten years of covered employment. The Plan is a Church Plan (as defined by ERISA) and is not subject to the Funding Standard Account Requirements of IRC Section 412 or to coverage under Title IV of ERISA. Annual contributions to the Plan are based on the Board's discretion. The funding decisions are made based upon the actuarial valuation as of July 1st. The disclosures are based on projections of actuarial information and actual plan assets as of June 30th.

The projected benefit obligation is the actuarial present value of that portion of the projected benefits attributable to employee service rendered through June 30, 2006. Cumulative net actuarial gains and losses are amortized over the average future service of active participants. Prior service cost is amortized over the remaining average future service of active employees as of the date the prior service cost arose.

The following table sets forth the Plan's funded status and amounts recognized in the combined financial statements at June 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Plan assets at fair value as of June 30	\$ 95,158,646	\$ 95,009,214
Projected benefit obligation as of June 30	<u>113,481,065</u>	<u>123,421,302</u>
Funded status	\$(<u>18,322,419</u>)	\$(<u>28,412,088</u>)

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

13. Pension Plans, Continued

	<u>2020</u>	<u>2019</u>
Amounts recognized only in net assets without donor restrictions:		
Unrecognized net loss from past experience different from that assumed	\$(54,109,850)	\$(61,167,653)
Prior service cost not yet recognized in net periodic pension cost	<u>2,631,464</u>	<u>3,461,576</u>
Deferred pension cost	<u>\$(51,478,386)</u>	<u>\$(57,706,077)</u>

Significant assumptions used to determine the accumulated and projected benefit obligations, and net periodic pension cost for the Plan for the years ended June 30, 2020 and 2019, were as follows:

	<u>2020</u>	<u>2019</u>
Discount rate	Segment Rates of 2.65%, 3.95% and 4.48%	Segment Rates of 1.89%, 3.66% and 4.46%
Rate of increase in future compensation levels	0.00%	0.00%
Expected long-term rate of return on assets	8.00%	8.00%

The assumption for the expected long-term rate of return on assets is an estimate based on historical returns for portfolios heavily weighted toward long-term investments, such as long-term bonds and equity securities.

The actuarially computed net periodic pension cost for the Plan for the years ended June 30, 2020 and 2019 included the following components:

	<u>2020</u>	<u>2019</u>
Interest cost on projected benefit obligation	\$ 4,667,167	\$ 4,547,885
Expected return on plan assets	(7,534,923)	(7,092,210)
Amortization of actuarial loss	3,835,891	3,313,050
Amortization of prior service cost	<u>(830,112)</u>	<u>(830,112)</u>
Net periodic pension cost	<u>138,023</u>	<u>(61,387)</u>
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:		
Change in net actuarial loss	(3,221,912)	8,910,082
Amortization of net actuarial loss	(3,835,891)	(3,313,050)
Amortization of prior service cost	<u>830,112</u>	<u>830,112</u>
Total recognized in net assets without donor restrictions	<u>(6,227,691)</u>	<u>6,427,144</u>
Total recognized in net periodic pension cost and net assets without donor restrictions	<u>\$(6,089,668)</u>	<u>\$ 6,365,757</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

13. Pension Plans, Continued

The change in projected benefit obligation for the Plan for the years ended June 30, 2020 and 2019 included the following components:

	<u>2020</u>	<u>2019</u>
Projected benefit obligation, beginning of year	\$ 123,421,302	\$ 115,406,851
Interest cost	4,667,167	4,547,885
Actuarial loss	(8,797,937)	9,111,915
Benefits paid	<u>(5,809,467)</u>	<u>(5,645,349)</u>
Projected benefit obligation, end of year	\$ <u>113,481,065</u>	\$ <u>123,421,302</u>
Accumulated benefit obligation	\$ <u>113,481,065</u>	\$ <u>123,421,302</u>

The change in plan assets for the Plan for the years ended June 30, 2020 and 2019 included the following components:

	<u>2020</u>	<u>2019</u>
Plan assets at fair value, beginning of year	\$ 95,009,214	\$ 89,360,520
Actual return on assets	1,958,899	7,294,043
Employer contributions	4,000,000	4,000,000
Benefits paid	<u>(5,809,467)</u>	<u>(5,645,349)</u>
Plan assets at fair value, end of year	\$ <u>95,158,646</u>	\$ <u>95,009,214</u>

The actuarial loss and prior service cost to be recognized during the next 12 months beginning July 1, 2020 is as follows:

Recognized net actuarial loss	\$ 3,835,891
Amortization of prior year service costs	<u>(830,112)</u>
Total	\$ <u>3,005,779</u>

Estimated Contributions

The System plans to contribute approximately \$4,000,000 to this plan during fiscal year 2021.

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

13. Pension Plans, Continued

Estimated Future Benefit Payments

The following benefit payments are expected to be paid:

<u>Year Ending June 30</u>	<u>Pension Benefits</u>
2021	\$ 5,818,410
2022	\$ 5,954,646
2023	\$ 6,096,950
2024	\$ 6,335,709
2025	\$ 6,541,507
2026 – 2030	\$ 35,765,613

The expected benefits to be paid are based on the same assumptions used to measure the System's benefit obligation at June 30, 2020.

Plan Assets

The composition of plan assets at June 30, 2020 and 2019 is as follows:

	<u>2020</u>		<u>2019</u>	
	<u>Amount</u>	<u>Percentage</u>	<u>Amount</u>	<u>Percentage</u>
Cash and cash equivalents	\$ 1,907,918	2%	\$ 1,982,969	2%
Mutual funds – fixed income	11,473,423	12%	11,282,779	12%
Mutual funds – balanced	2,992,509	3%	5,744,896	6%
Mutual funds – equity	29,403,393	31%	27,249,860	29%
Mutual funds – international equity	21,464,731	23%	20,767,429	22%
Equity securities	<u>27,916,672</u>	<u>29%</u>	<u>27,981,281</u>	<u>29%</u>
Total plan assets, at fair value	<u>\$ 95,158,646</u>	<u>100%</u>	<u>\$ 95,009,214</u>	<u>100%</u>

The plan assets are long-term in nature and are intended to generate returns while preserving capital. The System's strategy is to maintain prudent levels of diversification throughout the portfolio to minimize risk. The target allocation for the investments is 78% equity, 19% fixed income/alternative investments and 3% cash and equivalents.

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 201913. Pension Plans, ContinuedPlan Assets, Continued

The fair values of the plan assets at June 30, 2020 and 2019, by asset category are as follows:

<u>Asset Category</u>	<u>Fair Value</u>	Fair Value Measurements at June 30, 2020		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	\$ 1,907,918	\$ 1,907,918	\$ -	\$ -
Mutual funds – fixed income	11,473,423	11,473,423	-	-
Mutual funds – balanced	2,992,509	2,992,509	-	-
Mutual funds – equity	29,403,393	29,403,393	-	-
Mutual funds – international equity	21,464,731	21,464,731	-	-
Equity securities	<u>27,916,672</u>	<u>27,916,672</u>	<u>-</u>	<u>-</u>
Total	\$ <u>95,158,646</u>	\$ <u>95,158,646</u>	\$ <u>-</u>	\$ <u>-</u>

<u>Asset Category</u>	<u>Fair Value</u>	Fair Value Measurements at June 30, 2019		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	\$ 1,982,969	\$ 1,982,969	\$ -	\$ -
Mutual funds – fixed income	11,282,779	11,282,779	-	-
Mutual funds – balanced	5,744,896	5,744,896	-	-
Mutual funds – equity	27,249,860	27,249,860	-	-
Mutual funds – international equity	20,767,429	20,767,429	-	-
Equity securities	<u>27,981,281</u>	<u>27,981,281</u>	<u>-</u>	<u>-</u>
Total	\$ <u>95,009,214</u>	\$ <u>95,009,214</u>	\$ <u>-</u>	\$ <u>-</u>

The System created a 401(k) plan effective January 1, 2004. All employees of the System who have reached age 21 and have completed one year of eligible service are eligible to participate in the employer matching program. Employees may deposit a portion of their earnings for each pay period on a pre-tax basis and the System matches 50% of each participant's voluntary contributions up to a maximum of 6% of the employee's annual salary. Matching contribution expenses for the years ended June 30, 2020 and 2019 totaled approximately \$3,819,000 and \$3,500,000, respectively. Discretionary contribution expense for the years ended June 30, 2020 and 2019 totaled approximately \$2,986,000 and \$5,060,000, respectively.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

13. Pension Plans, Continued

The System maintains an unfunded Supplemental Executive Retirement Plan (SERP), which provides retirement benefits to certain officers and select employees. This plan is nonqualified and does not have a minimum funding requirement. The liability for this SERP obligation is included as deferred compensation payable and the assets set aside as a reserve for this liability are included in Board designated assets limited as to use in the accompanying combined balance sheets.

14. Self-Insurance Claims

The System insures its professional and general liability on a claims-made basis through Geechee, a wholly-owned subsidiary, with a self-insured retention limit of \$7,000,000. The System insures its employed physician professional liability on a claims-made basis through Geechee with a self-insured retention limit of \$4,000,000. At June 30, 2020, there are known claims and incidents that may result in additional claims, as well as claims from unknown incidents that may be asserted arising from services provided to patients. The System has employed independent actuaries to assist in estimating the ultimate costs, if any, of settlement of such claims that are not covered by commercial insurance.

Accrued malpractice losses have been discounted at 6.00% for both June 30, 2020 and 2019, and in management's opinion, provide an adequate reserve for loss contingencies. The estimate of these potential claims is approximately \$23,000,000 at June 30, 2020 and 2019 and is included in accrued self-insurance claims in the accompanying combined balance sheets. Management was not aware of any asserted or unasserted claims that exceed the System's insurance coverage as of June 30, 2020.

The System is self-insured with respect to workers' compensation claims up to a self-insurance retention limit of \$750,000 per claim. Workers compensation claims in excess of the self-insurance retention limits are insured with a commercial insurance carrier on a claims-made basis. Management was not aware of any asserted or unasserted claims that exceed the System's excess workers' compensation coverage as of June 30, 2020.

The System is self-insured with respect to employee health insurance claims. The System maintains reinsurance through a commercial excess coverage policy, which covers annual individual employee claims paid in excess of \$290,000. Under this self-insurance program, the System paid or accrued approximately \$19,506,000 and \$19,370,000 during the fiscal years ended June 30, 2020 and 2019, respectively.

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

15. Concentrations of Credit Risk

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net accounts receivable from patients and third-party payors for CH and SJH at June 30, 2020 and 2019 was as follows:

	<u>2020</u>	<u>2019</u>
Medicare	34%	32%
Medicaid	5%	6%
Managed care	36%	35%
Commercial and other	17%	17%
Patients	<u>8%</u>	<u>10%</u>
Total	<u>100%</u>	<u>100%</u>

At June 30, 2020, the System had deposits at major financial institutions which exceeded the \$250,000 Federal Depository Insurance limits. Management believes the credit risks related to these deposits is minimal.

16. Functional Expenses

The System provides general health care services primarily to residents within its geographic location. Expenses related to providing these services in 2020 and 2019 are as follows:

	<u>2020</u>				
	<u>Health Care Services</u>	<u>General and Administrative</u>	<u>Total</u>	<u>Eliminations</u>	<u>Combined Total</u>
Salaries and wages	\$ 193,423,462	\$ 53,467,496	\$ 246,890,958	\$ -	\$ 246,890,958
Employee benefits	33,529,547	11,953,189	45,482,736	-	45,482,736
Physician and professional fees	38,050,075	16,631,666	54,681,741	-	54,681,741
Materials and supplies	186,240,719	6,438,485	192,679,204	-	192,679,204
Purchased services	25,802,804	16,518,713	42,321,517	(4,329,964)	37,991,553
Insurance	8,799,291	8,356,189	17,155,480	(7,659,816)	9,495,664
Interest	8,973,268	-	8,973,268	-	8,973,268
Depreciation and amortization	19,298,225	7,108,029	26,406,254	-	26,406,254
Other	<u>23,694,721</u>	<u>21,687,681</u>	<u>45,382,402</u>	<u>(1,298,328)</u>	<u>44,084,074</u>
Total	<u>\$ 537,812,112</u>	<u>\$ 142,161,448</u>	<u>\$ 679,973,560</u>	<u>\$(13,288,108)</u>	<u>\$ 666,685,452</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

16. Functional Expenses, Continued

	2019				Combined Total
	<u>Health Care Services</u>	<u>General and Administrative</u>	<u>Total</u>	<u>Eliminations</u>	
Salaries and wages	\$ 175,194,115	\$ 47,930,468	\$ 223,124,583	\$ -	\$ 223,124,583
Employee benefits	31,759,797	14,753,961	46,513,758	-	46,513,758
Physician and professional fees	34,197,507	16,292,608	50,490,115	-	50,490,115
Materials and supplies	177,878,292	5,686,417	183,564,709	-	183,564,709
Purchased services	24,004,625	16,482,822	40,487,447	(3,977,902)	36,509,545
Insurance	5,345,753	8,791,720	14,137,473	(4,400,472)	9,737,001
Interest	5,936,852	-	5,936,852	-	5,936,852
Depreciation and amortization	16,927,271	7,351,887	24,279,158	-	24,279,158
Other	<u>21,895,454</u>	<u>18,833,201</u>	<u>40,728,655</u>	<u>(1,082,059)</u>	<u>39,646,596</u>
Total	\$ <u>493,139,666</u>	\$ <u>136,123,084</u>	\$ <u>629,262,750</u>	\$ <u>(9,460,433)</u>	\$ <u>619,802,317</u>

The combined financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including depreciation and amortization, interest expense, and other occupancy costs, are allocated to a function based on a square footage basis. Benefit expense is allocated consistent with salaries.

17. Fair Values of Financial Instruments

The following methods and assumptions were used by the System in estimating the fair value of its financial instruments:

- *Cash and cash equivalents, accounts payable, accrued expenses, estimated third-party payor settlements and Medicare advance payments:* The carrying amount reported in the combined balance sheets approximates its fair value, due to the short-term nature of these instruments.
- *Assets limited as to use and derivative financial instruments:* Amounts reported in the combined balance sheets are at fair value. See below for fair value measurement disclosures.

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

17. Fair Values of Financial Instruments, Continued

- *Long-term debt:* The fair value of the System's fixed rate long-term debt is estimated based on quoted market value for same or similar debt instruments. The remaining long-term debt carrying amount approximates its fair value. Based on inputs used in determining the estimated fair value, the System's long-term debt would be classified as Level 2 in the fair value hierarchy.

The carrying amounts and fair values of the System's long-term debt at June 30, 2020 and 2019 are as follows:

	2020		2019	
	<u>Carrying Amount</u>	<u>Fair Value</u>	<u>Carrying Amount</u>	<u>Fair Value</u>
Long-term debt	\$ <u>275,668,170</u>	\$ <u>302,599,761</u>	\$ <u>181,128,226</u>	\$ <u>190,236,809</u>

Fair values of assets measured on a recurring basis at June 30, 2020 and 2019 are as follows:

	<u>Fair Value</u>	Fair Value Measurements at June 30, 2020		
		Quoted Prices in Active Markets for Identical Assets (<u>Level 1</u>)	Significant Other Observable Inputs (<u>Level 2</u>)	Significant Unobservable Inputs (<u>Level 3</u>)
Assets:				
Cash and cash equivalents	\$ 14,347,419	\$ 14,347,419	\$ -	\$ -
U.S. Government and agency obligations	2,844,114	437,846	2,406,268	-
Municipal obligations	696,325	-	696,325	-
Corporate bonds	3,859,852	-	3,859,852	-
Mortgage backed securities	2,667,348	-	2,667,348	-
Mutual funds – fixed income	61,926,504	61,926,504	-	-
Mutual funds – balanced	6,879,359	6,879,359	-	-
Mutual funds – equity	80,538,862	75,928,395	4,610,467	-
Mutual funds – international equity	44,069,781	44,069,781	-	-
Equity securities – common stock	22,285,963	22,285,963	-	-
Equity securities – preferred stock	<u>9,083,892</u>	<u>9,083,892</u>	<u>-</u>	<u>-</u>
Total assets	\$ <u>249,199,419</u>	\$ <u>234,959,159</u>	\$ <u>14,240,260</u>	\$ <u>-</u>
Liabilities:				
Derivatives	\$ <u>3,092,078</u>	\$ <u>-</u>	\$ <u>3,092,078</u>	\$ <u>-</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

17. Fair Values of Financial Instruments, Continued

	<u>Fair Value</u>	<u>Fair Value Measurements at June 30, 2019</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Assets:				
Cash and cash equivalents	\$ 5,484,152	\$ 3,142,939	\$ 2,341,213	\$ -
U.S. Government and agency obligations	1,991,216	575,395	1,415,821	-
Municipal obligations	646,368	-	646,368	-
Corporate bonds	4,343,523	-	4,343,523	-
Mortgage backed securities	2,984,902	-	2,984,902	-
Mutual funds – fixed income	45,262,625	44,130,890	1,131,735	-
Mutual funds – balanced	13,203,942	13,114,182	89,760	-
Mutual funds – equity	75,257,731	71,067,210	4,190,521	-
Mutual funds – international equity	36,368,131	36,368,131	-	-
Equity securities – common stock	20,105,833	20,079,551	26,282	-
Equity securities – international	1,061,047	1,061,047	-	-
Equity securities – preferred stock	8,885,775	8,885,775	-	-
Derivatives	<u>440,566</u>	<u>-</u>	<u>440,566</u>	<u>-</u>
Total assets	\$ <u>216,035,811</u>	\$ <u>198,425,120</u>	\$ <u>17,610,691</u>	\$ <u>-</u>

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2020 and 2019.

- *Cash and cash equivalents:* Valued at amortized cost, which approximates fair value.
- *U.S. Government and agency obligations:* U.S. government and agency obligations are based on yields currently available on comparable securities of issuers with similar credit ratings.
- *Corporate bonds and municipal obligations:* Certain corporate bonds and municipal obligations are valued at the closing price reported in the active market in which the security is traded. Other corporate bonds and municipal obligations are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.
- *Mortgage backed securities:* Mortgage backed securities use valuation techniques that reflect market participants' assumptions and maximize the use of relevant observable inputs including quoted prices for similar assets, benchmark yield curves and market corroborated inputs.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

17. Fair Values of Financial Instruments, Continued

- *Equity securities including mutual funds:* Certain equity securities are valued at the closing price reported on the active market on which the individual securities are traded. Other equity securities are valued based on quoted prices for similar investments in active or inactive markets or valued using observable market data.
- *Forward starting interest swap:* Measured using a credit-adjusted mid-market valuation computed using a zero-coupon method. This method calculates the future net settlement payments required by the swap, assuming the current forward rates implied by the yield curve correctly anticipate future spot interest rates. These payments are then discounted using the spot rates implied by the current yield curve for hypothetical zero-coupon bonds due on the date of each future net settlement on the swaps.

Financial assets valued using Level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets valued using Level 2 inputs are based primarily on quoted prices for similar investments in active or inactive markets. Valuation techniques utilized to determine fair value are consistently applied. These valuation techniques also apply to financial assets held in the Defined Benefit Pension Plan as discussed in Note 13.

18. Commitments and Contingencies

Health Care Reform

There has been increasing pressure on Congress and some state legislatures to control and reduce the cost of health care at the national and the state levels. Legislation has been passed that includes cost controls on healthcare providers, insurance market reforms, delivery system reforms, and various individual and business mandates among other provisions. The costs of these provisions are and will be funded in part by reductions in payments by government programs, including Medicare and Medicaid. There can be no assurance that these changes will not adversely affect the System.

Compliance Plan

The healthcare industry has been subjected to increased scrutiny from governmental agencies at both the federal and state level with respect to compliance with regulations. Areas of noncompliance identified at the national level include Medicare and Medicaid, Internal Revenue Service, and other regulations governing the healthcare industry. In addition, the Reform Legislation includes provisions aimed at reducing fraud, waste, and abuse in the healthcare industry. These provisions allocate significant additional resources to federal enforcement agencies and expand the use of private contractors to recover potentially inappropriate Medicare and Medicaid payments. The System has implemented a compliance plan focusing on such issues. There can be no assurance that the System will not be subjected to future investigations with accompanying monetary damages.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 201918. Commitments and Contingencies, ContinuedLitigation

The System is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the System's future financial position or results from operations.

19. Liquidity and Availability

As of June 30, 2020 and 2019, the System has working capital of approximately \$182,346,000 and \$64,821,000, respectively.

Financial assets available for general expenditures within one year of June 30, 2020 and 2019, consist of the following:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 155,593,194	\$ 22,056,111
Patient accounts receivable, net	71,060,136	75,504,344
Other receivables	11,131,106	13,139,986
Estimated third-party payor settlements	4,155,307	2,990,703
Assets limited as to use – board designated	<u>212,021,597</u>	<u>208,341,890</u>
Total financial assets available	<u>\$ 453,961,340</u>	<u>\$ 322,033,034</u>

None of the financial assets available are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date. The System estimates that approximately 100% of the Board designated funds are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the quantitative information above. The System has other assets whose use is limited for other purposes. These assets whose use is limited are not available for general expenditure within the next year and are not reflected in the amounts above. The System structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, as more fully described in Note 8, the System has a line-of-credit of \$15,000,000, which it could draw upon in the event of an unanticipated liquidity need.

20. Leases

The System has operating and finance leases for buildings and equipment. The System determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded on the consolidated balance sheets. The System has lease agreements which require payments for lease and nonlease components and has elected to account for these as a single lease component.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 201920. Leases, Continued

Right-of-use assets represent the System's right to use an underlying asset during the lease term, and lease liabilities represent the System's obligation to make lease payments arising from the lease. Right-of-use assets and lease liabilities are recognized at the commencement date, based on the net present value of fixed lease payments over the lease term. The System has entered into lease arrangements that contain options to extend or terminate the lease in future periods. These options are included in the lease term used to compute the lease liabilities as presented on the combined balance sheets when it is reasonably certain the option will be exercised.

As most of the System's operating leases do not provide an implicit rate, the System uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The System considers recent debt issuances, as well as publicly available data for instruments with similar characteristics when calculating its incremental borrowing rates. Finance lease agreements generally include an interest rate that is used to determine the present value of future lease payments. Operating fixed lease expense and finance lease amortization expense are recognized on a straight-line basis over the lease term. Variable lease costs consist primarily of common area maintenance and are not significant to total lease expense.

Operating and finance lease right-of-use assets and lease liabilities as of June 30, 2020 were as follows:

	<u>2020</u>
Operating leases:	
Right-of-use assets:	
Operating lease right-of-use assets	\$ <u>13,945,463</u>
Lease liabilities:	
Current portion	\$ 2,588,510
Long-term	<u>11,413,653</u>
Total operating lease liabilities	\$ <u>14,002,163</u>
Finance leases:	
Right-of-use assets:	
Property and equipment, net	\$ <u>2,749,471</u>
Lease liabilities:	
Current portion	\$ 751,058
Long-term	<u>2,082,020</u>
Total finance lease liabilities	\$ <u>2,833,078</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

20. Leases, Continued

Operating expenses for the leasing activity of the System as lessee for the year ended June 30, 2020 are as follows:

<u>Lease Type</u>	<u>Amount</u>
Operating lease cost	\$ 3,316,736
Financing lease interest	124,319
Financing lease amortization	706,675
Short-term lease cost	<u>508,266</u>
Total lease cost	<u>\$ 4,655,996</u>

In 2019, rental expense related to operating leases was \$5.3 million.

Cash paid for amounts included in the measurement of lease liabilities for the year ended June 30, 2020 is as follows:

	<u>2020</u>
Operating cash flows from operating leases	\$ 3,194,017
Operating cash flows from financing leases	115,579
Financing cash flows from finance leases	<u>668,301</u>
Total	<u>\$ 3,977,897</u>

The aggregate future lease payments for operating and finance leases as of June 30, 2020 were as follows:

<u>Year Ending June 30</u>	<u>Finance</u>	<u>Operating</u>
2021	\$ 870,634	\$ 2,903,419
2022	826,972	2,613,599
2023	739,647	2,062,742
2024	504,480	1,618,016
2025	126,008	1,303,574
Thereafter	<u>-</u>	<u>5,663,476</u>
Total undiscounted cash flows	3,067,741	16,164,826
Less: present value discount	(<u>234,663</u>)	(<u>2,162,663</u>)
Total lease liabilities	<u>\$ 2,833,078</u>	<u>\$ 14,002,163</u>

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 201920. Leases, Continued

Average lease terms and discount rates at June 30, 2020 were as follows:

	<u>2020</u>
Weighted-average remaining lease term (years):	
Operating leases	7.28
Finance leases	3.72
Weighted-average discount rate:	
Operating leases	4.00%
Finance leases	4.00%

21. Coronavirus (COVID-19)

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen. The outbreak has put an unprecedented strain on the U.S. healthcare system, disrupted or delayed production and delivery of materials and products in the supply chain, and caused staffing shortages. The extent of the impact of COVID-19 on the System's operational and financial performance depends on certain developments, including the duration and spread of the outbreak, remedial actions and stimulus measures adopted by local and federal governments, and impact on the System's customers, employees and vendors all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the System's financial position or results of operations is uncertain.

On March 27, 2020, the President signed the Coronavirus Aid, Relief and Economic Security Act (CARES Act). Certain provisions of the CARES Act provide relief funds to hospitals and other healthcare providers. The funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19. The U.S. Department of Health and Human Services began distributing funds on April 10, 2020 to eligible providers in an effort to provide relief to both providers in areas heavily impacted by COVID-19 and those providers who are struggling to keep their doors open due to healthy patients delaying care and canceling elective services. On April 24, 2020, the Paycheck Protection Program and Health Care Enhancement Act was passed. This Act provides additional funding to replenish and supplement key programs under the CARES Act, including funds to health care providers for COVID-19 testing. The CARES Act funding is a conditional contribution and accounted for as a refundable advance until conditions have been substantially met or explicitly waived by the grantor. Because the use of the funds is limited to the purposes stated in the terms and conditions, the contributions are grantor restricted. The System reports restricted contributions, whose restrictions are met in the same period in which they are recognized (simultaneous release), as net assets without donor restrictions. Recognized revenue is reported as other operating revenue in the combined statements of operations and changes in net assets. The System received and recognized approximately \$13,782,000 in grant stimulus funding in fiscal year 2020.

CARES Act funding may be subject to audits. While the System currently believes its use of the funds is in compliance with applicable terms and conditions, there is a possibility payments could be recouped based on changes in reporting requirements or audit results.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2020 and 2019

21. Coronavirus (COVID-19), Continued

On April 10, 2020, the System received payments in the amount of approximately \$66.25 million under the Accelerated and Advance Payment Program expansion as part of the CARES Act. The program provides emergency funding and addresses cash flow difficulties when there are disruptions in claims submission and/or claims processing. Centers for Medicare and Medicaid Services (CMS) expanded the program for all Medicare providers throughout the country. In October 2020, a Continuing Resolution was passed which allows providers to defer repayment of these funds for up to 29 months before interest starts accruing. The System intends to repay the entire amount over the interest free period with final payment occurring in September 2022. The current portion of this amount is reported as estimated third-party payor settlements and the long-term portion is reported as Medicare advance payments, excluding current portion in the combined balance sheet as of June 30, 2020.



INDEPENDENT AUDITOR'S REPORT ON COMBINING INFORMATION

Board of Trustees
St. Joseph's/Candler Health System, Inc.
Savannah, Georgia

We have audited the combined financial statements of St. Joseph's/Candler Health System, Inc. as of and for the years ended June 30, 2020 and 2019, and our report thereon dated October 22, 2020, which expressed an unmodified opinion on those combined financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the combined financial statements taken as a whole. The combining information included in this report on pages 52 through 71, inclusive, is presented for purposes of additional analysis of the combined financial statements rather than to present the financial position, results of operations and cash flows of the individual entities, and is not a required part of the combined financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and cash flows of the individual entities.

The combining information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. Such information has been subjected to the auditing procedures applied in the audits of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, which insofar as it relates to Geechee Reinsurance Company, LLC, a wholly-owned subsidiary, is based on the report of other auditors, the combining information is fairly stated in all material respects in relation to the combined financial statements taken a whole.

Draffin & Tucker, LLP

Albany, Georgia
October 22, 2020

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING BALANCE SHEETS
June 30, 2020

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>	<u>SJC Properties</u>
Assets						
Current assets:						
Cash and cash equivalents	\$ 150,494,181	\$ 88,376	\$ 68,266	\$ 64,198	\$ 157,827	\$ -
Assets limited as to use required for current liabilities	6,905,237	-	-	-	-	-
Patient accounts receivable, net	-	38,930,325	28,539,250	936,533	1,763,752	-
Other receivables	552,486	5,370,917	3,719,513	-	314,888	13,322
Due from affiliates	-	39,593,550	43,976,751	-	-	-
Inventories	1,517,646	7,549,018	8,842,162	-	-	-
Prepaid expenses	4,430,630	1,313,754	1,122,489	19,766	110,014	17,472
Estimated third-party payor settlements	-	2,734,041	1,381,882	-	39,384	-
Total current assets	<u>163,900,180</u>	<u>95,579,981</u>	<u>87,650,313</u>	<u>1,020,497</u>	<u>2,385,865</u>	<u>30,794</u>
Assets limited as to use:						
Held in trust under bond indenture	25,662,118	-	-	-	-	-
Restricted under interest rate swap and deferred compensation agreements	-	888,242	3,722,225	-	-	-
Board designated	<u>154,260,656</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8,927,962</u>	<u>-</u>
Total assets limited as to use	<u>179,922,774</u>	<u>888,242</u>	<u>3,722,225</u>	<u>-</u>	<u>8,927,962</u>	<u>-</u>
Property and equipment, net	<u>18,405,451</u>	<u>110,544,822</u>	<u>119,036,750</u>	<u>132,848</u>	<u>6,592,452</u>	<u>5,171,995</u>
Derivative financial instruments	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Other assets:						
Investments in affiliates	419,638,668	-	-	-	-	-
Long-term investments	-	1,794,603	100,756	6,510	25,665	146,066
Goodwill on long-term investments	-	48,323,352	-	-	161,000	-
Operating lease right-of-use assets	1,490,385	1,889,286	1,412,279	-	2,149,353	855,377
Beneficial interest in net assets of Foundations	<u>-</u>	<u>9,906,513</u>	<u>2,793,227</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total other assets	<u>421,129,053</u>	<u>61,913,754</u>	<u>4,306,262</u>	<u>6,510</u>	<u>2,336,018</u>	<u>1,001,443</u>
Total assets	<u>\$ 783,357,458</u>	<u>\$ 268,926,799</u>	<u>\$ 214,715,550</u>	<u>\$ 1,159,855</u>	<u>\$ 20,242,297</u>	<u>\$ 6,204,232</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING BALANCE SHEETS, Continued
June 30, 2020

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Advocate Health Network	Totals	Eliminations	Combined Totals
Assets, Continued							
Current assets:							
Cash and cash equivalents	\$ 1,925,268	\$ 679,578	\$ 2,115,500	\$ -	\$ 155,593,194	\$ -	\$ 155,593,194
Assets limited as to use required for current liabilities	-	-	-	-	6,905,237	-	6,905,237
Patient accounts receivable, net	817,452	72,824	-	-	71,060,136	-	71,060,136
Other receivables	1,142,908	17,072	-	-	11,131,106	-	11,131,106
Due from affiliates	-	-	-	-	83,570,301	(83,570,301)	-
Inventories	608,199	-	-	-	18,517,025	-	18,517,025
Prepaid expenses	17,607	1,600	-	-	7,033,332	-	7,033,332
Estimated third-party payor settlements	-	-	-	-	4,155,307	-	4,155,307
Total current assets	<u>4,511,434</u>	<u>771,074</u>	<u>2,115,500</u>	<u>-</u>	<u>357,965,638</u>	<u>(83,570,301)</u>	<u>274,395,337</u>
Assets limited as to use:							
Held in trust under bond indenture	-	-	-	-	25,662,118	-	25,662,118
Restricted under interest rate swap and deferred compensation agreements	-	-	-	-	4,610,467	-	4,610,467
Board designated	-	1,163,537	47,669,442	-	212,021,597	-	212,021,597
Total assets limited as to use	<u>-</u>	<u>1,163,537</u>	<u>47,669,442</u>	<u>-</u>	<u>242,294,182</u>	<u>-</u>	<u>242,294,182</u>
Property and equipment, net	<u>637,556</u>	<u>3,089,796</u>	<u>-</u>	<u>-</u>	<u>263,611,670</u>	<u>-</u>	<u>263,611,670</u>
Derivative financial instruments	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Other assets:							
Investments in affiliates	-	-	-	-	419,638,668	(419,638,668)	-
Long-term investments	11,348	-	-	-	2,084,948	-	2,084,948
Goodwill on long-term investments	8,092,905	-	-	-	56,577,257	-	56,577,257
Operating lease right-of-use assets	6,148,783	-	-	-	13,945,463	-	13,945,463
Beneficial interest in net assets of Foundations	-	-	-	-	12,699,740	-	12,699,740
Total other assets	<u>14,253,036</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>504,946,076</u>	<u>(419,638,668)</u>	<u>85,307,408</u>
Total assets	<u>\$ 19,402,026</u>	<u>\$ 5,024,407</u>	<u>\$ 49,784,942</u>	<u>\$ -</u>	<u>\$ 1,368,817,566</u>	<u>\$(503,208,969)</u>	<u>\$ 865,608,597</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING BALANCE SHEETS, Continued
June 30, 2020

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>	<u>SJC Properties</u>
Liabilities and Net Assets						
Current liabilities:						
Current maturities of long-term debt	\$ 997,722	\$ 262,285	\$ 263,034	\$ -	\$ -	\$ -
Current portion of operating lease liabilities	539,571	372,683	662,577	-	350,378	142,065
Accounts payable	5,235,141	14,619,844	13,727,452	346,856	755,813	65,581
Accrued employee related expenses	17,447,384	6,219,069	4,484,043	356,506	679,836	7,907
Other accrued expenses	8,809,499	3,248,858	1,636,888	-	365,610	(1,289)
Due to affiliates	83,565,263	-	-	-	-	-
Estimated third-party payor settlements	-	6,186,396	1,974,444	-	218,180	-
Total current liabilities	<u>116,594,580</u>	<u>30,909,135</u>	<u>22,748,438</u>	<u>703,362</u>	<u>2,369,817</u>	<u>214,264</u>
Medicare advance payments, excluding current portion	-	27,580,151	29,545,729	-	654,539	-
Long-term debt, excluding current maturities	272,829,779	585,629	630,877	-	-	-
Operating lease liabilities, excluding current portion	963,914	1,516,601	737,267	-	1,819,549	719,190
Accrued self-insurance claims	2,209,610	-	-	-	-	-
Accrued pension cost	18,322,419	-	-	-	-	-
Deferred compensation payable	-	888,242	3,722,225	-	6,027,524	-
Derivative financial instruments	3,092,078	-	-	-	-	-
Collateral held under interest rate swap agreement	-	-	-	-	-	-
Total liabilities	<u>414,012,380</u>	<u>61,479,758</u>	<u>57,384,536</u>	<u>703,362</u>	<u>10,871,429</u>	<u>933,454</u>
Net assets:						
St. Joseph's/Candler Health System, Inc. net assets:						
Common stock	-	-	-	-	500	500
Without donor restrictions	369,345,078	199,455,077	155,786,954	456,493	9,370,368	5,270,278
With donor restrictions:						
Purpose restrictions	-	7,056,964	1,444,060	-	-	-
Perpetual in nature	-	935,000	100,000	-	-	-
Total St. Joseph's/Candler Health System, Inc. net assets	<u>369,345,078</u>	<u>207,447,041</u>	<u>157,331,014</u>	<u>456,493</u>	<u>9,370,868</u>	<u>5,270,778</u>
Noncontrolling interest in joint ventures	-	-	-	-	-	-
Total net assets	<u>369,345,078</u>	<u>207,447,041</u>	<u>157,331,014</u>	<u>456,493</u>	<u>9,370,868</u>	<u>5,270,778</u>
Total liabilities and net assets	<u>\$ 783,357,458</u>	<u>\$ 268,926,799</u>	<u>\$ 214,715,550</u>	<u>\$ 1,159,855</u>	<u>\$ 20,242,297</u>	<u>\$ 6,204,232</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING BALANCE SHEETS, Continued
June 30, 2020

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Advocate Health Network	Totals	Eliminations	Combined Totals
Liabilities and Net Assets, Continued							
Current liabilities:							
Current maturities of long-term debt	\$ -	\$ -	\$ -	\$ -	\$ 1,523,041	\$ -	\$ 1,523,041
Current portion of operating lease liabilities	521,236	-	-	-	2,588,510	-	2,588,510
Accounts payable	239,144	120,176	53,171	-	35,163,178	-	35,163,178
Accrued employee related expenses	515,238	132,501	-	-	29,842,484	-	29,842,484
Other accrued expenses	370,712	-	86,747	-	14,517,025	-	14,517,025
Due to affiliates	-	-	5,038	-	83,570,301	(83,570,301)	-
Estimated third-party payor settlements	<u>23,143</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8,402,163</u>	<u>-</u>	<u>8,402,163</u>
Total current liabilities	1,669,473	252,677	144,956	-	175,606,702	(83,570,301)	92,036,401
Medicare advance payments, excluding current portion	69,428	-	-	-	57,849,847	-	57,849,847
Long-term debt, excluding current maturities	-	-	-	-	274,046,285	-	274,046,285
Operating lease liabilities, excluding current portion	5,657,132	-	-	-	11,413,653	-	11,413,653
Accrued self-insurance claims	-	-	22,951,229	-	25,160,839	-	25,160,839
Accrued pension cost	-	-	-	-	18,322,419	-	18,322,419
Deferred compensation payable	-	-	-	-	10,637,991	-	10,637,991
Derivative financial instruments	-	-	-	-	3,092,078	-	3,092,078
Collateral held under interest rate swap agreement	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>7,396,033</u>	<u>252,677</u>	<u>23,096,185</u>	<u>-</u>	<u>576,129,814</u>	<u>(83,570,301)</u>	<u>492,559,513</u>
Net assets:							
St. Joseph's/Candler Health System, Inc. net assets:							
Common stock	165,000	-	120,000	-	286,000	(286,000)	-
Without donor restrictions	6,267,697	4,771,730	26,568,757	-	777,292,432	(419,352,668)	357,939,764
With donor restrictions:							
Purpose restrictions	-	-	-	-	8,501,024	-	8,501,024
Perpetual in nature	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,035,000</u>	<u>-</u>	<u>1,035,000</u>
Total St. Joseph's/Candler Health System, Inc. net assets	6,432,697	4,771,730	26,688,757	-	787,114,456	(419,638,668)	367,475,788
Noncontrolling interest in joint ventures	<u>5,573,296</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>5,573,296</u>	<u>-</u>	<u>5,573,296</u>
Total net assets	<u>12,005,993</u>	<u>4,771,730</u>	<u>26,688,757</u>	<u>-</u>	<u>792,687,752</u>	<u>(419,638,668)</u>	<u>373,049,084</u>
Total liabilities and net assets	<u>\$ 19,402,026</u>	<u>\$ 5,024,407</u>	<u>\$ 49,784,942</u>	<u>\$ -</u>	<u>\$ 1,368,817,566</u>	<u>\$ (503,208,969)</u>	<u>\$ 865,608,597</u>

See accompanying independent auditor's report on combining information.

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING BALANCE SHEETS
June 30, 2019

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>	<u>SJC Properties</u>
Assets						
Current assets:						
Cash and cash equivalents	\$ 18,677,611	\$ 44,866	\$ 63,236	\$ 97,343	\$ 28,784	\$ -
Assets limited as to use required for current liabilities	2,202,486	-	-	-	-	-
Patient accounts receivable, net	-	38,767,388	32,638,587	302,649	2,099,164	-
Other receivables	1,227,430	6,161,790	4,086,689	-	321,338	28,760
Due from affiliates	-	13,877,974	5,309,017	-	-	-
Inventories	14,187	6,853,539	7,940,696	-	-	-
Prepaid expenses	4,275,529	1,191,313	581,046	19,756	230,525	19,023
Estimated third-party payor settlements	-	1,822,233	1,101,252	-	67,218	-
Total current assets	<u>26,397,243</u>	<u>68,719,103</u>	<u>51,720,523</u>	<u>419,748</u>	<u>2,747,029</u>	<u>47,783</u>
Assets limited as to use:						
Held in trust under bond indenture	10,347	-	-	-	-	-
Restricted under interest rate swap and deferred compensation agreements	850,000	793,275	3,397,247	-	-	-
Board designated	<u>151,972,469</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8,668,205</u>	<u>-</u>
Total assets limited as to use	<u>152,832,816</u>	<u>793,275</u>	<u>3,397,247</u>	<u>-</u>	<u>8,668,205</u>	<u>-</u>
Property and equipment, net	<u>17,410,956</u>	<u>74,929,072</u>	<u>118,811,074</u>	<u>177,136</u>	<u>6,352,888</u>	<u>4,929,714</u>
Derivative financial instruments	<u>774,868</u>	<u>(220,028)</u>	<u>(114,274)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Other assets:						
Investments in affiliates	393,888,815	-	-	-	-	-
Long-term investments	-	2,524,296	54,640	6,510	22,790	200
Goodwill on long-term investments	-	48,323,352	-	-	161,000	-
Operating lease right-of-use assets	-	-	-	-	-	-
Beneficial interest in net assets of Foundations	-	9,700,327	2,300,778	-	-	-
Total other assets	<u>393,888,815</u>	<u>60,547,975</u>	<u>2,355,418</u>	<u>6,510</u>	<u>183,790</u>	<u>200</u>
Total assets	<u>\$ 591,304,698</u>	<u>\$ 204,769,397</u>	<u>\$ 176,169,988</u>	<u>\$ 603,394</u>	<u>\$ 17,951,912</u>	<u>\$ 4,977,697</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING BALANCE SHEETS, Continued
June 30, 2019

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Advocate Health Network	Totals	Eliminations	Combined Totals
Assets, Continued							
Current assets:							
Cash and cash equivalents	\$ 267,341	\$ 470,289	\$ 2,406,641	\$ -	\$ 22,056,111	\$ -	\$ 22,056,111
Assets limited as to use required for current liabilities	-	-	-	-	2,202,486	-	2,202,486
Patient accounts receivable, net	1,250,393	446,163	-	-	75,504,344	-	75,504,344
Other receivables	1,285,973	28,006	-	-	13,139,986	-	13,139,986
Due from affiliates	-	-	-	-	19,186,991	(19,186,991)	-
Inventories	735,172	-	-	-	15,543,594	-	15,543,594
Prepaid expenses	24,281	-	-	-	6,341,473	-	6,341,473
Estimated third-party payor settlements	-	-	-	-	2,990,703	-	2,990,703
Total current assets	<u>3,563,160</u>	<u>944,458</u>	<u>2,406,641</u>	<u>-</u>	<u>156,965,688</u>	<u>(19,186,991)</u>	<u>137,778,697</u>
Assets limited as to use:							
Held in trust under bond indenture	-	-	-	-	10,347	-	10,347
Restricted under interest rate swap and deferred compensation agreements	-	-	-	-	5,040,522	-	5,040,522
Board designated	-	1,146,785	46,554,431	-	208,341,890	-	208,341,890
Total assets limited as to use	<u>-</u>	<u>1,146,785</u>	<u>46,554,431</u>	<u>-</u>	<u>213,392,759</u>	<u>-</u>	<u>213,392,759</u>
Property and equipment, net	<u>718,330</u>	<u>3,248,520</u>	<u>-</u>	<u>-</u>	<u>226,577,690</u>	<u>-</u>	<u>226,577,690</u>
Derivative financial instruments	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>440,566</u>	<u>-</u>	<u>440,566</u>
Other assets:							
Investments in affiliates	-	-	-	-	393,888,815	(393,888,815)	-
Long-term investments	1,348	-	-	-	2,609,784	-	2,609,784
Goodwill on long-term investments	8,092,905	-	-	-	56,577,257	-	56,577,257
Operating lease right-of-use assets	-	-	-	-	-	-	-
Beneficial interest in net assets of Foundations	-	-	-	-	12,001,105	-	12,001,105
Total other assets	<u>8,094,253</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>465,076,961</u>	<u>(393,888,815)</u>	<u>71,188,146</u>
Total assets	\$ <u>12,375,743</u>	\$ <u>5,339,763</u>	\$ <u>48,961,072</u>	\$ <u>-</u>	\$ <u>1,062,453,664</u>	\$ <u>(413,075,806)</u>	\$ <u>649,377,858</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING BALANCE SHEETS, Continued
June 30, 2019

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>	<u>SJC Properties</u>
Liabilities and Net Assets						
Current liabilities:						
Current maturities of long-term debt	\$ 8,374,374	\$ -	\$ -	\$ -	\$ -	\$ -
Current portion of operating lease liabilities	-	-	-	-	-	-
Accounts payable	4,432,908	14,134,848	12,473,987	157,364	710,818	35,495
Accrued employee related expenses	15,373,561	4,555,491	3,507,156	334,062	556,065	5,675
Other accrued expenses	3,836,034	1,704,675	1,012,468	-	645,019	34,175
Due to affiliates	19,134,110	-	-	-	-	-
Estimated third-party payor settlements	-	-	-	-	-	-
Total current liabilities	<u>51,150,987</u>	<u>20,395,014</u>	<u>16,993,611</u>	<u>491,426</u>	<u>1,911,902</u>	<u>75,345</u>
Medicare advance payments, excluding current portion	-	-	-	-	-	-
Long-term debt, excluding current maturities	171,241,511	-	-	-	-	-
Operating lease liabilities, excluding current portion	-	-	-	-	-	-
Accrued self-insurance claims	2,294,539	-	-	-	-	-
Accrued pension cost	28,412,088	-	-	-	-	-
Deferred compensation payable	-	793,275	3,397,247	-	6,027,524	-
Derivative financial instruments	-	-	-	-	-	-
Collateral held under interest rate swap agreement	850,000	-	-	-	-	-
Total liabilities	<u>253,949,125</u>	<u>21,188,289</u>	<u>20,390,858</u>	<u>491,426</u>	<u>7,939,426</u>	<u>75,345</u>
Net assets:						
St. Joseph's/Candler Health System, Inc. net assets:						
Common stock	-	-	-	-	500	500
Without donor restrictions	337,355,573	175,552,903	154,256,145	111,968	10,011,986	4,901,852
With donor restrictions:						
Purpose restrictions	-	7,093,205	1,422,985	-	-	-
Perpetual in nature	-	935,000	100,000	-	-	-
Total St. Joseph's/Candler Health System, Inc. net assets	<u>337,355,573</u>	<u>183,581,108</u>	<u>155,779,130</u>	<u>111,968</u>	<u>10,012,486</u>	<u>4,902,352</u>
Noncontrolling interest in joint ventures	-	-	-	-	-	-
Total net assets	<u>337,355,573</u>	<u>183,581,108</u>	<u>155,779,130</u>	<u>111,968</u>	<u>10,012,486</u>	<u>4,902,352</u>
Total liabilities and net assets	<u>\$ 591,304,698</u>	<u>\$ 204,769,397</u>	<u>\$ 176,169,988</u>	<u>\$ 603,394</u>	<u>\$ 17,951,912</u>	<u>\$ 4,977,697</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING BALANCE SHEETS, Continued
June 30, 2019

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Advocate Health Network	Totals	Eliminations	Combined Totals
Liabilities and Net Assets, Continued							
Current liabilities:							
Current maturities of long-term debt	\$ -	\$ -	\$ -	\$ -	\$ 8,374,374	\$ -	\$ 8,374,374
Current portion of operating lease liabilities	-	-	-	-	-	-	-
Accounts payable	200,353	135,059	102,522	-	32,383,354	-	32,383,354
Accrued employee related expenses	237,578	117,201	-	-	24,686,789	-	24,686,789
Other accrued expenses	189,037	-	78,453	-	7,499,861	-	7,499,861
Due to affiliates	-	-	52,881	-	19,186,991	(19,186,991)	-
Estimated third-party payor settlements	-	-	-	-	-	-	-
Total current liabilities	<u>626,968</u>	<u>252,260</u>	<u>233,856</u>	<u>-</u>	<u>92,131,369</u>	<u>(19,186,991)</u>	<u>72,944,378</u>
Medicare advance payments, excluding current portion	-	-	-	-	-	-	-
Long-term debt, excluding current maturities	-	-	-	-	171,241,511	-	171,241,511
Operating lease liabilities, excluding current portion	-	-	-	-	-	-	-
Accrued self-insurance claims	-	-	22,917,588	-	25,212,127	-	25,212,127
Accrued pension cost	-	-	-	-	28,412,088	-	28,412,088
Deferred compensation payable	-	-	-	-	10,218,046	-	10,218,046
Derivative financial instruments	-	-	-	-	-	-	-
Collateral held under interest rate swap agreement	-	-	-	-	850,000	-	850,000
Total liabilities	<u>626,968</u>	<u>252,260</u>	<u>23,151,444</u>	<u>-</u>	<u>328,065,141</u>	<u>(19,186,991)</u>	<u>308,878,150</u>
Net assets:							
St. Joseph's/Candler Health System, Inc. net assets:							
Common stock	165,000	-	120,000	-	286,000	(286,000)	-
Without donor restrictions	6,570,352	5,087,503	25,689,628	-	719,537,910	(393,602,815)	325,935,095
With donor restrictions:							
Purpose restrictions	-	-	-	-	8,516,190	-	8,516,190
Perpetual in nature	-	-	-	-	1,035,000	-	1,035,000
Total St. Joseph's/Candler Health System, Inc. net assets	<u>6,735,352</u>	<u>5,087,503</u>	<u>25,809,628</u>	<u>-</u>	<u>729,375,100</u>	<u>(393,888,815)</u>	<u>335,486,285</u>
Noncontrolling interest in joint ventures	<u>5,013,423</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>5,013,423</u>	<u>-</u>	<u>5,013,423</u>
Total net assets	<u>11,748,775</u>	<u>5,087,503</u>	<u>25,809,628</u>	<u>-</u>	<u>734,388,523</u>	<u>(393,888,815)</u>	<u>340,499,708</u>
Total liabilities and net assets	<u>\$ 12,375,743</u>	<u>\$ 5,339,763</u>	<u>\$ 48,961,072</u>	<u>\$ -</u>	<u>\$ 1,062,453,664</u>	<u>\$(413,075,806)</u>	<u>\$ 649,377,858</u>

See accompanying independent auditor's report on combining information.

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF EXCESS REVENUES (EXPENSES)
June 30, 2020

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Revenues, gains and other support:						
Net patient service revenue	\$ -	\$ 323,147,499	\$ 248,630,757	\$ 8,709,886	\$ 17,676,548	\$ -
Other revenue	-	54,171,415	20,338,614	324,229	2,339,543	1,570,873
Total revenues, gains and other support	-	377,318,914	268,969,371	9,034,115	20,016,091	1,570,873
Expenses:						
Salaries and wages	-	121,034,289	95,005,660	6,325,127	14,732,563	125,189
Employee benefits	-	22,517,948	17,886,173	1,014,740	2,616,003	12,629
Physician and professional fees	-	31,877,079	17,706,181	24,236	3,849,147	36,559
Materials and supplies	-	102,746,403	84,944,017	296,989	2,081,806	5,593
Purchased services	-	26,839,102	13,542,690	12,694	816,337	115,691
Insurance	-	5,188,958	3,811,031	-	274,073	-
Interest	-	5,195,738	3,777,530	-	-	-
Depreciation and amortization	-	13,175,629	11,956,243	52,754	624,445	279,914
Other	-	22,313,317	16,204,404	763,023	2,814,499	918,573
Total expenses	-	350,888,463	264,833,929	8,489,563	27,808,873	1,494,148
Income (loss) from operations	-	26,430,451	4,135,442	544,552	(7,792,782)	76,725
Nonoperating income (loss):						
Investment income (loss)	-	2,823,164	1,633,286	-	469,205	-
Unrealized losses on securities	-	(1,735,398)	(1,256,668)	-	(209,448)	-
Recognized gains on transferred securities	-	-	-	-	-	-
Decrease in fair value of derivative instruments	-	(1,803,612)	(1,319,994)	-	-	-
Gain on investments in affiliates	24,482,261	-	-	-	-	-
Net periodic pension cost	-	(80,053)	(57,970)	-	-	-
Other nonoperating losses	-	(45,824)	(265,808)	-	(514,014)	(5,878)
Nonoperating income (loss), net	24,482,261	(841,723)	(1,267,154)	-	(254,257)	(5,878)
Revenues and gains in excess (deficient) of expenses and losses	24,482,261	25,588,728	2,868,288	544,552	(8,047,039)	70,847
Net income attributable to noncontrolling interest in joint ventures	-	-	-	-	-	-
Revenues and gains in excess (deficient) of expenses and losses after noncontrolling interest	\$ 24,482,261	\$ 25,588,728	\$ 2,868,288	\$ 544,552	\$(8,047,039)	\$ 70,847

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF EXCESS REVENUES (EXPENSES), Continued
June 30, 2020

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Advocate Health Network	Totals	Eliminations	Combined Totals
Revenues, gains and other support:							
Net patient service revenue	\$ 10,879,946	\$ 3,346,379	\$ -	\$ -	\$ 612,391,015	\$ -	\$ 612,391,015
Other revenue	<u>6,962,753</u>	<u>363,552</u>	<u>7,659,816</u>	<u>-</u>	<u>93,730,795</u>	<u>(13,288,108)</u>	<u>80,442,687</u>
Total revenues, gains and other support	<u>17,842,699</u>	<u>3,709,931</u>	<u>7,659,816</u>	<u>-</u>	<u>706,121,810</u>	<u>(13,288,108)</u>	<u>692,833,702</u>
Expenses:							
Salaries and wages	7,620,169	2,047,961	-	-	246,890,958	-	246,890,958
Employee benefits	945,570	489,673	-	-	45,482,736	-	45,482,736
Physician and professional fees	833,256	214,272	141,011	-	54,681,741	-	54,681,741
Materials and supplies	2,495,781	108,615	-	-	192,679,204	-	192,679,204
Purchased services	953,532	41,471	-	-	42,321,517	(4,329,964)	37,991,553
Insurance	151,843	-	7,729,575	-	17,155,480	(7,659,816)	9,495,664
Interest	-	-	-	-	8,973,268	-	8,973,268
Depreciation and amortization	142,491	174,778	-	-	26,406,254	-	26,406,254
Other	<u>2,047,937</u>	<u>319,126</u>	<u>1,523</u>	<u>-</u>	<u>45,382,402</u>	<u>(1,298,328)</u>	<u>44,084,074</u>
Total expenses	<u>15,190,579</u>	<u>3,395,896</u>	<u>7,872,109</u>	<u>-</u>	<u>679,973,560</u>	<u>(13,288,108)</u>	<u>666,685,452</u>
Income (loss) from operations	<u>2,652,120</u>	<u>314,035</u>	<u>(212,293)</u>	<u>-</u>	<u>26,148,250</u>	<u>-</u>	<u>26,148,250</u>
Nonoperating income (loss):							
Investment income (loss)	-	21,265	1,560,843	-	6,507,763	-	6,507,763
Unrealized losses on securities	-	(4,512)	(469,420)	-	(3,675,446)	-	(3,675,446)
Recognized gains on transferred securities	-	-	-	-	-	-	-
Decrease in fair value of derivative instruments	-	-	-	-	(3,123,606)	-	(3,123,606)
Gain on investments in affiliates	-	-	-	-	24,482,261	(24,482,261)	-
Net periodic pension cost	-	-	-	-	(138,023)	-	(138,023)
Other nonoperating losses	<u>(29,585)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(861,109)</u>	<u>-</u>	<u>(861,109)</u>
Nonoperating income (loss), net	<u>(29,585)</u>	<u>16,753</u>	<u>1,091,423</u>	<u>-</u>	<u>23,191,840</u>	<u>(24,482,261)</u>	<u>(1,290,421)</u>
Revenues and gains in excess (deficient) of expenses and losses	2,622,535	330,788	879,130	-	49,340,090	(24,482,261)	24,857,829
Net income attributable to noncontrolling interest in joint ventures	<u>(375,568)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(375,568)</u>	<u>-</u>	<u>(375,568)</u>
Revenues and gains in excess (deficient) of expenses and losses after noncontrolling interest	\$ <u>2,246,967</u>	\$ <u>330,788</u>	\$ <u>879,130</u>	\$ <u>-</u>	\$ <u>48,964,522</u>	\$ <u>(24,482,261)</u>	\$ <u>24,482,261</u>

See accompanying independent auditor's report on combining information.

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF EXCESS REVENUES (EXPENSES)
June 30, 2019

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Revenues, gains and other support:						
Net patient service revenue	\$ -	\$ 315,260,214	\$ 245,091,798	\$ 8,546,366	\$ 18,094,115	\$ -
Other revenue	-	<u>38,741,923</u>	<u>14,058,178</u>	-	<u>1,093,231</u>	<u>1,596,000</u>
Total revenues, gains and other support	-	<u>354,002,137</u>	<u>259,149,976</u>	<u>8,546,366</u>	<u>19,187,346</u>	<u>1,596,000</u>
Expenses:						
Salaries and wages	-	110,080,154	87,943,012	6,324,746	13,807,375	141,097
Employee benefits	-	23,766,273	18,590,533	1,017,079	2,225,040	12,858
Physician and professional fees	-	28,122,728	17,413,697	24,598	4,006,372	19,950
Materials and supplies	-	90,200,921	86,044,624	299,543	2,140,884	3,409
Purchased services	-	27,505,946	11,894,296	13,696	787,968	63,654
Insurance	-	3,249,410	2,414,385	-	226,781	-
Interest	-	3,443,374	2,493,478	-	-	-
Depreciation and amortization	-	13,045,114	9,942,304	89,273	616,519	290,787
Other	-	<u>20,676,367</u>	<u>14,344,962</u>	<u>959,843</u>	<u>2,893,043</u>	<u>865,083</u>
Total expenses	-	<u>320,090,287</u>	<u>251,081,291</u>	<u>8,728,778</u>	<u>26,703,982</u>	<u>1,396,838</u>
Income (loss) from operations	-	<u>33,911,850</u>	<u>8,068,685</u>	<u>(182,412)</u>	<u>(7,516,636)</u>	<u>199,162</u>
Nonoperating income (loss):						
Investment income (loss)	-	3,576,923	1,908,790	-	400,329	-
Unrealized gains on securities	-	2,985,279	2,161,746	-	236,165	-
Recognized gains on transferred securities	-	7,367,005	5,334,736	-	476,148	-
Decrease in fair value of derivative instruments	-	(154,571)	(19,416)	-	-	-
Gain on investments in affiliates	64,115,333	-	-	-	-	-
Net periodic pension cost	-	35,608	25,785	-	-	-
Other nonoperating losses	-	<u>3,200</u>	-	-	-	-
Nonoperating income (loss), net	<u>64,115,333</u>	<u>13,813,444</u>	<u>9,411,641</u>	<u>-</u>	<u>1,112,642</u>	<u>-</u>
Revenues and gains in excess (deficient) of expenses and losses	64,115,333	47,725,294	17,480,326	(182,412)	(6,403,994)	199,162
Net income attributable to noncontrolling interest in joint ventures	-	-	-	-	-	-
Revenues and gains in excess (deficient) of expenses and losses after noncontrolling interest	<u>\$ 64,115,333</u>	<u>\$ 47,725,294</u>	<u>\$ 17,480,326</u>	<u>\$ (182,412)</u>	<u>\$ (6,403,994)</u>	<u>\$ 199,162</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF EXCESS REVENUES (EXPENSES), Continued
June 30, 2019

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Advocate Health Network	Totals	Eliminations	Combined Totals
Revenues, gains and other support:							
Net patient service revenue	\$ 1,819,179	\$ 3,342,907	\$ -	\$ -	\$ 592,154,579	\$ -	\$ 592,154,579
Other revenue	<u>8,435,153</u>	<u>316,077</u>	<u>4,400,472</u>	<u>-</u>	<u>68,641,034</u>	<u>(9,460,433)</u>	<u>59,180,601</u>
Total revenues, gains and other support	<u>10,254,332</u>	<u>3,658,984</u>	<u>4,400,472</u>	<u>-</u>	<u>660,795,613</u>	<u>(9,460,433)</u>	<u>651,335,180</u>
Expenses:							
Salaries and wages	2,541,938	1,867,683	-	418,578	223,124,583	-	223,124,583
Employee benefits	383,216	435,062	-	83,697	46,513,758	-	46,513,758
Physician and professional fees	168,610	381,438	138,951	213,771	50,490,115	-	50,490,115
Materials and supplies	4,742,398	130,934	-	1,996	183,564,709	-	183,564,709
Purchased services	168,549	46,965	-	6,373	40,487,447	(3,977,902)	36,509,545
Insurance	32,983	-	8,213,914	-	14,137,473	(4,400,472)	9,737,001
Interest	-	-	-	-	5,936,852	-	5,936,852
Depreciation and amortization	32,823	169,314	-	93,024	24,279,158	-	24,279,158
Other	<u>568,938</u>	<u>353,640</u>	<u>2,385</u>	<u>64,394</u>	<u>40,728,655</u>	<u>(1,082,059)</u>	<u>39,646,596</u>
Total expenses	<u>8,639,455</u>	<u>3,385,036</u>	<u>8,355,250</u>	<u>881,833</u>	<u>629,262,750</u>	<u>(9,460,433)</u>	<u>619,802,317</u>
Income (loss) from operations	<u>1,614,877</u>	<u>273,948</u>	<u>(3,954,778)</u>	<u>(881,833)</u>	<u>31,532,863</u>	<u>-</u>	<u>31,532,863</u>
Nonoperating income (loss):							
Investment income (loss)	-	17,779	1,862,834	-	7,766,655	-	7,766,655
Unrealized gains on securities	-	48,753	1,590,802	-	7,022,745	-	7,022,745
Recognized gains on transferred securities	-	157,806	5,367,888	-	18,703,583	-	18,703,583
Decrease in fair value of derivative instruments	-	-	-	-	(173,987)	-	(173,987)
Gain on investments in affiliates	-	-	-	-	64,115,333	(64,115,333)	-
Net periodic pension cost	-	-	-	-	61,393	-	61,393
Other nonoperating losses	<u>-</u>	<u>-</u>	<u>-</u>	<u>(787,873)</u>	<u>(784,673)</u>	<u>-</u>	<u>(784,673)</u>
Nonoperating income (loss), net	<u>-</u>	<u>224,338</u>	<u>8,821,524</u>	<u>(787,873)</u>	<u>96,711,049</u>	<u>(64,115,333)</u>	<u>32,595,716</u>
Revenues and gains in excess (deficient) of expenses and losses	1,614,877	498,286	4,866,746	(1,669,706)	128,243,912	(64,115,333)	64,128,579
Net income attributable to noncontrolling interest in joint ventures	<u>(13,242)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(13,242)</u>	<u>-</u>	<u>(13,242)</u>
Revenues and gains in excess (deficient) of expenses and losses after noncontrolling interest	\$ <u>1,601,635</u>	\$ <u>498,286</u>	\$ <u>4,866,746</u>	\$ <u>(1,669,706)</u>	\$ <u>128,230,670</u>	\$ <u>(64,115,333)</u>	\$ <u>64,115,337</u>

See accompanying independent auditor's report on combining information.

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF CASH FLOWS
June 30, 2020

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Cash flows from operating activities:						
Increase (decrease) in net assets including noncontrolling interest	\$ 31,989,505	\$ 23,865,933	\$ 1,551,884	\$ 344,525	\$(641,618)	\$ 368,426
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:						
Change in fair value of derivative instruments	3,226,959	(68,024)	(35,329)	-	-	-
Beneficial interest in net assets of Foundations, net	-	(206,186)	(492,449)	-	-	-
Net realized and unrealized (gains) losses on investments, net of reclassification adjustment	3,166,247	-	-	-	60,482	-
Depreciation and amortization	-	13,175,629	11,956,243	52,754	624,445	279,914
Loss on disposal of property	-	-	-	-	-	-
Contributions/purchase of noncontrolling interest	-	-	-	-	-	-
Contributions of property	(11,961)	(568,955)	-	-	-	-
Changes in:						
Patient accounts receivable	-	(162,937)	4,099,337	(633,884)	335,412	-
Other receivables	674,944	790,873	367,176	-	6,450	15,438
Inventories	(1,503,459)	(695,479)	(901,466)	-	-	-
Prepaid expenses	(155,101)	(122,441)	(541,443)	(10)	120,511	1,551
Accounts payable	802,233	484,996	1,253,465	189,492	44,995	30,086
Accrued liabilities	7,047,288	3,207,761	1,601,307	22,444	(155,638)	(33,232)
Estimated third-party payor settlements and Medicare advance payments	-	32,854,739	31,239,543	-	900,553	-
Accrued self-insurance claims	(84,929)	-	-	-	-	-
Accrued pension costs, net	(10,089,669)	-	-	-	-	-
Deferred compensation payable	-	94,967	324,978	-	-	-
Net cash provided by (used in) operating activities	<u>35,062,057</u>	<u>72,650,876</u>	<u>50,423,246</u>	<u>(24,679)</u>	<u>1,295,592</u>	<u>662,183</u>
Cash flows from investing activities:						
Purchases of property and equipment	56,062	(47,977,871)	(11,475,123)	(8,466)	(864,009)	(516,317)
Proceeds from sale of assets limited as to use	42,725,788	-	-	-	1,569,292	-
Purchases of assets limited as to use	(68,950,968)	-	-	-	(1,870,284)	-
Proceeds from interest rate swap termination	572,000	-	-	-	-	-
Payments on pledged collateral for swap	(600,000)	-	-	-	-	-
Purchase of SJC Urgent Care	-	-	-	-	-	-
Investment in affiliates	(25,749,853)	-	-	-	-	-
Sales (purchases) of long-term investments, net	-	729,693	(46,116)	-	(2,875)	(145,866)
Net cash provided by (used in) investing activities	<u>(51,946,971)</u>	<u>(47,248,178)</u>	<u>(11,521,239)</u>	<u>(8,466)</u>	<u>(1,167,876)</u>	<u>(662,183)</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2020

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Advocate Health Network	Totals	Eliminations	Combined Totals
Cash flows from operating activities:							
Increase (decrease) in net assets including noncontrolling interest	\$ 257,218	\$(315,773)	\$ 879,129	\$ -	\$ 58,299,229	\$(25,749,853)	\$ 32,549,376
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:							
Change in fair value of derivative instruments	-	-	-	-	3,123,606	-	3,123,606
Beneficial interest in net assets of Foundations, net	-	-	-	-	(698,635)	-	(698,635)
Net realized and unrealized (gains) losses on investments, net of reclassification adjustment	-	4,512	272,822	-	3,504,063	-	3,504,063
Depreciation and amortization	142,491	174,778	-	-	26,406,254	-	26,406,254
Loss on disposal of property	-	-	-	-	-	-	-
Contributions/purchase of noncontrolling interest	(184,305)	-	-	-	(184,305)	-	(184,305)
Contributions of property	-	-	-	-	(580,916)	-	(580,916)
Changes in:							
Patient accounts receivable	432,941	373,339	-	-	4,444,208	-	4,444,208
Other receivables	143,065	10,934	-	-	2,008,880	-	2,008,880
Inventories	126,973	-	-	-	(2,973,431)	-	(2,973,431)
Prepaid expenses	6,674	(1,600)	-	-	(691,859)	-	(691,859)
Accounts payable	38,791	(14,883)	(49,351)	-	2,779,824	-	2,779,824
Accrued liabilities	459,335	15,300	8,294	-	12,172,859	-	12,172,859
Estimated third-party payor settlements and Medicare advance payments	92,571	-	-	-	65,087,406	-	65,087,406
Accrued self-insurance claims	-	-	33,641	-	(51,288)	-	(51,288)
Accrued pension costs, net	-	-	-	-	(10,089,669)	-	(10,089,669)
Deferred compensation payable	-	-	-	-	419,945	-	419,945
Net cash provided by (used in) operating activities	<u>1,515,754</u>	<u>246,607</u>	<u>1,144,535</u>	<u>-</u>	<u>162,976,171</u>	<u>(25,749,853)</u>	<u>137,226,318</u>
Cash flows from investing activities:							
Purchases of property and equipment	(32,132)	(16,054)	-	-	(60,833,910)	-	(60,833,910)
Proceeds from sale of assets limited as to use	-	5,629	9,896,743	-	54,197,452	-	54,197,452
Purchases of assets limited as to use	-	(24,590)	(11,057,786)	-	(81,903,628)	-	(81,903,628)
Proceeds from interest rate swap termination	-	-	-	-	572,000	-	572,000
Payments on pledged collateral for swap	-	-	-	-	(600,000)	-	(600,000)
Purchase of SJC Urgent Care	-	-	-	-	-	-	-
Investment in affiliates	-	-	-	-	(25,749,853)	25,749,853	-
Sales (purchases) of long-term investments, net	(10,000)	-	-	-	524,836	-	524,836
Net cash provided by (used in) investing activities	<u>(42,132)</u>	<u>(35,015)</u>	<u>(1,161,043)</u>	<u>-</u>	<u>(113,793,103)</u>	<u>25,749,853</u>	<u>(88,043,250)</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2020

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>	<u>+ SJC Properties</u>
Cash flows from financing activities:						
Repayment of long-term debt	\$(103,599,763)	\$ -	\$ -	\$ -	\$ -	\$ -
Proceeds from issuance of long-term debt	196,720,126	-	-	-	-	-
Payments on finance lease liabilities	(226,491)	(212,567)	(229,243)	-	-	-
Contributions for property	11,960	568,955	-	-	-	-
Contributions/purchase from partners	-	-	-	-	-	-
Transfers of property	-	-	-	-	-	-
Transfers to (from) affiliates, net	<u>64,431,153</u>	<u>(25,715,576)</u>	<u>(38,667,734)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Net cash provided by (used in) financing activities	<u>157,336,985</u>	<u>(25,359,188)</u>	<u>(38,896,977)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Net increase (decrease) in cash and cash equivalents	140,452,071	43,510	5,030	(33,145)	127,716	-
Cash and cash equivalents, beginning of year	<u>22,965,214</u>	<u>44,866</u>	<u>63,236</u>	<u>97,343</u>	<u>171,097</u>	<u>-</u>
Cash and cash equivalents, end of year	<u>\$ 163,417,285</u>	<u>\$ 88,376</u>	<u>\$ 68,266</u>	<u>\$ 64,198</u>	<u>\$ 298,813</u>	<u>\$ -</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2020

	<u>SJC Health Services</u>	<u>Georgia Infirmary</u>	<u>Geechee Reinsurance</u>	<u>Advocate Health Network</u>	<u>Totals</u>	<u>Eliminations</u>	<u>Combined Totals</u>
Cash flows from financing activities:							
Repayment of long-term debt	\$ -	\$ -	\$ -	\$ -	\$(103,599,763)	\$ -	\$(103,599,763)
Proceeds from issuance of long-term debt	-	-	-	-	196,720,126	-	196,720,126
Payments on finance lease liabilities	-	-	-	-	(668,301)	-	(668,301)
Contributions for property	-	-	-	-	580,915	-	580,915
Contributions/purchase from partners	184,305	-	-	-	184,305	-	184,305
Transfers of property	-	-	-	-	-	-	-
Transfers to (from) affiliates, net	-	-	(47,843)	-	-	-	-
Net cash provided by (used in) financing activities	<u>184,305</u>	<u>-</u>	<u>(47,843)</u>	<u>-</u>	<u>93,217,282</u>	<u>-</u>	<u>93,217,282</u>
Net increase (decrease) in cash and cash equivalents	1,657,927	211,592	(64,351)	-	142,400,350	-	142,400,350
Cash and cash equivalents, beginning of year	<u>267,341</u>	<u>485,339</u>	<u>3,445,827</u>	<u>-</u>	<u>27,540,263</u>	<u>-</u>	<u>27,540,263</u>
Cash and cash equivalents, end of year	<u>\$ 1,925,268</u>	<u>\$ 696,931</u>	<u>\$ 3,381,476</u>	<u>\$ -</u>	<u>\$ 169,940,613</u>	<u>\$ -</u>	<u>\$ 169,940,613</u>

See accompanying independent auditor's report on combining information.

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF CASH FLOWS
June 30, 2019

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Cash flows from operating activities:						
Increase (decrease) in net assets including noncontrolling interest	\$ 41,357,812	\$ 41,070,705	\$ 12,054,215	\$ 38,585	\$ 1,578,606	\$ 336,231
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:						
Change in fair value of derivative instruments	(512,452)	451,793	234,646	-	-	-
Beneficial interest in net assets of Foundations, net	-	(348,843)	(153,141)	-	-	-
Net realized and unrealized (gains) losses on investments, net of reclassification adjustment	(5,202,752)	-	-	-	(256,520)	-
Depreciation and amortization	-	13,045,114	9,942,304	89,273	616,519	290,787
Loss on disposal of property	-	-	-	-	-	-
Contributions/purchase of noncontrolling interest	-	-	-	-	-	-
Contributions of property	-	(742,674)	(30,000)	-	-	-
Changes in:						
Patient accounts receivable	-	(975,491)	(2,765,536)	124,759	(347,012)	-
Other receivables	2,208,750	(2,354,242)	(154,961)	-	(142,358)	(849)
Inventories	(2,125)	(380,521)	42,303	-	-	-
Prepaid expenses	(254,491)	(96,331)	(37,760)	9,467	(42,968)	(12,176)
Accounts payable	(876,821)	2,936,866	2,328,145	(148,965)	(231,111)	2,926
Accrued liabilities	3,794,313	197,113	263,919	4,310	186,661	(2,070)
Estimated third-party payor settlements and Medicare advance payments	-	(85,384)	278,099	-	(27,928)	-
Accrued self-insurance claims	689,395	-	-	-	-	-
Accrued pension costs, net	2,365,757	-	-	-	-	-
Deferred compensation payable	-	53,483	137,451	-	(99,832)	-
Net cash provided by (used in) operating activities	<u>43,567,386</u>	<u>52,771,588</u>	<u>22,139,684</u>	<u>117,429</u>	<u>1,234,057</u>	<u>614,849</u>
Cash flows from investing activities:						
Purchases of property and equipment	(141,039)	(14,832,670)	(38,476,652)	(122,445)	(962,112)	(614,849)
Proceeds from sale of assets limited as to use	61,411,563	-	-	-	2,397,610	-
Purchases of assets limited as to use	(45,670,303)	(53,489)	(137,452)	-	(2,774,797)	-
Proceeds from interest rate swap termination	-	-	-	-	-	-
Payments on pledged collateral for swap	-	-	-	-	-	-
Purchase of SJC Urgent Care	-	-	-	-	-	-
Investment in affiliates	(60,486,696)	-	-	-	-	-
Sales (purchases) of long-term investments, net	-	(550,102)	(2,972)	-	250	-
Net cash provided by (used in) investing activities	<u>(44,886,475)</u>	<u>(15,436,261)</u>	<u>(38,617,076)</u>	<u>(122,445)</u>	<u>(1,339,049)</u>	<u>(614,849)</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2019

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Advocate Health Network	Totals	Eliminations	Restated Combined Totals
Cash flows from operating activities:							
Increase (decrease) in net assets including noncontrolling interest	\$ 10,350,146	\$ 248,129	\$(501,143)	\$(773,899)	\$ 105,759,387	\$(60,486,696)	\$ 45,272,691
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:							
Change in fair value of derivative instruments	-	-	-	-	173,987	-	173,987
Beneficial interest in net assets of Foundations, net	-	-	-	-	(501,984)	-	(501,984)
Net realized and unrealized (gains) losses on investments, net of reclassification adjustment	-	(48,753)	(1,861,159)	-	(7,369,184)	-	(7,369,184)
Depreciation and amortization	32,823	169,314	-	93,024	24,279,158	-	24,279,158
Loss on disposal of property	-	-	-	787,874	787,874	-	787,874
Contributions/purchase of noncontrolling interest	(5,000,181)	-	-	-	(5,000,181)	-	(5,000,181)
Contributions of property	-	-	-	-	(772,674)	-	(772,674)
Changes in:							
Patient accounts receivable	(1,250,393)	(158,992)	-	-	(5,372,665)	-	(5,372,665)
Other receivables	(569,853)	(5,858)	-	-	(1,019,371)	-	(1,019,371)
Inventories	68,045	-	-	-	(272,298)	-	(272,298)
Prepaid expenses	(24,281)	-	-	-	(458,540)	-	(458,540)
Accounts payable	355	6,152	2,924	(51,859)	3,968,612	-	3,968,612
Accrued liabilities	364,520	18,607	13,126	(102,715)	4,737,784	-	4,737,784
Estimated third-party payor settlements and Medicare advance payments	-	-	-	-	164,787	-	164,787
Accrued self-insurance claims	-	-	3,696,101	-	4,385,496	-	4,385,496
Accrued pension costs, net	-	-	-	-	2,365,757	-	2,365,757
Deferred compensation payable	-	-	-	-	91,102	-	91,102
Net cash provided by (used in) operating activities	<u>3,971,181</u>	<u>228,599</u>	<u>1,349,849</u>	<u>(47,575)</u>	<u>125,947,047</u>	<u>(60,486,696)</u>	<u>65,460,351</u>
Cash flows from investing activities:							
Purchases of property and equipment	(104,224)	(144,339)	-	-	(55,398,330)	-	(55,398,330)
Proceeds from sale of assets limited as to use	-	5,368	4,884,560	-	68,699,101	-	68,699,101
Purchases of assets limited as to use	-	(30,716)	(6,261,065)	-	(54,927,822)	-	(54,927,822)
Proceeds from interest rate swap termination	-	-	-	-	-	-	-
Payments on pledged collateral for swap	-	-	-	-	-	-	-
Purchase of SJC Urgent Care	(8,600,000)	-	-	-	(8,600,000)	-	(8,600,000)
Investment in affiliates	-	-	-	-	(60,486,696)	60,486,696	-
Sales (purchases) of long-term investments, net	-	-	-	-	(552,824)	-	(552,824)
Net cash provided by (used in) investing activities	<u>(8,704,224)</u>	<u>(169,687)</u>	<u>(1,376,505)</u>	<u>-</u>	<u>(111,266,571)</u>	<u>60,486,696</u>	<u>(50,779,875)</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2019

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>	<u>SJC Properties</u>
Cash flows from financing activities:						
Repayment of long-term debt	\$(8,149,056)	\$ -	\$ -	\$ -	\$ -	\$ -
Proceeds from issuance of long-term debt	-	-	-	-	-	-
Payments on finance lease liabilities	-	-	-	-	-	-
Contributions for property	-	742,674	30,000	-	-	-
Contributions/purchase from partners	-	-	-	-	-	-
Transfers of property	2,969,910	-	(3,017,485)	-	-	-
Transfers to (from) affiliates, net	<u>19,068,074</u>	<u>(38,131,742)</u>	<u>19,423,149</u>	<u>-</u>	<u>-</u>	<u>-</u>
Net cash provided by (used in) financing activities	<u>13,888,928</u>	<u>(37,389,068)</u>	<u>16,435,664</u>	<u>-</u>	<u>-</u>	<u>-</u>
Net increase (decrease) in cash and cash equivalents	12,569,839	(53,741)	(41,728)	(5,016)	(104,992)	-
Cash and cash equivalents, beginning of year	<u>10,395,375</u>	<u>98,607</u>	<u>104,964</u>	<u>102,359</u>	<u>276,089</u>	<u>-</u>
Cash and cash equivalents, end of year	<u>\$ 22,965,214</u>	<u>\$ 44,866</u>	<u>\$ 63,236</u>	<u>\$ 97,343</u>	<u>\$ 171,097</u>	<u>\$ -</u>

Continued

ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC.

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2019

	<u>SJC Health Services</u>	<u>Georgia Infirmary</u>	<u>Geechee Reinsurance</u>	<u>Advocate Health Network</u>	<u>Totals</u>	<u>Eliminations</u>	<u>Restated Combined Totals</u>
Cash flows from financing activities:							
Repayment of long-term debt	\$ -	\$ -	\$ -	\$ -	\$(8,149,056)	\$ -	\$(8,149,056)
Proceeds from issuance of long-term debt	-	-	-	-	-	-	-
Payments on finance lease liabilities	-	-	-	-	-	-	-
Contributions for property	-	-	-	-	772,674	-	772,674
Contributions/purchase from partners	5,000,181	-	-	-	5,000,181	-	5,000,181
Transfers of property	-	-	-	47,575	-	-	-
Transfers to (from) affiliates, net	<u>-</u>	<u>-</u>	<u>(359,481)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Net cash provided by (used in) financing activities	<u>5,000,181</u>	<u>-</u>	<u>(359,481)</u>	<u>47,575</u>	<u>(2,376,201)</u>	<u>-</u>	<u>(2,376,201)</u>
Net increase (decrease) in cash and cash equivalents	267,138	58,912	(386,137)	-	12,304,275	-	12,304,275
Cash and cash equivalents, beginning of year	<u>203</u>	<u>426,427</u>	<u>3,831,964</u>	<u>-</u>	<u>15,235,988</u>	<u>-</u>	<u>15,235,988</u>
Cash and cash equivalents, end of year	<u>\$ 267,341</u>	<u>\$ 485,339</u>	<u>\$ 3,445,827</u>	<u>\$ -</u>	<u>\$ 27,540,263</u>	<u>\$ -</u>	<u>\$ 27,540,263</u>

See accompanying independent auditor's report on combining information.

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*



INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Trustees
St. Joseph's/Candler Health System, Inc.
Savannah, Georgia

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of St. Joseph's/Candler Health System, Inc. (System), which comprise the combined balance sheet as of June 30, 2020, and the related combined statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the combined financial statements, and have issued our report thereon dated October 22, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the combined financial statements, we considered the System's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, we do not express an opinion on the effectiveness of the System's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Continued

Let's Think Together.®

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the System's combined financial statements are free from material misstatement, we performed tests of its compliance with the certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the combined financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the System's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the System's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Draffin & Tucker, LLP

Albany, Georgia
October 22, 2020

**Latest IRS Form 990 Parent Company:
Fiscal Year-End 2020
St. Joseph's/Candler Health System, Inc.**

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.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

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

C Name of organization: St. Joseph's/Candler Health System, Inc.
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): 5353 Reynolds Street
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: Savannah GA 31405-6015

D Employer identification number: 58-2288758
E Telephone number: 912-819-6162
G Gross receipts\$

F Name and address of principal officer:
Paul P. Hinchey
5353 Reynolds Street
Savannah GA 31405-6015

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)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: www.sjchs.org **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: 1996 **M** State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>		
	2 Check this box <input type="checkbox"/> 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	<u>19</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>18</u>
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	<u>0</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>0</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 39	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		<u>0</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>0</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>846</u>	<u>0</u>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>846</u>	<u>0</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<u>0</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) u	<u>0</u>	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<u>4,243</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<u>4,243</u>
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	<u>846</u>	<u>-4,243</u>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>591,927,003</u>	<u>786,331,222</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>254,571,428</u>	<u>416,986,145</u>
		<u>337,355,575</u>	<u>369,345,077</u>

Part II Signature Block

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

Sign Here Signature of officer: Gregory J. Schaack Date: _____
 Type or print name and title: CFO

Paid Preparer Use Only Print/Type preparer's name: Jacqueline G. Atkins Preparer's signature: _____ Date: _____
 Check if PTIN self-employed: P00861721
 Firm's name: Draffin & Tucker LLP Firm's EIN: 58-0914992
 Firm's address: PO Box 71309 Albany, GA 31708-1309 Phone no.: 229-883-7878

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

Public Inspection Copy

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 \$ 4,243 including grants of \$) (Revenue \$)
See Schedule O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u 4,243

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
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	X	
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	X	
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
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 0		
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	X
b	If "Yes," enter the name of the foreign country u 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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
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	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	X
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	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
	1a 19		
1b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 18		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?	X	
16b	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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** GA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on 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 **u**
 Gregory J. Schaack 5353 Reynolds St
 Savannah GA 31405-6015 912-819-6162

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, and 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Paul P. Hinchey President & CEO	1.00 44.00	X		X				0	1,259,887	50,413
(2) Gregory J. Schaack CFO	1.00 44.00			X				0	632,235	68,383
(3) Kyle L. McCann COO	1.00 40.00			X				0	615,890	51,745
(4) Sherry A. Danello VP	1.00 40.00				X			0	378,942	87,527
(5) Nolan D. Hennessee VP	1.00 40.00				X			0	389,255	49,435
(6) Thomas S. Pound VP	1.00 40.00				X			0	337,166	51,913
(7) Bradley R. Trower VP	1.00 40.00				X			0	282,263	38,068
(8) Mary M. Strand VP	1.00 41.00				X			0	304,881	13,998
(9) Sr. Margie Beatty VP	1.00 41.00			X				0	273,047	28,469
(10) Julia L. Mikell, M.D. VP	1.00 40.00				X			0	233,066	3,474
(11) Gregory A. Menke VP	1.00 41.00				X			0	198,050	33,787

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

(A) Name and title	(B) Average hours per week 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			
(12) Paul E. Carpenter Pharmacy Director	1.00 40.00				X			0	191,487	37,856
(13) Starla L. Wilkes Dir Surg Svcs	1.00 40.00				X			0	209,951	15,706
(14) John C. Albert Chairman	1.00 2.00	X		X				0	0	0
(15) James F. Bass Trustee	1.00 0.00	X						0	0	0
(16) Frank Brown Trustee	1.00 0.00	X						0	0	0
(17) John C. Coleman Trustee	1.00 0.00	X						0	0	0
(18) Richard McIncrow, DO Trustee	1.00 0.00	X						0	0	0
(19) Robert E. James Vice Chairman	1.00 2.00	X		X				0	0	0
1b Subtotal									5,306,120	530,774
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)									5,306,120	530,774

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 **u** 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	X	

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

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 **u** 0

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					
	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	u					
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u					
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)	u						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions	u	0	0	0	0		

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Partnership K-1	4,243	4,243		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,243	4,243	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet
 Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	18,677,611	1	150,494,180
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	14,187	8	1,517,646
	9 Prepaid expenses and deferred charges	4,275,530	9	4,430,631
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 82,454,890		
	b Less: accumulated depreciation	10b 64,049,438	17,410,955	10c 18,405,452
	11 Investments—publicly traded securities	155,035,302	11	186,828,010
	12 Investments—other securities. See Part IV, line 11	393,888,815	12	419,638,667
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	1,512,341	14	2,931,530
	15 Other assets. See Part IV, line 11	1,112,262	15	2,085,106
16 Total assets. Add lines 1 through 15 (must equal line 33)	591,927,003	16	786,331,222	
Liabilities	17 Accounts payable and accrued expenses	23,642,499	17	31,480,898
	18 Grants payable		18	
	19 Deferred revenue		19	11,126
	20 Tax-exempt bond liabilities	134,805,625	20	184,017,778
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	46,322,603	23	91,650,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	49,800,701	25	109,826,343
	26 Total liabilities. Add lines 17 through 25	254,571,428	26	416,986,145
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	337,355,575	27	369,345,077
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	337,355,575	32	369,345,077
33 Total liabilities and net assets/fund balances	591,927,003	33	786,331,222	

Part XI Reconciliation 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	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,243
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,243
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	337,355,575
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 on Schedule O)	9	31,993,745
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	369,345,077

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week 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			
(20) Sally Lufburrow Trustee	1.00 0.00	X						0	0	0
(21) Barry Schlafstein, M.D. Trustee	1.00 1.00	X						0	0	0
(22) John W. Odom, M.D. Trustee	1.00 0.00	X						0	0	0
(23) Ana Concepcion, MD Trustee	1.00 1.00	X						0	0	0
(24) James Carr, MD Trustee	1.00 0.00	X						0	0	0
(25) Henry H. Minis Trustee	1.00 1.00	X						0	0	0
(26) Richard D. Moore Trustee	1.00 0.00	X						0	0	0
(27) Cindy Murphy Trustee	1.00 0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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

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 **u**

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

(A) Name and title	(B) Average hours per week 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			
(28) Tony Nimmer Trustee	1.00 0.00	X						0	0	0
(29) Sr. Frances DeMarco, Trustee	1.00 0.00	X						0	0	0
(30) Sr. Helen Marie Buttimer, Trustee	1.00 1.00	X						0	0	0
(31) Sr. Mary Karen McNally, Trustee	1.00 3.00	X						0	0	0
(32) Lenny Panzitta, Esq. Board Secretary	1.00 0.00			X				0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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

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 **u**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **St. Joseph's/Candler Health System, Inc.** Employer identification number **58-2288758**

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Candler Hospital, Inc.	58-0593388	3	X			0
(B) St. Joseph's Hospital, Inc.	58-0568702	3	X			0
(C)						
(D)						
(E)						
Total					0	0

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(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 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) u	(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 <input type="checkbox"/>						

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 from 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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		X
b A family member of a person described in (a) above?		X
11b		X
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		X
11c		X

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a	X	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b	X	

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):		
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	<input type="checkbox"/> 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)			Current Year
Section D - Distributions			
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. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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		

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.)

Part IV, Section D, Line 3 - Role of Supported Organizations

As sole member and parent, the System shares a common board and officers with both of the supported organizations.

Part IV, Section E, Line 3a - Appoint/Elect Officers for Each Supported

The filing organization is the sole member of both supported organizations, Candler Hospital (CH) and Saint Joseph's Hospital (SJH) with the power and authority to approve all nominations to each Board of Trustees.

Part IV, Section E, Line 3b - Exercised Direction Over Each Supported

As sole member and parent of the two supported organizations, the System has the power and authority to approve any Bylaws or Articles amendments or restatements; dissolutions, mergers, consolidations or sale of all or substantially all of the assets; mortgage, pledge, lease or other encumbrance of all or substantially all of the assets, and; change the name under which the organizations conduct business.

Supplemental Information

Section D, Line 1

The organization does not technically comply with the regulations in that a formal annual written notice addressed to a principal officer of each supported organization is not prepared nor delivered. However, the organization does comply, short of preparing a written notice, to the notification requirements. As stated above, the organization is the sole member of each supported organization and has the power and authority to approve all nominations to each Board of Trustees. Additionally, the three

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.)

organizations share a common management/officer team.

Organization and related entities:

St. Joseph's/Candler Health System, Inc. (System), a not-for-profit membership corporation, was founded in 1997 under a Joint Operating Agreement entered into between Candler Hospital, Inc. (CH), Saint Joseph's Hospital, Inc. (SJH) and their various respective affiliates, such that the System became the parent organization of CH, SJH and the affiliates. The Sisters of Mercy of the Americas, Inc. (SMA) is the sole member of the System.

The System operates a comprehensive integrated healthcare network and serves as the controlling body of its affiliated entities as follows:

CH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 331-bed acute care hospital in Savannah, Georgia. CH is the sole member of and operates SJC Oncology Services- Georgia, LLC in Savannah, Georgia and SJC Oncology Services- South Carolina, LLC in Hilton Head, South Carolina, both of which are single member LLC's that provide advanced radiation oncology services.

SJH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 305-bed acute care hospital in Savannah, Georgia. SJH is the sole member of and operates St. Joseph's Medical Group, LLC, and St. Joseph's Cardiology Group, LLC, both of which are single member LLC's that provide specialized physician services.

SJC Home Health, Inc. (Home Health) is a not-for-profit corporation, of which the System is the sole member, established to provide home health services in a twenty-one county area in southeast Georgia.

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.)

Georgia Infirmary, Inc. (Infirmary) is a not-for-profit corporation, of which the System is the sole corporate member. The System shall have, and may exercise with respect to the Infirmary, all rights and authorities granted by law to members of nonprofit corporations in Georgia or the bylaws of the Infirmary, except that the System does not have the authority to change the mission of the Infirmary as outlined in the Infirmary's original Articles of Incorporation. In the event of any merger or sale of substantially all of the assets of the System, all membership interest of the System in the Infirmary shall be deemed surrendered by the System and reverted to the Infirmary. The Infirmary is an adult day health provider and also provides a case management program to improve health outcomes for elderly or disabled Medicaid recipients with chronic medical conditions.

SJC Ventures, Inc. (SJCVC) is a for-profit corporation and wholly owned stock subsidiary of the System organized to be the sole shareholder of SJC Medical Group, Inc., SJC Properties, Inc. and SJC Health Services, Inc., thereby creating an affiliated group of corporations eligible to report on a consolidated basis for federal income tax purposes within the meaning of the Internal Revenue Code of 1986, as amended.

SJC Medical Group, Inc. (SJCIMG) is a for-profit corporation which owns, operates, and manages physician practices, in addition to performing billing services, of which SJCVC is the sole shareholder.

SJC Properties, Inc. (Properties) is a for-profit corporation, wholly owned by SJCVC, which owns and develops certain real estate and manages several medical office buildings.

SJC Health Services, Inc. (Health Services) is a for-profit corporation, wholly owned by SJCVC, organized to further the health care delivery system of the System.

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.)

Geechee Reinsurance Company, LLC (Geechee) is a captive insurance company formed under the laws of the State of South Carolina to insure the general and professional liability risks of the System. Geechee is organized as a single member LLC with the System as its sole member.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

u 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

St. Joseph's/Candler Health System, Inc.

Employer identification number

58-2288758

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB 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 u \$, (ii) Assets included in Form 990, Part X u \$. 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

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 make 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 program
 - 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 on 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 **u** %
 - b Permanent endowment **u** %
 - c Term endowment **u** %
- 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 line 3a(ii), are the related organizations listed as required on Schedule R?
- 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				
b Buildings		3,461,475	2,113,432	1,348,043
c Leasehold improvements		562,682	525,103	37,579
d Equipment		78,390,269	61,410,903	16,979,366
e Other		40,464		40,464
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				18,405,452

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	419,638,667	Market
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	419,638,667	

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	
(2) Due to Affiliates	83,607,498
(3) Defined Benefit Plan	18,322,419
(4) Interest Rate Swap	3,092,078
(5) Lease liabilities	2,594,738
(6) Accrued Workers Compensation	2,209,610
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	109,826,343

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 FASB 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	24,482,261
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	24,482,261	
	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	24,482,261
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	4,243	
	c Add lines 4a and 4b		4c	4,243
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,243

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.

Part X - FIN 48 Footnote

The System, CH, SJH, Home Health and Infirmary are generally exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. Only net income from activities designated as unrelated to the exempt purposes of CH, SJH, Home Health, and Infirmary are subject to federal and state unrelated business income tax. Geechee is organized as a single member LLC owned by System and is treated as a disregarded entity for tax purposes.

The System applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules

Part XIII Supplemental Information (continued)

require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the System only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2020 and 2019 or for the years then ended. The System's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Acronyms:

System - St. Joseph's/Candler Health System, Inc.

CH - Candler Hospital, Inc.

SJH - Saint Joseph's Hospital, Inc.

Home Health - SJC Home Health, Inc.

Infirmary - Georgia Infirmary, Inc.

Geechee - Geechee Reinsurance Company, LLC

Part XIII Supplemental Information (continued)

Part XIII, Line 4b - Expense Amounts Included on Return - Other	
Partnership K-1 UBI	\$ 4,243

Part XIII - Supplemental Financial Information

Parts XI and XII - Reconciliations are completed using the combining Statements of Excess Revenues (Expenses) from the audited financial statements of St. Joseph's/Candler Health System, Inc.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

u Attach to Form 990.

u 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

St. Joseph's/Candler Health System, Inc.

Employer identification number

58-2288758

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- 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 on lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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 aren't 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				
1 Paul P. Hinchey President & CEO	(i) 0 (ii) 955,523	(i) 0 (ii) 288,692	(i) 0 (ii) 15,672	(i) 0 (ii) 0	(i) 0 (ii) 50,413	(i) 0 (ii) 1,310,300	(i) 0 (ii) 0
2 Gregory J. Schaack CFO	(i) 0 (ii) 504,760	(i) 0 (ii) 127,475	(i) 0 (ii) 0	(i) 0 (ii) 19,000	(i) 0 (ii) 49,383	(i) 0 (ii) 700,618	(i) 0 (ii) 0
3 Kyle L. McCann COO	(i) 0 (ii) 490,890	(i) 0 (ii) 125,000	(i) 0 (ii) 0	(i) 0 (ii) 19,000	(i) 0 (ii) 32,745	(i) 0 (ii) 667,635	(i) 0 (ii) 0
4 Sherry A. Danello VP	(i) 0 (ii) 333,541	(i) 0 (ii) 45,401	(i) 0 (ii) 0	(i) 0 (ii) 19,000	(i) 0 (ii) 68,527	(i) 0 (ii) 466,469	(i) 0 (ii) 0
5 Nolan D. Hennessee VP	(i) 0 (ii) 324,515	(i) 0 (ii) 64,740	(i) 0 (ii) 0	(i) 0 (ii) 19,000	(i) 0 (ii) 30,435	(i) 0 (ii) 438,690	(i) 0 (ii) 0
6 Thomas S. Pound VP	(i) 0 (ii) 286,846	(i) 0 (ii) 50,320	(i) 0 (ii) 0	(i) 0 (ii) 19,000	(i) 0 (ii) 32,913	(i) 0 (ii) 389,079	(i) 0 (ii) 0
7 Bradley R. Trower VP	(i) 0 (ii) 245,897	(i) 0 (ii) 36,366	(i) 0 (ii) 0	(i) 0 (ii) 15,960	(i) 0 (ii) 22,108	(i) 0 (ii) 320,331	(i) 0 (ii) 0
8 Mary M. Strand VP	(i) 0 (ii) 253,581	(i) 0 (ii) 51,300	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 13,998	(i) 0 (ii) 318,879	(i) 0 (ii) 0
9 Sr. Margie Beatty VP	(i) 0 (ii) 229,347	(i) 0 (ii) 43,700	(i) 0 (ii) 0	(i) 0 (ii) 19,000	(i) 0 (ii) 9,469	(i) 0 (ii) 301,516	(i) 0 (ii) 0
10 Julia L. Mikell, M.D. VP	(i) 0 (ii) 233,066	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 3,474	(i) 0 (ii) 236,540	(i) 0 (ii) 0
11 Gregory A. Menke VP	(i) 0 (ii) 180,492	(i) 0 (ii) 17,558	(i) 0 (ii) 0	(i) 0 (ii) 13,135	(i) 0 (ii) 20,652	(i) 0 (ii) 231,837	(i) 0 (ii) 0
12 Paul E. Carpenter Pharmacy Director	(i) 0 (ii) 187,295	(i) 0 (ii) 4,000	(i) 0 (ii) 192	(i) 0 (ii) 0	(i) 0 (ii) 37,856	(i) 0 (ii) 229,343	(i) 0 (ii) 0
13 Starla L. Wilkes Dir Surg Svcs	(i) 0 (ii) 191,759	(i) 0 (ii) 0	(i) 0 (ii) 18,192	(i) 0 (ii) 0	(i) 0 (ii) 15,706	(i) 0 (ii) 225,657	(i) 0 (ii) 0
14	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0
15	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0
16	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0

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.

Part I, Line 1a - Fringe or Expense Explanation

CEO receives the benefit and the amount is included in the CEO's taxable income.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified	Equity-based
Gregory J. Schaack	0	19,000	0
Kyle L. McCann	0	19,000	0
Sherry A. Danello	0	19,000	0
Nolan D. Hennessee	0	19,000	0
Thomas S. Pound	0	19,000	0
Bradley R. Trower	0	15,960	0
Sr. Margie Beatty	0	19,000	0
Gregory A. Menke	0	7,315	0

Part III - Other Additional Information

Part I, Line 4(b) - Supplemental Executive Retirement Plan (SERP)

The System maintains an unfunded supplemental executive retirement plan

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.

(SERP), which provides retirement benefits to certain officers and select employees. This plan is non-qualified and does not have a minimum funding requirement.

Part II, Bonus Award

Bonus compensation is awarded based on reaching multiple organizational and individual goals, all of which are expressly contingent upon achieving a targeted operating budget. The CEO makes a bonus recommendation to the Board's Compensation Committee while the Committee makes a bonus recommendation to the Board for the CEO. All bonuses are capped at a maximum percentage of their salary.

Compensation from unrelated organization

Sister Margie Beatty is a key employee for the filing organization spending approximately half her time between two related hospitals, Candler Hospital and St. Joseph's Hospital. The organizations, however, submit 100% of her compensation to The Sisters of Mercy (SOM) for her services. Total amount paid to SOM in calendar year 2019 was \$273,047.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

u Attach to Form 990.

u 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 **St. Joseph's/Candler Health System, Inc.** Employer identification number **58-2288758**

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A Hospital Authority of Savannah	58-1792535	804833EX5	11/01/13	46,185,000	See Part VI		X		X		X
B Hospital Authority of Savannah	58-1792535	804833FE6	11/20/19	113,474,955	See Part VI		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	46,185,000		113,474,955					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows			87,141,928					
7 Issuance costs from proceeds	704,461		964,100					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	15,412,271							
11 Other spent proceeds	30,068,268		25,368,927					
12 Other unspent proceeds								
13 Year of substantial completion	2015		2016					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III Private Business Use

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	X			X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? ..		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? ..								
6 Were any gross proceeds invested beyond an available temporary period? ..		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Schedule K - Purpose of Issue Description
 Hospital Authority of Savannah
 Refund 2003 Bonds; construction project

Hospital Authority of Savannah
 Refund Series 2016A & 2017 Bonds; Finance Capital Project

Schedule K - Date Rebate Computation Performed
 Hospital Authority of Savannah 03/21/18

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

Public Inspection Copy

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	St. Joseph's/Candler Health System, Inc.	Employer identification number	58-2288758
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Form 990 - Organization's Mission

Rooted in God's love, we treat illness and promote wellness for all people. St. Joseph's/Candler Health System, Inc. provides comprehensive healthcare services to the communities of Savannah, Georgia and the surrounding counties through the operation of St. Joseph's Hospital, Inc., Candler Hospital, Inc., and other related healthcare organizations.

Form 990, Part III, Line 4a - First Accomplishment

St. Joseph's/Candler Health System, Inc. is organized and operated exclusively for the charitable purpose of promoting the health of the communities of Savannah, Georgia, and the surrounding counties. Specifically, St. Joseph's/Candler Health System, Inc. was created to control and operate a permanent, combined regional health care delivery system consisting of the hospital facilities of St. Joseph's Hospital, Inc. and Candler Hospital, Inc. entities.

On January 6, 1997, Candler Hospital, Inc. and Candler Health System, Inc. entered into a joint operating agreement with St. Joseph's Health Center, Inc. and St. Joseph's Hospital, Inc. to merge their respective operations to create a new health care system. The merger, which became effective on April 1, 1997, resulted in the formation of a not-for-profit parent company, St. Joseph's/Candler Health System, Inc. of which St. Joseph's Health Center, Inc. and Candler Health System, Inc. were members until April 1, 2003. On April 1, 2003, St. Joseph's Health Center, Inc. and Candler Health Center, Inc. resigned as members and Sisters of Mercy, Baltimore Regional Community became the sole member of St. Joseph's/Candler

Name of the organization

Employer identification number

St. Joseph's/Candler Health System,

58-2288758

Health System, Inc.

Public Inspection Copy

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The South Central Leadership Team of the Sisters of Mercy of the Americas, Inc. (SMA) is the original sponsor of Saint Joseph's Hospital and is the sole member of St. Joseph's/Candler Health System, Inc. (System).

Form 990, Part VI, Line 7a - Election of Members and Their Rights

SMA is the original sponsor of Saint Joseph's Hospital and is the sole member of System. Saint Joseph's Hospital and Candler Hospital have a brother/sister relationship with the System being the parent organization. The SMA has certain limited rights such as appointment of three trustees to the System board.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

The SMA has certain limited rights such as appointment of three trustees to the System Board. The SMA also has specific reserved powers which require that certain actions taken by the System Board of Trustees or Board of Directors of any other System entity, are effective only if first approved by SMA.

These actions include:

1. Adoption, amendment or change of the philosophy, purpose, mission, values statement or name of System or St. Joseph's Hospital (SJH).
2. Amendment or restatement of the Articles of Incorporation or any of the governance documents of any System entities that diminishes or alters any SMA reserved power.
3. Amendment or restatement of the Articles of Incorporation or bylaws of

Name of the organization St. Joseph's/Candler Health System,	Employer identification number 58-2288758
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SJH.

4. Appointment of the System CEO, beginning with the first successor to the initial System CEO.

5. Dissolution, merger, consolidation or sale of all or substantially all of the assets of System or SJH.

6. Sale or other disposition of real property of SJH if the FMV of the property at that time exceeds the threshold established by Roman Catholic Church law for property transactions.

7. Incurrence of any debt (including leases of real property) by SJH in an amount in excess of the then existing threshold requiring approval by the applicable agency of the Roman Catholic Church.

8. Addition of any new service at any System entity or deletion of any existing service at any System entity if such addition or deletion would be inconsistent with the ethical and religious directives for Catholic healthcare services as approved by the National Conference of Catholic Bishops.

9. Taking any action that results in Saint Joseph's Hospital or Candler Hospital failing to continue to operate as an acute care hospital.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the Form 990 is provided to the Finance Committee of the Board of Trustees and made available to the full Board for review prior to filing.

The organization's management team performs a complete detailed review of all financial and disclosure data prior to filing the return with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

At least annually, and as deemed necessary, the conflict of interest policy

Name of the organization St. Joseph's/Candler Health System,	Employer identification number 58-2288758
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is reviewed to determine if any changes or enhancements are needed. The annual disclosures are provided to the President's assistant and are reviewed by the organization's Corporate Compliance Officer. If any conflicting interest is identified, the Board Chairman will discuss with the Board to determine further actions needed.

The Board Chairman may ask the interested person to leave the meeting during discussion of the matter that gives rise to the potential conflict. If asked, the interested person shall leave the meeting, but may make a statement or answer any questions on the matter before leaving. The interested person will not vote on the matter that gives rise to the potential conflict and the Board or Board Committee must approve the transaction or arrangement by majority vote of the Board members present at a meeting that has a quorum, not including the vote of the interested person.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

An independent consulting firm annually evaluates the compensation of the CEO using comparability data obtained through compensation surveys/studies. Their recommendations are considered by a compensation committee comprised of independent voting members of the Board and the final compensation package requires full approval by the Board. The actions, motions, considerations, members present and dissenting opinions are recorded in the Board minutes.

Form 990, Part VI, Line 15b - Compensation Process for Officers

An independent consulting firm annually evaluates the compensation of the CFO and other officers using comparability data obtained through

Name of the organization	Employer identification number
St. Joseph's/Candler Health System,	58-2288758

compensation surveys/studies. Their recommendations are considered by a compensation committee comprised of independent voting members of the Board and the final compensation package requires full approval by the Board. The actions, motions, considerations, members present and dissenting opinions are recorded in the Board minutes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
 Certain organizational policies, including the conflict of interest policy, are located on St. Joseph's/Candler's website. Combined financial statements are available through the Annual Bond Disclosure Report posted to a public website. Governing documents are currently not publicly available.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Equity Transfers	\$ 580,915
Increase in beneficial interest in Foundations	\$ 698,635
Equity in Subsidiary earnings	\$ 24,482,260
Change in deferred pension liability	\$ 6,227,692
K-1 book to tax difference	\$ 4,243
Total	\$ 31,993,745

The changes in net assets represent noncash activity between the sole member and its subsidiaries, such as equity transfers, changes in Foundation interest, and pension liability fluctuations.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

St. Joseph's/Candler Health System,
Inc.

Employer identification number

58-2288758

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Geechee Reinsurance Company, LLC 1327 Ashley River Road Charleston SC 29407 26-0360754	Insurance	SC	879,130	49,784,942	System
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Candler Hospital, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-0593388	Acute Care	GA	501c3	3	System	X	
(2) Saint Joseph's Hospital, Inc. 11705 Mercy Blvd. Savannah GA 31419-1711 58-0568702	Acute Care	GA	501c3	3	System	X	
(3) SJC Home Health Services, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1329042	Home Hlth	GA	501c3	10	System	X	
(4) Georgia Infirmary, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-0668614	Clinic	GA	501c3	10	System	X	
(5) Candler Foundation, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1553254	Foundation	GA	501c3	12b	System	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
u Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

St. Joseph's/Candler Health System,
Inc.

Employer identification number

58-2288758

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) St. Joseph's Foundation of Savannah 5353 Reynolds Street 58-1905195 Savannah GA 31405-6015	Foundation	GA	501c3	12b	System	X	
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Wayne/SJC Medical Group LLC 320 Peachtree Street Jesup GA 31545 45-5292251	Healthcare	GA	N/A	Related	-396,154	44,852		X	N/A	X		30.00
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SJC Ventures, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2650129	Healthcare	GA	System	C	-5,772,120	39,620,009	100.000000	X	
(2) SJC Health Services, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1701535	Healthcare	GA	N/A	C	N/A	N/A	N/A		X
(3) SJC Medical Group, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2011805	Physicians	GA	N/A	C	N/A	N/A	N/A		X
(4) SJC Properties, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1583360	Property	GA	N/A	C	N/A	N/A	N/A		X

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) All controlled entities	n		Amount undetermined
(2) All controlled entities	o		Amount undetermined
(3) All controlled entities	l		Amount undetermined
(4) All controlled entities	e	83,607,498	Book value
(5)			
(6)			

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

Public Inspection Copy

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section

501(c)(3) 220(e)

408(e) 530(a)

408A 529(a)

Name of organization (Check box if name changed and see instructions.)
St. Joseph's/Candler Health System, Inc.

Number, street, and room or suite no. If a P.O. box, see instructions.
5353 Reynolds Street

City or town, state or province, country, and ZIP or foreign postal code
Savannah GA 31405-6015

D Employer identification number
(Employees' trust, see instructions.)
58-2288758

E Unrelated business activity code
(See instructions.)
525990

C Book value of all assets at end of year
786,331,222

F Group exemption number (See instructions.) **u**

G Check organization type **u** 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. **u** 1 Describe the only (or first) unrelated trade or business here
u Investment in partnerships. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u Gregory J. Schaack** Telephone number **u 912-819-6162**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	u			
2 Cost of goods sold (Schedule A, line 7)				
3 Gross profit. Subtract line 2 from line 1c				
4a Capital gain net income (attach Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from partnership and S corporation (attach statement)				
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions; attach schedule)				
13 Total. Combine lines 3 through 12		0		0

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		21b 0
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 Total deductions. Add lines 14 through 27		28	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	
31 Unrelated business taxable income. Subtract line 30 from line 29		31	

Part III Total Unrelated Business Taxable income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules)	34
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	35
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39 0

Part IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41
42	Proxy tax. See instructions	42
43	Alternative minimum tax (trusts only)	43
44	Tax on Noncompliant Facility Income. See instructions	44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0

Part V Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a
b	Other credits (see instructions)	46b
c	General business credit. Attach Form 3800 (see instructions)	46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d
e	Total credits. Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	47
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	48
49	Total tax. Add lines 47 and 48 (see instructions)	49 0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50
51a	Payments: A 2018 overpayment credited to 2019	51a
b	2019 estimated tax payments	51b
c	Tax deposited with Form 8868	51c
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d
e	Backup withholding (see instructions)	51e
f	Credit for small employer health insurance premiums (attach Form 8941)	51f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u	51g
52	Total payments. Add lines 51a through 51g	52
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input type="checkbox"/>	53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed u	54 0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid u	55
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax u Refunded u	56

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here u	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.	<input type="checkbox"/> <input checked="" type="checkbox"/>
59	Enter the amount of tax-exempt interest received or accrued during the tax year u \$	

Sign Here **u** _____ **u** CFO _____
 Signature of officer Date Title

Paid Preparer Use Only
 Print/Type preparer's name: Jacqueline G. Atkins
 Preparer's signature: _____ Date: _____
 Check if self-employed if PTIN: P00861721
 Firm's name: } Draffin & Tucker LLP Firm's EIN: } 58-0914992
 PO Box 71309
 Firm's address: } Albany, GA 31708-1309 Phone no.: } 229-883-7878

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

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year ...	1	6 Inventory at end of year	6	
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a Additional sec. 263A costs (attach schedule)	4a			
b Other costs (attach schedule)	4b			
5 Total. Add lines 1 through 4b ...	5			

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) u		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			u	u
Total dividends-received deductions included in column 8			u	u

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20.

2019

Department of the Treasury
Internal Revenue Service
Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

St. Joseph's/Candler Health System,

Employer identification number
58-2288758

Unrelated Business Activity Code (see instructions) u

Describe the unrelated trade or business u

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance <u>u</u>	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnership and S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	0	0

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	0
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)		27		
28 Total deductions. Add lines 14 through 27		28		
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		
31 Unrelated business taxable income. Subtract line 30 from line 29		31		

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

77630SYS St. Joseph's/Candler Health System,
58-2288758
FYE: 6/30/2020

Federal Statements

Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	Gross Income	Direct Deductions (Part. only)	Net Income
Plains All American Pipeline	\$	\$	\$
Total	\$ 0	\$ 0	\$ 0

**Latest IRS Form 990 Hospitals:
Fiscal Year-End 2020**

St. Joseph's Hospital, Inc. and Candler Hospital, Inc.

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.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Saint Joseph's Hospital, Inc.		D Employer identification number 58-0568702
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11705 Mercy Boulevard		E Telephone number 912-819-6162
	City or town, state or province, country, and ZIP or foreign postal code Savannah GA 31419-1711		G Gross receipts \$ 270,960,936
	F Name and address of principal officer: Paul P. Hinchey 5353 Reynolds Street Savannah GA 31405-6015		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: u www.sjchs.org			H(c) Group exemption number u 0928
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		L Year of formation: 1946	M State of legal domicile: GA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: See Schedule O		
	2	Check this box <input type="checkbox"/> 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	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1794
	6	Total number of volunteers (estimate if necessary)	6	71
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	205,576
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	282,045	5,617,646
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	254,187,543	257,754,609
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,908,786	1,367,474
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,710,387	5,597,116
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	261,088,761	270,336,845
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	104,769,440	109,135,732
	16b	Total fundraising expenses (Part IX, column (D), line 25) u		0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	146,286,066	155,756,167
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	251,055,506	264,891,899
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	10,033,255	5,444,946
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	176,284,258	214,715,548
	22	Net assets or fund balances. Subtract line 21 from line 20	20,505,139	57,384,536
			155,779,119	157,331,012

Part II Signature Block

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

Sign Here	Signature of officer Gregory J. Schaack	Date	
	Type or print name and title CFO		
Paid Preparer Use Only	Print/Type preparer's name Jacqueline G. Atkins	Preparer's signature	Date
	Firm's name } Draffin & Tucker LLP	Firm's EIN } 58-0914992	Check <input type="checkbox"/> if PTIN self-employed P00861721
	Firm's address } PO Box 71309 Albany, GA 31708-1309	Phone no. 229-883-7878	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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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 \$ 222,994,604 including grants of \$) (Revenue \$ 261,312,094)

See Schedule O

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses u 222,994,604

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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	X	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
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	X	
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		X
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
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			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
33		X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
35b			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
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.	X	
38		X	

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)

		Yes	No
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 1794		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country u 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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.		X
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.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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. 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 on Schedule O.		
	5		
1b	Enter the number of voting members included on line 1a, above, who are independent		
	2		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?	X	
16b	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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed GA, NC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on 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 Gregory J. Schaack 5353 Reynolds Street Savannah GA 31405-6015 912-819-6162

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, and 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Paul P. Hinchey President & CEO	20.00 25.00			X				529,153	730,734	50,413
(2) Brian M. Bailey, MD Surgeon	40.00 0.00					X		1,030,719	0	22,357
(3) Jeremy E. London, MD Surgeon	40.00 0.00					X		981,163	0	24,481
(4) Robert E. Jones, MD Surgeon	40.00 0.00					X		942,184	0	24,957
(5) Norman Yates III, MD Surgeon	40.00 0.00					X		752,762	0	33,721
(6) Gregory J. Schaack CFO	20.00 25.00			X				265,539	366,697	68,383
(7) Kyle L. McCann Trustee/COO	20.00 21.00	X	X					258,674	357,216	51,745
(8) Kristy M. Wiebke, MD Surgeon	40.00 0.00					X		589,358	0	16,954
(9) Sherry A. Danello Trustee/VP	20.00 21.00	X	X					159,155	219,787	87,527
(10) Nolan D. Hennessee VP	20.00 21.00					X		163,487	225,768	49,435
(11) Thomas S. Pound VP	20.00 21.00			X				141,609	195,557	51,913

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

(A) Name and title	(B) Average hours per week 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			
(12) Bradley R. Trower VP	20.00 21.00				X			118,551	163,712	38,068
(13) Mary M. Strand VP	20.00 21.00			X				128,050	176,831	13,998
(14) Sr. Margie Beatty RSM Chair/VP	20.00 22.00	X	X					114,680	158,367	28,469
(15) Julia Mikell, MD Trustee/Physician	20.00 22.00	X						97,888	135,178	3,474
(16) Gregory A. Menke VP	20.00 22.00				X			83,181	114,869	33,787
(17) Richard McIncrow, MD Trustee	1.00 1.00	X						0	0	0
1b Subtotal							u	6,356,153	2,844,716	599,682
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	6,356,153	2,844,716	599,682

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 **u 141**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	X	

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
Cardiology Assoc of Savannah LLC 11700 Savannah GA 31419	Mercy Blvd Plaza D #6 RVU Production	5,381,347
Chatham Hospitalist, LLC 5354 Savannah GA 31405	Reynolds Street, Ste. 424 Consulting	1,639,187
American Anesthesia Associates 400 Mall Blvd Savannah GA 31406	Anesthesia	1,500,400
Savannah Perfusion, LLC 39 Myrtlewood Drive Savannah GA 31406	Perfusion	991,416
O Arm Technical LLC 4 E. Jackson Blvd Savannah GA 31405	Technical Svc	552,500

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 **u 33**

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	170,355				
	e Government grants (contributions)	1e	5,447,291				
	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	u	5,617,646				
	Program Service Revenue	2a Program Service Revenue	Business Code				
		624100	255,799,317	255,799,317			
b Lab Revenue - Related		621500	1,955,292	1,955,292			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f	u	257,754,609					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,991,565			1,991,565	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	712,004				
		(ii) Personal					
		6b Less: rental expenses					
	c Rental inc. or (loss)	6c	712,004				
	d Net rental income or (loss)	u	712,004			712,004	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7b Less: cost or other basis and sales exps.		624,091			
		7c Gain or (loss)		-624,091			
	d Net gain or (loss)	u	-624,091			-624,091	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b Less: direct expenses					
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
	9b Less: direct expenses						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
	10b Less: cost of goods sold						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a Other Operating Revenue	Business Code					
		624100	2,802,109	2,802,109			
	b Cafeteria	722513	1,122,051			1,122,051	
	c Intercompany Laundry	621500	755,227	755,227			
	d All other revenue	621500	205,725	149	205,576		
e Total. Add lines 11a-11d	u	4,885,112					
12 Total revenue. See instructions	u	270,336,845	261,312,094	205,576	3,201,529		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,260,397		2,260,397	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	89,131,621	73,456,492	15,675,129	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,168,296	941,062	227,234	
9 Other employee benefits	11,250,809	9,062,527	2,188,282	
10 Payroll taxes	5,324,609	4,288,973	1,035,636	
11 Fees for services (nonemployees):				
a Management				
b Legal	673,086		673,086	
c Accounting	181,440		181,440	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	32,717,864	23,153,325	9,564,539	
12 Advertising and promotion	1,065,857	1,065,857		
13 Office expenses	5,273,455	3,556,900	1,716,555	
14 Information technology	142,230	142,230		
15 Royalties				
16 Occupancy	7,308,632	7,215,082	93,550	
17 Travel	111,274	109,208	2,066	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,371	45,016	-645	
20 Interest	41,842		41,842	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,956,243	11,803,203	153,040	
23 Insurance	3,809,739	303,595	3,506,144	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical supplies	81,201,499	81,201,499		
b Repairs & Maintenance	10,634,307	6,057,986	4,576,321	
c Miscellaneous	451,911	451,592	319	
d Dues & Subscriptions	118,353	115,993	2,360	
e All other expenses	24,064	24,064		
25 Total functional expenses. Add lines 1 through 24e	264,891,899	222,994,604	41,897,295	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	63,236	1	68,266
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	32,638,587	4	28,539,248
	5 Loans and other receivables from 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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,940,693	8	8,842,162
	9 Prepaid expenses and deferred charges	581,045	9	1,122,488
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 300,403,365		
	b Less: accumulated depreciation	10b 181,366,615	118,811,075	10c 119,036,750
	11 Investments—publicly traded securities	3,397,247	11	3,722,225
	12 Investments—other securities. See Part IV, line 11	54,640	12	100,756
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,797,735	15	53,283,653
16 Total assets. Add lines 1 through 15 (must equal line 33)	176,284,258	16	214,715,548	
Liabilities	17 Accounts payable and accrued expenses	16,993,618	17	19,848,383
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,511,521	25	37,536,153
	26 Total liabilities. Add lines 17 through 25	20,505,139	26	57,384,536
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		154,256,134	27	155,786,952
28 Net assets with donor restrictions		1,522,985	28	1,544,060
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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		155,779,119	32	157,331,012
33 Total liabilities and net assets/fund balances	176,284,258	33	214,715,548	

Part XI Reconciliation 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	270,336,845
2	Total expenses (must equal Part IX, column (A), line 25)	2	264,891,899
3	Revenue less expenses. Subtract line 2 from line 1	3	5,444,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	155,779,119
5	Net unrealized gains (losses) on investments	5	-1,256,668
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 on Schedule O)	9	-2,636,385
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	157,331,012

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or Form 990-EZ.

u 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 **Saint Joseph's Hospital, Inc.** Employer identification number **58-0568702**

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 6 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 6 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test—2019; b 33 1/3% support test—2018; 17a 10%-facts-and-circumstances test—2019; b 10%-facts-and-circumstances test—2018; 18 Private foundation.

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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):		
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	<input type="checkbox"/> 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)			(iii) Distributable Amount for 2019
	(i) Excess Distributions	(ii) Underdistributions Pre-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. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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		

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization <u>Saint Joseph's Hospital, Inc.</u>	Employer identification number <u>58-0568702</u>
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Saint Joseph's Hospital, Inc.	Employer identification number 58-0568702
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 161,531	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 8,824	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 5,447,291	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C
(Form 990 or 990-EZ)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

U Complete if the organization is described below.

U Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization Saint Joseph's Hospital, Inc.	Employer identification number 58-0568702
--	---

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grassroots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		83,030
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		35,826
j Total. Add lines 1c through 1i			118,856
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1

Direct contact with legislators, their staffs, etc. - costs incurred to educate legislators on healthcare matters and advocate for healthcare issues important to Georgia citizens and the organization.

Other Activities - The Hospital belongs to national and state industry associations and as part of their annual dues, pays a small percentage to

Part IV Supplemental Information *(continued)*

support the lobbying efforts by these associations.

Public Inspection Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u 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

Employer identification number

Saint Joseph's Hospital, Inc.

58-0568702

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet.

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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 FASB 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 u \$, (ii) Assets included in Form 990, Part X u \$. 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

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 make 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 program
 - 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 on 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	1,522,989	1,493,560	1,251,779	1,415,719	1,413,995
b Contributions	586,262	535,648	972,755	389,909	418,614
c Net investment earnings, gains, and losses	10,482	12,941	23,794	28,859	-689
d Grants or scholarships					
e Other expenditures for facilities and programs	575,671	519,162	754,768	582,707	415,482
f Administrative expenses					720
g End of year balance	1,544,060	1,522,985	1,493,560	1,251,779	1,415,718

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** %
 - b Permanent endowment **u** 6.48 %
 - c Term endowment **u** 93.52 %
- 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 | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		6,385,059		6,385,059
b Buildings		154,735,202	79,357,568	75,377,634
c Leasehold improvements		4,270,703	2,725,492	1,545,211
d Equipment		133,946,673	99,283,555	34,663,118
e Other		1,065,728		1,065,728

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** 119,036,750

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.)	u	

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.)	u	

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) Due from Affiliates	43,976,751
(2) Other Receivables	3,719,514
(3) Beneficial Interest in Foundation	2,793,227
(4) Operating right of use-leased equip	1,412,279
(5) Third Party Settlements	1,381,882
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u 53,283,653

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	
(2) Third Party Advance Payments	29,545,729
(3) Deferred Compensation Payable	3,722,225
(4) Lease liabilities	2,293,755
(5) Estimated Third Party Settlements	1,974,444
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 37,536,153

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 FASB 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	267,702,213
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-1,256,668	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-1,319,994	
	e Add lines 2a through 2d	2e	-2,576,662	
3	Subtract line 2e from line 1		3	270,278,875
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	57,970	
	c Add lines 4a and 4b	4c	57,970	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	270,336,845

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	264,833,929
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	264,833,929
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	57,970	
	c Add lines 4a and 4b	4c	57,970	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	264,891,899

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.

Part V, Line 4 - Intended Uses for Endowment Funds

Endowment funds are earmarked for nursing scholarship assistance, nursing education by means of an annual nursing lecture series, capital purchases and other healthcare operational needs.

St. Joseph's Foundation of Savannah, Inc., a related organization, holds all endowment funds on behalf of the hospital.

Part X - FIN 48 Footnote

The System, CH, SJH, Home Health and Infirmary are generally exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. Only net income from activities designated as unrelated to the exempt purposes of CH, SJH, Home Health, and Infirmary are subject to

Part XIII Supplemental Information *(continued)*

federal and state unrelated business income tax. Geechee is organized as a single member LLC owned by System and is treated as a disregarded entity for tax purposes.

The System applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the System only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2020 and 2019 or for the years then ended. The System's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Part XIII Supplemental Information (continued)

Acronyms:

System - St. Joseph's/Candler Health System, Inc.

CH - Candler Hospital, Inc.

SJH - Saint Joseph's Hospital, Inc.

Home Health - SJC Home Health, Inc.

Infirmary - Georgia Infirmary, Inc.

Geechee - Geechee Reinsurance Company, LLC

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Unrealized change in derivatives \$ -1,355,323

Unrealized Rate Swap Valuation \$ 35,329

Part XI, Line 4b - Revenue Amounts Included on Return - Other

Pension cost \$ 57,970

Part XII, Line 4b - Expense Amounts Included on Return - Other

Pension Cost \$ 57,970

Part XIII - Supplemental Financial Information

Parts XI and XII - Reconciliations are completed using the combining
 Statements of Excess Revenues (Expenses) from the audited financial
 statements of St. Joseph's/Candler Health System, Inc.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

**u Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
u Attach to Form 990.
u 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

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

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	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250%</u>	<input checked="" type="checkbox"/>	
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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500%</u>	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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)			17,190,156		17,190,156	6.49
b Medicaid (from Worksheet 3, column a)			15,808,905	12,492,760	3,316,145	1.25
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial Assistance and Means-Tested Government Programs			32,999,061	12,492,760	20,506,301	7.74
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,333,560	162,322	1,171,238	0.44
f Health professions education (from Worksheet 5)			82,916		82,916	0.03
g Subsidized health services (from Worksheet 6)			475,905		475,905	0.18
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			251,218		251,218	0.09
j Total. Other Benefits			2,143,599	162,322	1,981,277	0.75
k Total. Add lines 7d and 7j			35,142,660	12,655,082	22,487,578	8.49

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				0	0.00
2	Economic development		38,687	3,566	35,121	0.01
3	Community support		39,225	5,789	33,436	0.01
4	Environmental improvements				0	0.00
5	Leadership development and training for community members				0	0.00
6	Coalition building				0	0.00
7	Community health improvement advocacy		28,337	3,566	24,771	0.01
8	Workforce development		142,729	16,487	126,242	0.05
9	Other				0	0.00
10	Total		248,978	29,408	219,570	0.08

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	X
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	11,258,468
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,251,694
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	124,481,887
6 Enter Medicare allowable costs of care relating to payments on line 5	6	153,189,336
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-28,707,449
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
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	X

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 SJC/OIS Management	O/P Imaging Services	25		50
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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 Saint Joseph's Hospital, Inc.

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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b 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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.sjchs.org</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>www.sjchs.org</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? <u>\$</u>		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Saint Joseph's Hospital, Inc.

		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?	<input checked="" type="checkbox"/>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	<input checked="" type="checkbox"/>	
15	Explained the method for applying for financial assistance?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	<input checked="" type="checkbox"/>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.sjchs.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.sjchs.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.sjchs.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group Saint Joseph's Hospital, Inc.

- 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?
- 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?
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

	Yes	No
17	X	
18		
19		X
20		

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?
- 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)

	Yes	No
21	X	
a		
b		
c		
d		

Part V Facility Information (continued)

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

Name of hospital facility or letter of facility reporting group Saint Joseph's Hospital, Inc.

		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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

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.

Facility 1, Saint Joseph's Hospital, Inc. - Part V, Line 3e

The prioritization of significant health needs of the community is identified and the methodology for prioritizing each need is described on page 35 of the 2019 CHNA.

Facility 1, Saint Joseph's Hospital, Inc. - Part V, Line 5

St. Joseph's/Candler (SJ/C) partnered with the Coastal Georgia Indicators Coalition (CGIC), Chatham County Safety Net Planning Council (CCSNPC) and Healthy Savannah's Racial and Ethnic Approaches to Community Health (REACH) team to get feedback directly from the Chatham County community including the broader community residents, vulnerable populations including the poor, un/under insured, Hispanics and homeless. These partnerships also provided direct access to public health officials, government officials and community leaders with special expertise in combatting the health and social challenges of the community. These collaborative groups along with the city and county governments and many other organizations are members of the CGIC and participated in the development of the Chatham County Community Blue print, a public process to identify and address complex community health and social service needs. CGIC and CCSNPC assisted SJ/C in prioritizing the health and social determinants of health SJ/C would address in the upcoming three years.

Specifically, in conducting the Community Health Needs Assessment for 2019, SJ/C used the CGIC to get direct community feedback from their Chatham County Speaks Again survey. The survey was conducted in 2018 and the report published in 2019. A total of 1,597 completed surveys were obtained: 441 (28%) web surveys and 1,156 (72%) paper surveys. Total response rate was

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.

5.3%. The 2018 sample has just under 300 responses fewer than from the 2015 survey (6.3% response rate).

Given the number of responses and the county population, the 95% confidence interval for a given response is +/- 2.4 percentage points. At the district level, the margin of error ranges from +/-5.5% in District 4 to +/- 9% in District 5.

In addition to the using the survey data, the CGIC held community forums in all eight districts throughout Chatham County. SJ/C hired CGIC to hold additional health forums, but because of the poor attendance, CGIC and the REACH team developed additional health surveys which were available by paper or through access on the web. Surveys were available in English and in Spanish. The additional surveys resulted in another 295 responses, largely from vulnerable populations who completed the surveys at SJ/C's St. Mary's free clinic, the Chatham County Health department and J. C. Lewis Primary Care Centers. All focus on providing care for the un/under insured populations. Only the Chatham County Health department is open to the broader community.

Facility 1, Saint Joseph's Hospital, Inc. - Part V, Line 6a

Candler Hospital, Inc.

5353 Reynolds Street

Savannah, GA 31405-6015

Saint Joseph's Hospital and Candler Hospital's joint Community Health Needs Assessment and Implementation Plan can be found on St. Joseph's/Candler's website at https://www.sjchs.org/docs/default-source/default-document-library/sjc_chna_2019.pdf and <https://www.sjchs.org/docs/default->

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.

source/default-document-library/sjc 2019 implementation plan1.pdf?

sfvrsn=6686340c 2, respectively

Facility 1, Saint Joseph's Hospital, Inc. - Part V, Line 6b

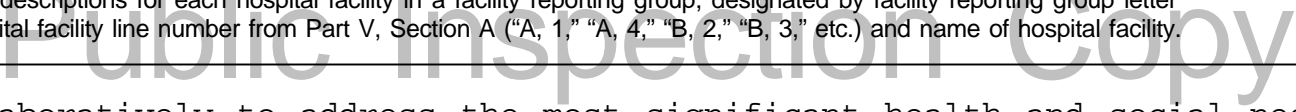
SJ/C strongly believes collaborating with others to identify and address health and the social determinants of health results in better outcomes and better coordination of limited resources to address complex health and social problems. The collaborating partners for 2019 included the Coastal Georgia Indicators Coalition (CGIC) and Healthy Savannah's REACH team. CGIC is a collaborative comprised of community members and advocates working together through a comprehensive, coordinated approach for planning and accountability and serves as a resource for agencies addressing overall health and well-being while leveraging resources for community initiatives. Healthy Savannah and the YMCA of Coastal Georgia received a Center for Disease Control (CDC) Racial and Ethnic Approaches to Community Health (REACH) grant. This grant funded analysis of all the survey data by Next Step Consulting. Next Step consulting provided a Ph.D. project leader and group of graduate students to accomplish the work.

Facility 1, Saint Joseph's Hospital, Inc. - Part V, Line 11

Many health and social needs were identified again in the 2019 Community Health Needs Assessment. Despite the many challenges, Chatham County is fortunate to have a number of health and social service organizations who work collaborative to address the community's most pressing needs. The hospitals, health department, CGIC, CCSNPC, the United Way, municipal governments and schools of higher learning work individually and

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.



collaboratively to address the most significant health and social needs of the community. It would be impossible for any single organization to address all the identified needs. To that end, SJ/C, with the help of CGIC and CCSNPC reviewed the identified needs and prioritized which needs the hospitals would address, and which they would not address and why.

Multiple horizontal lines for text entry.

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.

Part I, Line 6a - Related Organization Information

The Hospital's community benefit report is reported as part of the combined annual report prepared by St. Joseph's/Candler Health System, Inc.

Part I, Line 7g - Subsidized Health Services Explanation

This section includes mobile outreach services which provide free screenings in the community, as well as other subsidized care in home care services, assisted living/nursing home care, dialysis services, outpatient palliative care and the supply of durable medical equipment and supplies.

Part I, Line 7 - Costing Methodology Explanation

The data reported in this area is reported as instructed by Catholic Health Association's "A Guide for Planning and Reporting Community Benefits, 2008".

Part II - Community Building Activities

St. Joseph's/Candler (SJ/C) believes that good health is more than freedom from disease. Good health includes worthy employment, good education, safe

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.

homes/neighborhoods and advocacy. Additionally, SJ/C is concerned with the whole person, which includes spiritual care.

With eight full-time chaplains - more than any other hospital in the state of Georgia - SJ/C provides pastoral care outreach to anyone seeking assistance (as reported in the Community Health Improvement Services).

Such unreimbursed services provide necessary spiritual support for many underserved citizens who are without a church home or access to a minister.

This assistance includes burial services, officiating at weddings, one-on-one counseling services and other Ecumenical services, such as baptisms.

SJ/C African-American Health Information and Resource Center, recently celebrated 20 years of service to the broader and vulnerable communities.

The Center provides free computer classes, an internet center, exercise classes and culturally competent health information and education.

SJ/C supports education as a means to a good paying job. The System fully funds the St. Mary's GED program, a partnership with Savannah Technical Collage and summer camp for young children. St. Mary's also provides a workforce counselor to assist clients with resume writing, employment search assistance, interviewing skills and soft skills training.

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.

Part III, Line 2 - Bad Debt Expense Methodology

Amounts included on Part II Line 2 represent the amount of charges considered uncollectible after reasonable attempts to collect, and written off to bad debt expense.

Part III, Line 3 - Bad Debt Expense, Patients Eligible for Assistance

The figure on Part III line 3 represents management's estimate (approximately 20%) based on an analysis of self pay patients' ability to pay their outstanding account. This analysis includes reviewing the patient's credit history, income levels and overall collectibility of the account.

Part III, Line 4 - Bad Debt Expense Footnote to Financial Statements

See pages 32-33 for the discussion of uninsured patients and bad debts included in the Patient Service Revenue footnote in the audited financial statements attached.

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.

Part III, Line 8 - Medicare Explanation

Medicare allowable costs are computed in accordance with cost reporting methodologies utilized on the Medicare Cost Report and in accordance with related regulations. Indirect costs are allocated to direct service areas using the most appropriate statistical basis.

Part III, Line 9b - Collection Practices Explanation

Patient financial counselors visit patients who have no insurance, limited coverage and Medicaid patients without supplemental insurance to discuss assistance and refer those patients to our Medicaid eligibility vendor who screens these patients for Medicaid and other federal, state or local programs for assistance. Customer service at the Hospital and at extended business office, which does self-pay billing and collection, inform patients about our financial assistance program and assist them in making an application. Billing statements provide a message and telephone number to call if the patient has

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.

difficulty making payment. For patients who qualify for charity care and full financial assistance, there is no financial obligation. For those who qualify for partial financial assistance, collection procedures follow the same process as all other patients who are responsible for unpaid balances. Those patients who have not made payment arrangements for their remaining balances are sent letters when they are past due 30, 60, and 90 days. If payment arrangements are still not made after 90 days, then those accounts are referred to collections. Before referral to a collection agency, any account \$2,500 or larger is scored for ability to pay (using Experian), and if the patient qualifies for charity care or full financial assistance, the account is written off as presumptive eligibility and not referred to the agency.

Part VI, Line 2 - Needs Assessment

St. Joseph's/Candler Health System, Inc. continually conducts various types

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- 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.
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of assessments to determine the community's needs for health and personal support services. Our System collaborates with numerous not-for-profit agencies and programs to extend and strengthen our mission. Our programs are successful due in large part because of these collaborations. Some examples include: the Chatham County Safety Net, City of Savannah's Step-Up Poverty Reduction Initiative, Armstrong Atlantic State University, Savannah Technical College, Savannah Economic Development Authority, and many more. Many of our System co-workers are also involved at every level of the community through their work as System representatives on not-for-profit boards such as: American Heart Association, the United Way, MedBank, Inc., Wesley Community Center, and Safe Shelter of Savannah. St. Joseph's/Candler also solicits input on community needs from community leaders, professionals and members who participate on outreach advisory boards. SJ/C's African American Health Information & Resource Center, Good Samaritan Clinic, Smart Senior, St. Mary's Community Center and St. Mary's Health Center have individual advisory boards comprised of those persons who have special interest, skills, knowledge and enthusiasm about the program's unique services. Program forums at each outreach site also

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provide direct feedback from the clients who use their services. This ensures each site continues to provide a service the community needs and benefits from.

With our partners, we listen to our patients and clients, as well as access existing needs assessments and studies in order to determine the community's most pressing needs. St. Joseph's/Candler uses federal information and reports from agencies such as the U.S. Census Bureau and Bureau of Labor Statistics, as well as resources such as Coastal Georgia Indicator's database which including more than 100 health and social determinant of health indicators; Claritas and "Demographics Now" that provide a wide array of demographics, household income and services, retail outlets, etc. in defined zip codes. This information, combined with our extensive collaborations and our role as a leader in the community, provides us the means to understand and address the community's needs and ensures our outreach programs are focused on the populations who need our services the most.

Part VI, Line 3 - Patient Education of Eligibility for Assistance

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.
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- 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.

Customer service personnel at the Hospitals and St. Joseph's/Candler's extended business office inform patients about our financial assistance program and assist them in making an application. For patients who have no insurance, limited coverage, and Medicaid patients without supplemental insurance, patient financial counselors discuss the financial assistance and various government benefits which may be available to them. Patient financial counselors also refer appropriate patients to a Medicaid eligibility vendor who screens them for Medicaid and other federal, state, or local programs for assistance. St. Joseph's/Candler posts financial assistance contact information on its website. Upon admission to the Hospital, patients are provided the "Guide to Your Hospital Bill", which informs them how to understand their bill, as well as a summary of the Hospital's financial assistance policy. In addition, the billing statements sent to patients provide a message and financial assistance contact information in the event the patient has difficulty paying the balance due.

Part VI, Line 4 - Community Information

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.
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- 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.

St. Joseph's/Candler is located in Savannah, GA. Savannah is the oldest city in GA and the county seat of Chatham County. St. Joseph's/Candler's 2019 Community Health Needs Assessment defined Chatham County as the primary service area for the System.

Chatham County is location on the southeast coast of United States in Georgia. The total estimated population in 2018 is 294,365 people. There are an estimated 115,565 households with 72,833 families in Chatham County. Caucasians make up the majority of the population at 51% followed by Black/African Americans at 40%. The largest percentage of the population falls into the 25-34 year-old age group.

The median household income is \$52,215. Approximately 47% of residents are homeowners. Approximately 50% of those who rent are burdened with more than 30% of their income going to rent.

Approximately 65% of the population age 25+ has some college experience or some type of degree.

Approximately 12% of families live below the poverty level in the county. Female life expectancy is 79.6 years while male life expectancy is 74.3 years.

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The leading causes of death include cancer, heart disease, and stroke.

High blood pressure, arthritis and diabetes are among the top chronic diseases in the county. Breast and lung/bronchial cancers lead the number of cancer cases in the county.

More than 50% of the population received routine dental care in the past year and more than 75% reported having routine medical checkup.

Adults 18-64 have an 81% insured rate. Children 19 and under have a 95% insured rate.

Part VI, Line 5 - Promotion of Community Health

All of St. Joseph's/Candler's healthcare facilities, including its hospitals, further their exempt purposes by promoting the health in our community in a variety of ways as well as those already described in Schedule H and St. Joseph's/Candler's Community Benefit Report. The governing bodies of all of our organizations are primarily comprised of persons who are not employees, contractors (nor family members thereof), and who reside in St. Joseph's/Candler's primary service area. The Hospitals' medical staffs are open to all qualified physicians in the

Part VI Supplemental Information

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region. For those physicians in the region who do not have privileges, St. Joseph's/Candler provides a process for admitting patients via the hospitalists or through other physicians.

Funds received from the operations of St. Joseph's/Candler's hospitals and facilities (after operating expenses) are used to support various outreach efforts described in Schedule H and the Community Benefit Report; to further improvement in patient care by providing medical education to patients and the community, conducting research, and implementing technology that not only provides the latest in treatment, but allows patients to receive high quality care in their own community and allows us to continually improve patient safety by implementing technology that prevents medication errors, etc.

In order to specifically assist low income elderly and disabled citizens to remain in their own homes and avoid institutional nursing home care, these needs have been met by the Georgia Infirmary in two ways: 1) providing direct service, and 2) advocating at state and national levels for programs that will serve the needs of these citizens. Georgia Infirmary provides services to such persons through an adult day care center since 1974.

Part VI Supplemental Information

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- 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.

Georgia Infirmary's housing management services operates subsidized housing for elderly and disabled persons to recognize that community-based health only works if beneficiaries have safe, affordable homes. Georgia Infirmary's nationally recognized source program for case management and primary care physician services for elderly and disabled persons was a response to needs discovered in housing and day services clients for coordinated medical care and accountable personal support services. It is a collaborative effort of approximately 105 physicians across 16 southeast Georgia counties.

Part VI, Line 6 - Affiliated Health Care System

St. Joseph's/Candler Health System, Inc. (System), a not-for-profit membership corporation, was formed in 1997 under a Joint Operating Agreement entered into between Candler Hospital, Inc. (CH), Saint Joseph's Hospital, Inc. (SJH) and their various respective affiliates, such that the System became the parent organization of CH, SJH and the affiliates. The Sisters of Mercy of the Americas, Inc. (SMA) is the sole member of the System.

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- 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.
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- 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.

The System operates a comprehensive integrated healthcare network and serves as the controlling body of its affiliated entities as follows:

CH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 384-bed acute care hospital in Savannah, Georgia. CH is the sole member of and operates SJC Oncology Services - Georgia, LLC in Savannah, Georgia, SJC Oncology Services - South Carolina, LLC in Hilton Head, South Carolina, Candler Medical Oncology Practice, LLC, Candler ENT Practice, LLC and SJ/SC Cardiology LLC, all of which are single member LLC's that provide advanced radiation oncology and other specialized services.

SJH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 330-bed acute care hospital in Savannah, Georgia. SJH is the sole member of and operates St. Joseph's Medical Group, LLC, and St.

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Joseph's Cardiology Group, LLC, SJC Electrophysiology, LLC, and St.

Joseph's Vascular Group, LLC, all of which are single member LLC's that provide specialized physician services.

SJC Home Health, Inc. (Home Health) is a not-for-profit corporation, of which the System is the sole member, established to provide home health services in a twenty-one county area in southeast Georgia.

Georgia Infirmary, Inc. (Infirmary) is a not-for-profit corporation, of which the System is the sole corporate member. The System shall have, and may exercise with respect to the Infirmary, all rights and authorities granted by law to members of nonprofit corporations in Georgia or the bylaws of the Infirmary, except that the System does not have the authority to change the mission of the Infirmary as outlined in the Infirmary's original Articles of Incorporation. In the event of any merger or sale of substantially all of the assets of the System, all membership interest of the System in the Infirmary shall be deemed surrendered by the System and reverted to the Infirmary. The Infirmary is an adult day health provider

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and also provides a case management program to improve health outcomes for elderly or disabled Medicaid recipients with chronic medical conditions.

SJC Ventures, Inc. (SJCVC) is a for-profit corporation and wholly owned stock subsidiary of the System organized to be the sole shareholder of SJC Medical Group, Inc., SJC Properties, Inc. and SJC Health Services, Inc., thereby creating an affiliated group of corporations eligible to report on a consolidated basis for federal income tax purposes within the meaning of the Internal Revenue Code of 1986, as amended.

SJC Medical Group, Inc. (SJCIMG) is a for-profit corporation which owns, operates, and manages physician practices, in addition to performing billing services, of which SJCVC is the sole shareholder.

SJC Properties, Inc. (Properties) is a for-profit corporation, wholly owned by SJCVC, which owns and develops certain real estate and manages several medical office buildings.

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SJC Health Services, Inc. (Health Services) is a for-profit corporation, wholly owned by SJCV, organized to further the health care delivery system of the System. Health Services maintains a controlling interest in SJC/Wayne Medical Oncology, LLC and St. Joseph's/Candler Urgent Care Centers, LLC.

Geechee Reinsurance Company, LLC (Geechee) is a captive insurance company formed under the laws of the State of South Carolina to insure the general and professional liability risks of the System. Geechee is organized as a single member LLC with the System as its sole member.

St. Joseph's/Candler Advocate Health Network, LLC (AHN) operates as a clinically integrated network for the purpose of contracting with payers as an accountable care organization. AHN is organized as a single member LLC with the System as its sole member. During 2019, AHN ceased operations and disposed of all its assets.

Part VI, Line 7 - State Filing of Community Benefit Report

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u 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

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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 aren't 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				
1 Paul P. Hinchey President & CEO	(i)	401,320	121,251	6,582	0	21,173	550,326	0
	(ii)	554,203	167,441	9,090	0	29,240	759,974	0
2 Brian M. Bailey, MD Surgeon	(i)	814,069	40,650	176,000	0	22,357	1,053,076	0
	(ii)	0	0	0	0	0	0	0
3 Jeremy E. London, MD Surgeon	(i)	814,163	55,000	112,000	0	24,481	1,005,644	0
	(ii)	0	0	0	0	0	0	0
4 Robert E. Jones, MD Surgeon	(i)	815,184	0	127,000	0	24,957	967,141	0
	(ii)	0	0	0	0	0	0	0
5 Norman Yates III, MD Surgeon	(i)	543,426	80,322	129,014	0	33,721	786,483	0
	(ii)	0	0	0	0	0	0	0
6 Gregory J. Schaack CFO	(i)	211,999	53,540	0	7,980	20,741	294,260	0
	(ii)	292,761	73,936	0	11,020	28,642	406,359	0
7 Kyle L. McCann Trustee/COO	(i)	206,174	52,500	0	7,980	13,753	280,407	0
	(ii)	284,716	72,500	0	11,020	18,992	387,228	0
8 Kristy M. Wiebke, MD Surgeon	(i)	472,463	116,895	0	0	16,954	606,312	0
	(ii)	0	0	0	0	0	0	0
9 Sherry A. Danello Trustee/VP	(i)	140,087	19,068	0	7,980	28,781	195,916	0
	(ii)	193,454	26,333	0	11,020	39,746	270,553	0
10 Nolan D. Hennessee VP	(i)	136,296	27,191	0	7,980	12,783	184,250	0
	(ii)	188,219	37,549	0	11,020	17,652	254,440	0
11 Thomas S. Pound VP	(i)	120,475	21,134	0	11,020	19,090	171,719	0
	(ii)	166,371	29,186	0	7,980	13,823	217,360	0
12 Bradley R. Trower VP	(i)	103,277	15,274	0	6,703	9,285	134,539	0
	(ii)	142,620	21,092	0	9,257	12,823	185,792	0
13 Mary M. Strand VP	(i)	106,504	21,546	0	0	5,879	133,929	0
	(ii)	147,077	29,754	0	0	8,119	184,950	0
14 Sr. Margie Beatty RSM Chair/VP	(i)	96,326	18,354	0	7,980	3,977	126,637	0
	(ii)	133,021	25,346	0	11,020	5,492	174,879	0
15 Julia Mikell, MD Trustee/Physician	(i)	97,888	0	0	0	1,459	99,347	0
	(ii)	135,178	0	0	0	2,015	137,193	0
16 Gregory A. Menke VP	(i)	75,807	7,374	0	5,517	8,674	97,372	0
	(ii)	104,685	10,184	0	7,618	11,978	134,465	0

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.

Part I, Line 1a - Fringe or Expense Explanation

CEO receives the benefit and the amount is included in the CEO's taxable income.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified	Equity-based
Gregory J. Schaack	0	19,000	0
Kyle L. McCann	0	19,000	0
Sherry A. Danello	0	19,000	0
Nolan D. Hennessee	0	19,000	0
Thomas S. Pound	0	19,000	0
Bradley R. Trower	0	15,960	0
Sr. Margie Beatty RSM	0	19,000	0
Gregory A. Menke	0	7,315	0

Part III - Other Additional Information

Part I, Line 4(b) - Supplemental Executive Retirement Plan (SERP)

The System maintains an unfunded supplemental executive retirement plan

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.

(SERP), which provides retirement benefits to certain officers and select employees. This plan is non-qualified and does not have a minimum funding requirement. The liability for this SERP obligation is included as deferred compensation payable and the assets set aside as a reserve for this liability are included in board designated assets limited as to use.

Part II, Bonus Award

Bonus compensation is awarded based on reaching multiple organizational and individual goals, all of which are expressly contingent upon achieving a targeted operating budget. The CEO makes a bonus recommendation to the Board's Compensation Committee while the Committee makes a bonus recommendation to the Board for the CEO. All bonuses are capped at a maximum percentage of their salary.

Compensation from unrelated organization

Sister Margie Beatty is a key employee for the filing organization spending approximately half her time between two related hospitals, Candler Hospital and St. Joseph's Hospital. The organizations, however, submit 100% of her

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.

compensation to The Sisters of Mercy (SOM) for her services. Total amount
paid to SOM in calendar year 2019 was \$273,047.

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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	Employer identification number
Saint Joseph's Hospital, Inc.	58-0568702

Form 990 - Organization's Mission

Rooted in God's love, we treat illness and promote wellness for all people. Saint Joseph's Hospital, Inc. provides comprehensive healthcare services to the surrounding counties through the operation of a 256-bed acute care hospital in Savannah, Georgia.

Form 990, Part I, Line 6

Volunteers sign in each time they volunteer and these hours are totaled.

Services provided by volunteers:

-Information desks: greet & provide information to visitors and give patient room information.

-Courtesy car: provide rides to and from hospital buildings to visitors' cars.

-Patient family rooms: contact persons in waiting rooms.

-Deliver patient mail and flowers.

-Operate gift shops.

-Patient visitation: patients are visited and given a welcome packet with paper, pencil, and information sheet covering hospital services.

-Security: monitor hospital cameras and take calls for security (relays to hospital staff).

-Patient floors: assist staff with non-clinical chores.

-Office volunteer: assist volunteer office staff as needed.

Form 990, Part III, Line 4a - First Accomplishment

Saint Joseph's Hospital, Inc. is an acute care hospital located in

Name of the organization	Employer identification number
Saint Joseph's Hospital, Inc.	58-0568702

Savannah, Georgia. In furtherance of its tax-exempt purpose, Saint Joseph's Hospital, Inc.:

- 1) maintains and operates permanent facilities that provide both inpatient and outpatient services for providing diagnoses and treatment of patients suffering from illness or injury;
- 2) promotes and provides health education programs, support groups, and various community services for all people of Savannah and the surrounding counties;
- 3) encourages and participates in health sciences research for treatment of illness and promotion of health;
- 4) preserves and incorporates the Catholic Christian philosophy of the hospital in all its activities and contracts.

During the fiscal year ended June 30, 2020, the Hospital served the following: 54,193 acute care patient days and 10,113 discharges; 6,134 rehab days with 497 discharges; and 3,220 skilled nursing days with 299 discharges. Emergency room visits totaled 47,190. The Hospital also provided services for 104,035 outpatient visits.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

St. Joseph's/Candler Health System, Inc. (System) is the sole member of the filing organization.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The Sisters of Mercy, Baltimore Regional Community (SMB) is the sole member of the System. Both SJH and System share a common management team. SMB has certain limited rights such as appointment of three trustees to the

Name of the organization	Employer identification number
Saint Joseph's Hospital, Inc.	58-0568702

System board. The System has the authority to appoint 13 of the 17 voting trustee positions and the System CEO is an ex-officio trustee.

As the sole member, System also controls SJH. Pursuant to Section 3.2 of the Amended and Restated Joint Operating Agreement entered into on April 1, 2003, 4 of its 5 trustees are recommended by the CEO of System from among the member's management personnel and they are approved by the member's board. The 5th member of the Hospital board is the president of the Hospital's medical and dental staff.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

System has certain limited rights such as the recommendation of 4 of SJH's 5 trustees by the CEO of System from among the member's management personnel which are then subject to approval by the System's board.

Additionally, System has specific reserved powers which require that certain actions taken by the SJH Board are effective only if first approved by System.

These actions include:

1. development of the role, mission, goals and strategic and operational plan(s) of Saint Joseph's Hospital.
2. establishment of an organization-wide policy.
3. responsibility for the organization-wide quality of care and quality of work life.
4. development and approval of the budgets.
5. approval of the sale, lease, transfer, encumbrance, alienation, or disposition of property or assets of SJH, subject to the SMB Reserved Powers.
6. approval of any dissolution, merger, consolidation or sale of SJH,

Name of the organization	Employer identification number
Saint Joseph's Hospital, Inc.	58-0568702

subject to the SMB Reserved Powers.

7. ratification of the appointment by the System CEO of the members of the board of trustees and the board of directors of SJH and to determine, when appropriate with respect to SJH, the number of trustees or directors, quorum and voting requirements, terms, committees, officers, and any other customary and appropriate bylaw provisions for SJH; and
8. delegation of such responsibilities and other activities to SJH as necessary, including the delegation to SJH of responsibilities related to credentialing of medical staff; licensure; JCAHO certification; maintaining the Roman Catholic identity and presence of SJH pursuant to the SMB Reserved Powers.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the Form 990 is provided to the Finance Committee of the Board of Trustees and made available to the full Board for review prior to filing. The organization's management team performs a complete detailed review of all financial and disclosure data prior to filing the return with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

At least annually, and as deemed necessary, the conflicts of interest policy is reviewed to determine if any changes or enhancements are needed. The annual disclosures are provided to the President's assistant and are reviewed by the organization's Corporate Compliance Officer. If any conflicting interest is identified, the Board Chairman will discuss with the Board to determine further actions needed.

The Board Chairman may ask the interested person to leave the meeting during discussion of the matter that gives rise to the potential conflict.

Name of the organization Saint Joseph's Hospital, Inc.	Employer identification number 58-0568702
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If asked, the interested person shall leave the meeting, but may make a statement or answer any questions on the matter before leaving. The interested person will not vote on the matter that gives rise to the potential conflict and the Board or Board Committee must approve the transaction or arrangement by majority vote of the Board members present at a meeting that has a quorum, not including the vote of the interested person.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

An independent consulting firm annually evaluates the compensation of the CEO using comparability data obtained through compensation surveys/studies. Their recommendations are considered by a compensation committee comprised of independent voting members of the Board and the final compensation package requires full approval by the Board. The actions, motions, considerations, members present and dissenting opinions are recorded in the Board minutes.

Form 990, Part VI, Line 15b - Compensation Process for Officers

An independent consulting firm annually evaluates the compensation of the CFO and other officers using comparability data obtained through compensation surveys/studies. Their recommendations are considered by a compensation committee comprised of independent voting members of the Board and the final compensation package requires full approval by the Board. The actions, motions, considerations, members present and dissenting opinions are recorded in the Board minutes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization	Employer identification number
Saint Joseph's Hospital, Inc.	58-0568702

Certain organization policies, including the conflict of interest policy, are located on the St. Joseph's/Candler website. Combined financial statements are available through the Annual Bond Disclosure Report posted to a public website. Governing documents are currently not publicly available.

Form 990, Part VII - Additional Information

Consolidated Management and General Services - The filing organization is a member of a comprehensive integrated healthcare network, i.e., St. Joseph's/Candler Health System, Inc. (System). Essential management and general services are provided by the System to the related organizations. The costs of such services remain on the books of System.

Form 990, Part IX, Line 11g - Other Fees for Services

Description	Tot/Prog Service	Mgt & General	Fundraising
Contract labor	\$ 2,364,171	\$ 185,658	\$ 0
Professional fees	\$ 9,559,872	\$ 6,969,413	\$ 0
Purchased services	\$ 9,195,593	\$ 2,409,468	\$ 0
OR Perfusionist Fees	\$ 1,702,070	\$ 0	\$ 0
Consulting fees	\$ 62,477	\$ 0	\$ 0
Other fees			

Name of the organization	Employer identification number
Saint Joseph's Hospital, Inc.	58-0568702

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\$ 269,142	\$ 0	\$ 0
Total		
\$ 23,153,325	\$ 9,564,539	\$ 0

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Increase in beneficial interest in Foundation	\$ 492,449
Equity transfers out	\$ -1,808,840
Change in fair value of derivatives	\$ -1,319,994
Total	\$ -2,636,385

The change in net assets is attributable to various noncash transactions detailed above.

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.****u Attach to Form 990.****u Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) St. Joseph's Medical Group, LLC 5353 Reynolds Street 46-1173148 Savannah GA 31405	Physicians	GA			SJH
(2) St. Joseph's Vascular Group, LLC 5353 Reynolds Street 47-2252880 Savannah GA 31405	Physicians	GA			SJH
(3) St. Joseph's Cardiology Group, LLC 5353 Reynolds Street 46-1549445 Savannah GA 31405	Physicians	GA			SJH
(4) SJC Electrophysiology, LLC 5353 Reynolds Street 47-5642016 Savannah GA 31405	Physicians	GA			SJH
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) St. Joseph's Foundation of Savannah 5353 Reynolds Street 58-1905195 Savannah GA 31405-6015	Foundation	GA	501c3	12b	System		X
(2) Candler Hospital, Inc. 5353 Reynolds Street 58-0593388 Savannah GA 31405-6015	Acute Care	GA	501c3	3	System		X
(3) St. Joseph's/Candler Health System 5353 Reynolds Street 58-2288758 Savannah GA 31405-6015	Mngmt	GA	501c3	12c	N/A		X
(4) Georgia Infirmary, Inc. 5353 Reynolds Street 58-0668614 Savannah GA 31405-6015	Clinic	GA	501c3	10	System		X
(5) SJC Home Health Services, Inc. 5353 Reynolds Street 58-1329042 Savannah GA 31405-6015	Home Hlth	GA	501c3	10	System		X

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Candler Foundation, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1553254	Foundation	GA	501c3	12b	System		X
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SJC/OIS Management, LLC 5353 Reynolds Street Savannah GA31405-6015 46-0748220	Management	GA	N/A	Excluded	141,439	941,261		X	N/A		X	25.00
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SJC Medical Group, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2011805	Physicians	GA	N/A	C	N/A	N/A	N/A		X
(2) SJC Ventures, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2650129	Healthcare	GA	N/A	C	N/A	N/A	N/A		X
(3) SJC Properties, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1583360	Property	GA	N/A	C	N/A	N/A	N/A		X
(4) SJC Health Services, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1701535	Healthcare	GA	N/A	C	N/A	N/A	N/A		X

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

Schedule R - Additional Information

Part I, Columns (d) and (e)

The organization's recordkeeping is such that accurate amounts for the end-of-year assets and total income for each disregarded entity cannot be segregated without a proper cost accounting. Therefore, these columns are blank as to not mislead the reader.

Public Inspection Copy

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20
Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year <u>214,715,548</u></p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Print <u>Saint Joseph's Hospital, Inc.</u></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. Type <u>11705 Mercy Boulevard</u></p> <p>City or town, state or province, country, and ZIP or foreign postal code <u>Savannah GA 31419-1711</u></p> <p>F Group exemption number (See instructions.) <u>0928</u></p>	<p>D Employer identification number (Employees' trust, see instructions.) <u>58-0568702</u></p> <p>E Unrelated business activity code (See instructions.) <u>812300</u></p>
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here
See Statement 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.
St. Joseph's/Candler Health System, Inc. 58-2288758

J The books are in care of Gregory J. Schaack Telephone number 912-819-6162

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance <u>u</u>	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnership and S corporation (attach statement) <u>See Stmt 2</u>		5 71,200		71,200
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule) <u>See Stmt 3</u>		12 134,376		134,376
13 Total. Combine lines 3 through 12		13 205,576		205,576

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	66,565
16 Repairs and maintenance	16	4,974
17 Bad debts	17	
18 Interest (attach schedule) (see instructions) <u>See Statement 4</u>	18	6,516
19 Taxes and licenses	19	1,489
20 Depreciation (attach Form 4562)	20	6,862
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
	21b	6,862
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	12,732
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule) <u>See Statement 5</u>	27	48,455
28 Total deductions. Add lines 14 through 27	28	147,593
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	57,983
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31 Unrelated business taxable income. Subtract line 30 from line 29	31	57,983

Part III Total Unrelated Business Taxable income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	57,983
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	35	57,983
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	57,983
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed u	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid u	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax u Refunded u	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here u	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year u \$		X

Sign Here **u** _____ **u** CFO
 Signature of officer Date Title
 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 taxpayer) is based on all information of which preparer has any knowledge.
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name Jacqueline G. Atkins	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00861721
	Firm's name } Draffin & Tucker LLP	Firm's EIN } 58-0914992			
	Firm's address } PO Box 71309 Albany, GA 31708-1309	Phone no. } 229-883-7878			

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year ...	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional sec. 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b ...	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) u		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals			u	
Total dividends-received deductions included in column 8			u	

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)).						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
Totals, Part II (lines 1-5) u	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			u

Statement 1 - Form 990-T - Primary Unrelated Business Activity

Description

St. Joseph's Hospital, Inc. provides laundry service to another area hospital.

Statement 2 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	Gross Income	Direct Deductions (Part. only)	Net Income
Premier Healthcare Alliance,	\$ 71,200	\$	\$ 71,200
Total	\$ 71,200	\$ 0	\$ 71,200

Statement 3 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
Laundry Services	\$ 134,376
Total	\$ 134,376

Statement 4 - Form 990-T, Part II, Line 18 - Interest

Description	Amount
Interest	\$ 6,516
Total	\$ 6,516

Statement 5 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
Materials and Supplies	\$ 34,110
Purchased Services	3,454
Utilities	4,142
Insurance	6,574
Miscellaneous	175
Total	\$ 48,455

2019 Tax Returns

Tax Period Ended June 30, 2020

**Candler Hospital, Inc.
5353 Reynolds Street
Savannah, GA 31405-6015**

Draffin & Tucker LLP
PO Box 71309
Albany, GA 31708-1309
229-883-7878

April 26, 2021

CONFIDENTIAL

Mr. Joe Johnson
Candler Hospital, Inc.
5353 Reynolds Street
Savannah, GA 31405-6015

Dear Joe:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Draffin & Tucker LLP

Filing Instructions
Candler Hospital, Inc.
Exempt Organization Tax Return
Taxable Year Ended June 30, 2020

Date Due: May 17, 2021

Remittance: None is required. Your Form 990 for the tax year ended 6/30/20 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Driffin & Tucker LLP
PO Box 71309
Albany, GA 31708-1309

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

The additional filing copy should be signed, dated, and mailed in the enclosed envelope to the State of Georgia at the following address:

Georgia Department of Revenue
P. O. Box 740395
Atlanta, Georgia 30374-0395

Form 990-T	Business Income Activity Summary	2019
-------------------	---	-------------

Name Candler Hospital, Inc.	Taxpayer Identification Number 58-0593388
--------------------------------	--

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Loss used by 2019 income (See NOL Worksheet) A. 7,354,361

Unrelated Business Income Activity with Income	Code	Pre-2018 NOL (Limited to Income)	Net Income before Loss
1. Reference Lab	621500	49,131	49,131
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. All other revenue _____			
16. Total taxable income		49,131	49,131

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. Childrens House	624410	-120,261
2. Wellness Center	713940	-288,647
3. _____		
4. _____		
5. All other activities		
6. Totals		-408,908

Form 990-T	Form 990-T - Cumulative Income Review Worksheet	2019
For calendar year 2019, or tax year beginning <u>07/01/19</u> , and ending <u>06/30/20</u>		

Name <u>Candler Hospital, Inc.</u>	Employer Identification Number <u>58-0593388</u>
---------------------------------------	---

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances	c Balance	u	1c		
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit. Subtract line 2 from line 1c			3		
4a	Capital gain net income (attach Schedule D)			4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from partnership and S corporation (attach statement)			5		
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule) <u>See Stmt</u>			12	2,662,560	2,662,560
13	Total. Combine lines 3 through 12			13	2,662,560	2,662,560

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				(A) Income	(B) Expenses	(C) Net
14	Compensation of officers, directors, and trustees (Schedule K)			14		
15	Salaries and wages			15		1,052,081
16	Repairs and maintenance			16		92,673
17	Bad debts			17		-200
18	Interest (attach schedule) (see instructions) <u>See Statement</u>			18		44,368
19	Taxes and licenses			19		
20	Depreciation (attach Form 4562)			20	55,815	
21	Less depreciation claimed on Schedule A and elsewhere on return			21a		55,815
22	Depletion			22		
23	Contributions to deferred compensation plans			23		
24	Employee benefit programs			24		108,570
25	Excess exempt expenses (Schedule I)			25		
26	Excess readership costs (Schedule J)			26		
27	Other deductions (attach schedule) <u>See Statement</u>			27		1,669,030
28	Total deductions. Add lines 14 through 28			28		3,022,337
29	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			29		-359,777
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			30		
31	Unrelated business taxable income. Subtract line 31 from line 30			31a		-359,777

Part III Deductions For Loss Arising after January 1, 2018				(A) Income	(B) Expenses	(C) Net
deductions must be directly connected with the unrelated business income						
32	Losses carried over to this year (do not include amounts prior to 2018)			32		396,858
33	Enter 80% of the amount on Line 29 (if positive)			33		
34	Take the lesser of Line 32 or Line 33. Enter here and on Line 30 above			34		
35	Remaining losses to be carried forward to 2020 (Subtract Line 34 from line 32)			35		396,858
36	If line 29 is less than zero, enter that amount here as a positive number			36		359,777
37	Total loss carried forward to 2020 (Add lines 35 and 36)			37		756,635

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 2020.

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

2019

Department of the Treasury
Internal Revenue Service
Name of exempt organization

Candler Hospital, Inc.
Gregory J. Schaack
Trustee/CFO

Employer identification number

58-0593388

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>380,800,758</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Draffin & Tucker LLP to enter my PIN 93388 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 04/26/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

58645411111

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Jacqueline Atkins, CPA

Date } 04/26/21

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

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.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

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

C Name of organization: Candler Hospital, Inc.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5353 Reynolds Street
 City or town, state or province, country, and ZIP or foreign postal code
Savannah GA 31405-6015

D Employer identification number: 58-0593388
E Telephone number: 912-819-6162
G Gross receipts: \$ 380,821,781

F Name and address of principal officer:
Paul P. Hinchey
5353 Reynolds Street
Savannah GA 31405-6015

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)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: www.sjchs.org **H(c)** Group exemption number **U** _____

K Form of organization: Corporation Trust Association Other **U** _____ **L** Year of formation: 1934 **M** State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>		
	2 Check this box <input type="checkbox"/> 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	<u>5</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>1</u>
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	<u>2525</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>71</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>2,662,560</u>
b Net unrelated business taxable income from Form 990-T, line 39	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>1,418,145</u>	<u>8,324,201</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>343,188,749</u>	<u>358,027,270</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>3,580,123</u>	<u>2,802,142</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>10,284,009</u>	<u>11,647,145</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>358,471,026</u>	<u>380,800,758</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>146,062</u>	<u>135,551</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>131,548,226</u>	<u>137,840,738</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) U	<u>0</u>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>188,506,476</u>	<u>213,127,775</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>320,200,764</u>	<u>351,104,064</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>38,270,262</u>	<u>29,696,694</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>204,769,401</u>	<u>268,926,800</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>21,188,293</u>	<u>61,479,761</u>
		<u>183,581,108</u>	<u>207,447,039</u>

Part II Signature Block

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

Sign Here Signature of officer: Gregory J. Schaack Date: _____
 Type or print name and title: Trustee/CFO

Paid Preparer Use Only Print/Type preparer's name: Jacqueline G. Atkins Preparer's signature: Jacqueline Atkins, CPA Date: 4/26/20 Check if self-employed PTIN: P00861721
 Firm's name: Draffin & Tucker LLP Firm's EIN: 58-0914992
 Firm's address: PO Box 71309
Albany, GA 31708-1309 Phone no.: 229-883-7878

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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 \$ 288,228,721 including grants of \$ 135,551) (Revenue \$ 364,012,555)

See Schedule O

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses u 288,228,721

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
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			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b		X	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
33		X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
35b			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
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.	X	
38		X	

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)

		Yes	No
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 2525		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country u 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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.		X
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.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?	X	
16b	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?	X	

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on 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 u
 Gregory J. Schaack 5353 Reynolds Street
 Savannah GA 31405-6015 912-819-6162

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, and 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Paul P. Hinchey President & CEO	20.00 25.00			X				730,734	529,153	50,413
(2) William E. Richards Radiation Oncologist	40.00 0.00					X		943,991	0	30,215
(3) John Pablo Director-Oncology	40.00 0.00					X		937,254	0	31,754
(4) Joshua T. McKenzie Radiation Oncologist	40.00 0.00					X		752,102	0	33,145
(5) John L. Mikell Radiation Oncologist	40.00 0.00					X		720,512	0	28,530
(6) Gregory J. Schack Trustee/CFO	21.00 25.00	X		X				366,697	265,539	68,383
(7) Kyle L. McCann COO	20.00 21.00			X				357,216	258,674	51,745
(8) Howard A. Zaren MedDirector-Oncology	40.00 0.00					X		600,838	0	40,590
(9) Sherry A. Danello Trustee/VP	20.00 21.00	X		X				219,787	159,155	87,527
(10) Nolan D. Hennessee VP	20.00 21.00					X		225,768	163,487	49,435
(11) Thomas S. Pound Chairman/VP	20.00 21.00	X		X				195,557	141,609	51,913

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

(A) Name and title	(B) Average hours per week 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			
(12) Bradley Trower	20.00									
VP	21.00				X		163,712	118,551	38,068	
(13) Mary M. Strand	20.00									
VP	21.00			X			176,831	128,050	13,998	
(14) Sr. Margie Beatty, RSM	20.00									
VP	22.00			X			158,367	114,680	28,469	
(15) Julia Mikell, MD	21.00									
Trustee/Physician	21.00	X					135,178	97,888	3,474	
(16) Gregory A. Menke	20.00									
VP	21.00				X		114,869	83,181	33,787	
(17) Ana Concepcion, MD	1.00									
Trustee	1.00	X					0	0	0	
1b Subtotal							6,799,413	2,059,967	641,446	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							6,799,413	2,059,967	641,446	

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 **u 157**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	X	

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
Summit Cancer Care, P.C. Savannah GA 31405	225 Candler Drive, Suite 300 Oncology Svcs	5,705,113
South Coast Medical Group Savannah GA 31406	1326 Eisenhower Drive Bldg 2 RVU Prod/Mgmt	2,952,039
SC Cancer Specialists, PA Hilton Head Island SC 29926	45 Hospital Center Commons Oncology Svcs	2,628,902
Bio-Medical Application of GA Kennesaw GA 30144	1940 Lodge Road Dialysis	2,549,080
Chatham Hospitalist, LLC Savannah GA 31405	5354 Reynolds Street, STE. 424 Consulting	2,263,639

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 **u**

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	1,320,849			
	e Government grants (contributions)	1e	6,508,787			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	494,565			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f	u	8,324,201			
Program Service Revenue	2a Net Patient Revenue	Business Code 624100	351,492,469	351,492,469		
	b Prescription Center Related	624100	5,453,917	5,453,917		
	c Reference Lab Related	621500	1,080,884	1,080,884		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	358,027,270			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	2,823,165		2,823,165	
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real	2,708,769			
		(ii) Personal				
		6b Less: rental expenses				
	c Rental inc. or (loss)	6c	2,708,769			
	d Net rental income or (loss)	u	2,708,769		2,708,769	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7b Less: cost or other basis and sales exps.		21,023		
		7c Gain or (loss)	7c	-21,023		
	d Net gain or (loss)	u	-21,023		-21,023	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
8b Less: direct expenses		8b				
c Net income or (loss) from fundraising events		u				
9a Gross income from gaming activities. See Part IV, line 19	9a					
	9b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	10a					
	10b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue	11a Other Operating Revenue	Business Code 621990	5,985,285	5,985,285		
	b Reference Lab	621500	1,570,662	1,570,662		
	c Wellness Center	713940	600,767	600,767		
	d All other revenue	621400	781,662	491,131	290,531	
	e Total. Add lines 11a-11d	u	8,938,376			
12 Total revenue. See instructions	u	380,800,758	364,012,555	2,662,560	5,801,442	

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	135,551	135,551		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,121,497		3,121,497	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	112,398,022	88,110,398	24,287,624	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,518,541	1,190,384	328,157	
9 Other employee benefits	14,253,192	11,173,077	3,080,115	
10 Payroll taxes	6,549,486	5,134,142	1,415,344	
11 Fees for services (nonemployees):				
a Management				
b Legal	929,500		929,500	
c Accounting	250,738		250,738	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	62,242,631	52,900,619	9,342,012	
12 Advertising and promotion	1,637,540	127,956	1,509,584	
13 Office expenses	4,702,105	2,151,060	2,551,045	
14 Information technology	362,257	362,257		
15 Royalties				
16 Occupancy	11,479,273	8,573,855	2,905,418	
17 Travel	269,017	238,050	30,967	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	86,335	78,003	8,332	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,175,629	13,022,792	152,837	
23 Insurance	5,188,958	347,141	4,841,817	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	99,175,380	99,163,717	11,663	
b Repairs & Maintenance	13,136,349	5,052,357	8,083,992	
c Dues	191,489	166,788	24,701	
d Prescription Center Suppl	188,052	188,052		
e All other expenses	112,522	112,522		
25 Total functional expenses. Add lines 1 through 24e	351,104,064	288,228,721	62,875,343	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	49,751	1	88,375
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	46,096,032	4	38,930,326
	5 Loans and other receivables from 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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,853,543	8	7,549,016
	9 Prepaid expenses and deferred charges	1,191,313	9	1,313,754
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 349,030,994		
	b Less: accumulated depreciation	10b 236,596,887	74,929,072	10c 112,434,107
	11 Investments—publicly traded securities	793,275	11	888,242
	12 Investments—other securities. See Part IV, line 11	2,519,411	12	1,794,603
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	48,323,352	14	48,323,352
	15 Other assets. See Part IV, line 11	24,013,652	15	57,605,025
16 Total assets. Add lines 1 through 15 (must equal line 33)	204,769,401	16	268,926,800	
Liabilities	17 Accounts payable and accrued expenses	20,395,018	17	24,087,773
	18 Grants payable		18	
	19 Deferred revenue		19	27,580,151
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	2,737,199
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	793,275	25	7,074,638
	26 Total liabilities. Add lines 17 through 25	21,188,293	26	61,479,761
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		175,552,903	27	199,455,075
28 Net assets with donor restrictions		8,028,205	28	7,991,964
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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		183,581,108	32	207,447,039
33 Total liabilities and net assets/fund balances	204,769,401	33	268,926,800	

Part XI Reconciliation 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	380,800,758
2	Total expenses (must equal Part IX, column (A), line 25)	2	351,104,064
3	Revenue less expenses. Subtract line 2 from line 1	3	29,696,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	183,581,108
5	Net unrealized gains (losses) on investments	5	-1,735,398
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 on Schedule O)	9	-4,095,365
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	207,447,039

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or Form 990-EZ.

u 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 Candler Hospital, Inc.	Employer identification number 58-0593388
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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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(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 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) u	(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 <input type="checkbox"/>						

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 from 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).*
- 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.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*
 - 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.*
- 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.*
 - 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.*

	Yes	No
2a		
2b		
3a		
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):		
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	<input type="checkbox"/> 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. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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			

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to *www.irs.gov/Form990* for the latest information.

Name of the organization <u>Candler Hospital, Inc.</u>	Employer identification number <u>58-0593388</u>
---	---

Organization type (check one):

- | Filers of: | Section: |
|--------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation

<input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation

<input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Candler Hospital, Inc.	Employer identification number 58-0593388
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Candler Foundation, Inc. 5353 Reynolds Street Savannah GA 31405-6015	\$ 1,249,975	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	St. Joseph's Foundation, Inc. 5353 Reynolds Street Savannah GA 31405-6015	\$ 70,874	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Univ of GA College of Pharmacy R.C. Wilson Pharmacy Bldg Athens GA 30602-0001	\$ 47,992	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	U.S. Department of Health & Human Sv 200 Independence Ave SW Washington DC 20201-0004	\$ 6,508,787	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C
(Form 990 or 990-EZ)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

U Complete if the organization is described below.

U Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization Candler Hospital, Inc.	Employer identification number 58-0593388
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		83,030
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		28,326
j Total. Add lines 1c through 1i			111,356
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1

Direct contact with legislators, their staffs, etc. - costs incurred to educate legislators on healthcare matters and advocate for healthcare issues important to Georgia citizens and the organization.

Other Activities - The Hospital belongs to national and state industry

Part IV Supplemental Information *(continued)*

associations and as part of their annual dues, pays a small percentage to support the lobbying efforts by these associations.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u 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

Employer identification number

Candler Hospital, Inc.

58-0593388

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (sub-rows 2a-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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB 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 FASB 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 make 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 program
 - 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 on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,028,205	8,061,502	6,845,214	5,994,751	5,622,398
b Contributions	1,260,766	1,416,770	1,810,454	1,919,111	1,133,368
c Net investment earnings, gains, and losses	60,150	65,307	105,071	136,156	-6,892
d Grants or scholarships					
e Other expenditures for facilities and programs	1,357,157	1,515,374	699,237	1,202,504	754,123
f Administrative expenses				2,300	
g End of year balance	7,991,964	8,028,205	8,061,502	6,845,214	5,994,751

- 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 11.70 %
 - c Term endowment 88.30 %
- 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 | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		16,940,044		16,940,044
b Buildings		171,182,882	111,877,247	59,305,635
c Leasehold improvements		4,623,103	3,578,663	1,044,440
d Equipment		151,458,912	121,140,977	30,317,935
e Other		4,826,053		4,826,053

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 112,434,107

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.)	u	

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.)	u	

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) Due from related parties	39,593,550
(2) Beneficial Interest in Foundation	9,906,514
(3) Other Receivables	5,370,920
(4) Third party settlements	2,734,041
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u 57,605,025

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	
(2) Third party settlements	6,186,396
(3) Deferred Compensation Payable	888,242
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 7,074,638

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 FASB 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	376,477,191
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,735,398	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,803,612	
e	Add lines 2a through 2d	2e		-3,539,010
3	Subtract line 2e from line 1	3		380,016,201
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	784,557	
c	Add lines 4a and 4b	4c		784,557
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		380,800,758

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	350,888,462
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		350,888,462
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	215,602	
c	Add lines 4a and 4b	4c		215,602
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		351,104,064

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.

Part V, Line 4 - Intended Uses for Endowment Funds

Endowments include funds reserved for building and development, education and scholarships, diabetes funds and other healthcare related purposes. All endowments are held by Candler Foundation, Inc., a related and supporting organization.

Part X - FIN 48 Footnote

The System, CH, SJH, Home Health and Infirmary are generally exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. Only net income from activities designated as unrelated to the exempt purposes of CH, SJH, Home Health, and Infirmary are subject to federal and state unrelated business income tax. Geechee is organized as a

Part XIII Supplemental Information *(continued)*

single member LLC owned by System and is treated as a disregarded entity for tax purposes.

The System applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the System only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2020 and 2019 or for the years then ended. The System's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Part XIII Supplemental Information (continued)

Acronyms:

System - St. Joseph's/Candler Health System, Inc.

CH - Candler Hospital, Inc.

SJH - Saint Joseph's Hospital, Inc.

Home Health - SJC Home Health, Inc.

Infirmary - Georgia Infirmary, Inc.

Geechee - Geechee Reinsurance Company, LLC

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Unrealized change in derivatives \$ -1,871,636

Unrealized Rate Swap Valuation Gain \$ 68,024

Part XI, Line 4b - Revenue Amounts Included on Return - Other

Capital contributions \$ 568,955

Pension Costs \$ 80,053

Foundation contributions for pt assist \$ 135,549

Part XII, Line 4b - Expense Amounts Included on Return - Other

Foundation contributions for pt assistance \$ 135,549

Pension costs \$ 80,053

Part XIII - Supplemental Financial Information

Parts XI and XII - Reconciliations are completed using the combining
Statements of Excess Revenues (Expenses) from the audited financial
statements of St. Joseph's/Candler Health System, Inc.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Hospitals

**u Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Candler Hospital, Inc.

Employer identification number

58-0593388

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	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250%</u>	<input checked="" type="checkbox"/>	
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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500%</u>	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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)			19,149,206		19,149,206	5.45
b Medicaid (from Worksheet 3, column a)			36,948,547	29,994,625	6,953,922	1.98
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial Assistance and Means-Tested Government Programs			56,097,753	29,994,625	26,103,128	7.43
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,333,560	162,322	1,171,238	0.33
f Health professions education (from Worksheet 5)			82,916		82,916	0.02
g Subsidized health services (from Worksheet 6)			475,905		475,905	0.14
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			251,218		251,218	0.07
j Total. Other Benefits			2,143,599	162,322	1,981,277	0.56
k Total. Add lines 7d and 7j			58,241,352	30,156,947	28,084,405	8.00

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					0	0.00
2 Economic development			38,687	3,566	35,121	0.01
3 Community support			39,225	5,789	33,436	0.01
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy			28,337	3,566	24,771	0.01
8 Workforce development			142,729	16,487	126,242	0.04
9 Other					0	0.00
10 Total			248,978	29,408	219,570	0.06

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	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		
	18,353,886		
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		
	3,670,777		
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	133,067,477		
6 Enter Medicare allowable costs of care relating to payments on line 5	6	140,051,116		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-6,983,639		
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other				

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
9b 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	X	

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 SJC/OIS Management	O/P Imaging Services	25		50
2 The Listening Center	ENT Services	25		75
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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 Candler Hospital, Inc.

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
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		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b	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	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.sjchs.org</u>		
b	<input type="checkbox"/> Other website (list url):		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>https://www.sjchs.org/why-sjchs/commun</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
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)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? <u>\$</u>		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Candler Hospital, Inc.

		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?	<input checked="" type="checkbox"/>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	<input checked="" type="checkbox"/>	
15	Explained the method for applying for financial assistance?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	<input checked="" type="checkbox"/>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.sjchs.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.sjchs.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.sjchs.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group Candler Hospital, Inc.

	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?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group Candler Hospital, Inc.

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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.

Facility 1, Candler Hospital, Inc. - Part V, Line 3e

The prioritization of significant health needs of the community is identified and the methodology for prioritizing each need is described on page 35 of the 2019 CHNA.

Facility 1, Candler Hospital, Inc. - Part V, Line 5

St. Joseph's/Candler (SJ/C) partnered with the Coastal Georgia Indicators Coalition (CGIC), Chatham County Safety Net Planning Council (CCSNPC) and Healthy Savannah's Racial and Ethnic Approaches to Community Health (REACH) team to get feedback directly from the Chatham County community including the broader community residents, vulnerable populations including the poor, un/under insured, Hispanics and homeless. These partnerships also provided direct access to public health officials, government officials and community leaders with special expertise in combatting the health and social challenges of the community. These collaborative groups along with the city and county governments and many other organizations are members of the CGIC and participated in the development of the Chatham County Community Blue print, a public process to identify and address complex community health and social service needs. CGIC and CCSNPC assisted SJ/C in prioritizing the health and social determinants of health SJ/C would address in the upcoming three years.

Specifically, in conducting the Community Health Needs Assessment for 2019, SJ/C used the CGIC to get direct community feedback from their Chatham County Speaks Again survey. The survey was conducted in 2018 and the report published in 2019. A total of 1,597 completed surveys were obtained: 441 (28%) web surveys and 1,156 (72%) paper surveys. Total response rate was

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.

5.3%. The 2018 sample has just under 300 responses fewer than from the 2015 survey (6.3% response rate).

Given the number of responses and the county population, the 95% confidence interval for a given response is +/- 2.4 percentage points. At the district level, the margin of error ranges from +/-5.5% in District 4 to +/- 9% in District 5.

In addition to the using the survey data, the CGIC held community forums in all eight districts throughout Chatham County. SJ/C hired CGIC to hold additional health forums, but because of the poor attendance, CGIC and the REACH team developed additional health surveys which were available by paper or through access on the web. Surveys were available in English and in Spanish. The additional surveys resulted in another 295 responses, largely from vulnerable populations who completed the surveys at SJ/C's St. Mary's free clinic, the Chatham County Health department and J. C. Lewis Primary Care Centers. All focus on providing care for the un/under insured populations. Only the Chatham County Health department is open to the broader community.

Facility 1, Candler Hospital, Inc. - Part V, Line 6a

Saint Joseph's Hospital, Inc.

11705 Mercy Boulevard

Savannah, GA 31419-1711

Saint Joseph's Hospital and Candler Hospital's joint Community Health Needs Assessment and Implementation Plan can be found on St. Joseph's/Candler's website at https://www.sjchs.org/docs/default-source/default-document-library/sjc_chna_2019.pdf and <https://www.sjchs.org/docs/default->

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.

source/default-document-library/sjc 2019 implementation plan1.pdf?

sfvrsn=6686340c 2, respectively.

Facility 1, Candler Hospital, Inc. - Part V, Line 6b

SJ/C strongly believes collaborating with others to identify and address health and the social determinants of health results in better outcomes and better coordination of limited resources to address complex health and social problems. The collaborating partners for 2019 included the Coastal Georgia Indicators Coalition (CGIC) and Healthy Savannah's REACH team. CGIC is a collaborative comprised of community members and advocates working together through a comprehensive, coordinated approach for planning and accountability and serves as a resource for agencies addressing overall health and well-being while leveraging resources for community initiatives. Healthy Savannah and the YMCA of Coastal Georgia received a Center for Disease Control (CDC) Racial and Ethnic Approaches to Community Health (REACH) grant. This grant funded analysis of all the survey data by Next Step Consulting. Next Step consulting provided a Ph.D. project leader and group of graduate students to accomplish the work.

Facility 1, Candler Hospital, Inc. - Part V, Line 11

Many health and social needs were identified again in the 2019 Community Health Needs Assessment. Despite the many challenges, Chatham County is fortunate to have a number of health and social service organizations who work collaborative to address the community's most pressing needs. The hospitals, health department, CGIC, CCSNPC, the United Way, municipal governments and schools of higher learning work individually and

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.

collaboratively to address the most significant health and social needs of the community. It would be impossible for any single organization to address all the identified needs. To that end, SJ/C, with the help of CGIC and CCSNPC reviewed the identified needs and prioritized which needs the hospitals would address, and which they would not address and why.

Multiple horizontal lines for text entry.

Part VI Supplemental Information

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Part I, Line 6a - Related Organization Information

The Hospital's community benefit report is reported as part of the combined annual report prepared by St. Joseph's/Candler Health System, Inc.

Part I, Line 7g - Subsidized Health Services Explanation

This section includes mobile outreach services which provide free screenings in the community, as well as other subsidized care in home care services, assisted living/nursing home care, dialysis services, outpatient palliative care and the supply of durable medical equipment and supplies.

Part I, Line 7 - Costing Methodology Explanation

The data reported in this area is reported as instructed by Catholic Health Association's "A Guide for Planning and Reporting Community Benefits, 2008".

Part II - Community Building Activities

St. Joseph's/Candler (SJ/C) believes that good health is more than freedom from disease. Good health includes worthy employment, good education, safe

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homes/neighborhoods and advocacy. Additionally, SJ/C is concerned with the whole person, which includes spiritual care.

With eight full-time chaplains - more than any other hospital in the state of Georgia - SJ/C provides pastoral care outreach to anyone seeking assistance (as reported in the Community Health Improvement Services).

Such unreimbursed services provide necessary spiritual support for many underserved citizens who are without a church home or access to a minister.

This assistance includes burial services, officiating at weddings, one-on-one counseling services and other Ecumenical services, such as baptisms.

SJ/C African-American Health Information and Resource Center, recently celebrated 20 years of service to the broader and vulnerable communities.

The Center provides free computer classes, an internet center, exercise classes and culturally competent health information and education.

SJ/C supports education as a means to a good paying job. The System fully funds the St. Mary's GED program, a partnership with Savannah Technical Collage and summer camp for young children. St. Mary's also provides a workforce counselor to assist clients with resume writing, employment search assistance, interviewing skills and soft skills training.

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Part III, Line 2 - Bad Debt Expense Methodology

Amounts included on Part III Line 2 represent the amount of charges considered uncollectible after reasonable attempts to collect, and written off to bad debt expense.

Part III, Line 3 - Bad Debt Expense, Patients Eligible for Assistance

The figure on Part III line 3 represents management's estimate (approximately 20%) based on an analysis of self pay patients' ability to pay their outstanding account. This analysis includes reviewing the patient's credit history, income levels and overall collectibility of the account.

Part III, Line 4 - Bad Debt Expense Footnote to Financial Statements

See pages 32-33 for the discussion of uninsured patients and bad debts included in the Patient Service Revenue footnote in the audited financial statements attached.

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Part III, Line 8 - Medicare Explanation

Medicare allowable costs are computed in accordance with cost reporting methodologies utilized on the Medicare Cost Report and in accordance with related regulations. Indirect costs are allocated to direct service areas using the most appropriate statistical basis.

Part III, Line 9b - Collection Practices Explanation

Patient financial counselors visit patients who have no insurance, limited coverage and Medicaid patients without supplemental insurance to discuss assistance and refer those patients to our Medicaid eligibility vendor who screens these patients for Medicaid and other federal, state or local programs for assistance. Customer service at the Hospital and at extended business office, which does self-pay billing and collection, inform patients about our financial assistance program and assist them in making an application. Billing statements provide a message and telephone number to call if the patient has

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difficulty making payment. For patients who qualify for charity care and full financial assistance, there is no financial obligation. For those who qualify for partial financial assistance, collection procedures follow the same process as all other patients who are responsible for unpaid balances. Those patients who have not made payment arrangements for their remaining balances are sent letters when they are past due 30, 60, and 90 days. If payment arrangements are still not made after 90 days, then those accounts are referred to collections. Before referral to a collection agency, any account \$2,500 or larger is scored for ability to pay (using Experian), and if the patient qualifies for charity care or full financial assistance, the account is written off as presumptive eligibility and not referred to the agency.

Part VI, Line 2 - Needs Assessment

St. Joseph's/Candler Health System, Inc. continually conducts various types

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of assessments to determine the community's needs for health and personal support services. Our System collaborates with numerous not-for-profit agencies and programs to extend and strengthen our mission. Our programs are successful due in large part because of these collaborations. Some examples include: the Chatham County Safety Net, City of Savannah's Step-Up Poverty Reduction Initiative, Armstrong Atlantic State University, Savannah Technical College, Savannah Economic Development Authority, and many more. Many of our System co-workers are also involved at every level of the community through their work as System representatives on not-for-profit boards such as: American Heart Association, the United Way, MedBank, Inc., Wesley Community Center, and Safe Shelter of Savannah. St. Joseph's/Candler also solicits input on community needs from community leaders, professionals and members who participate on outreach advisory boards. SJ/C's African American Health Information & Resource Center, Good Samaritan Clinic, Smart Senior, St. Mary's Community Center and St. Mary's Health Center have individual advisory boards comprised of those persons who have special interest, skills, knowledge and enthusiasm about the program's unique services. Program forums at each outreach site also

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provide direct feedback from the clients who use their services. This ensures each site continues to provide a service the community needs and benefits from.

With our partners, we listen to our patients and clients, as well as access existing needs assessments and studies in order to determine the community's most pressing needs. St. Joseph's/Candler uses federal information and reports from agencies such as the U.S. Census Bureau and Bureau of Labor Statistics, as well as resources such as Coastal Georgia Indicator's database which including more than 100 health and social determinant of health indicators; Claritas and "Demographics Now" that provide a wide array of demographics, household income and services, retail outlets, etc. in defined zip codes. This information, combined with our extensive collaborations and our role as a leader in the community, provides us the means to understand and address the community's needs and ensures our outreach programs are focused on the populations who need our services the most.

Part VI, Line 3 - Patient Education of Eligibility for Assistance

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Customer service personnel at the Hospitals and St. Joseph's/Candler's extended business office inform patients about our financial assistance program and assist them in making an application. For patients who have no insurance, limited coverage, and Medicaid patients without supplemental insurance, patient financial counselors discuss the financial assistance and various government benefits which may be available to them. Patient financial counselors also refer appropriate patients to a Medicaid eligibility vendor who screens them for Medicaid and other federal, state, or local programs for assistance. St. Joseph's/Candler posts financial assistance contact information on its website. Upon admission to the Hospital, patients are provided the "Guide to Your Hospital Bill", which informs them how to understand their bill, as well as a summary of the Hospital's financial assistance policy. In addition, the billing statements sent to patients provide a message and financial assistance contact information in the event the patient has difficulty paying the balance due.

Part VI, Line 4 - Community Information

Part VI Supplemental Information

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St. Joseph's/Candler is located in Savannah, GA. Savannah is the oldest city in GA and the county seat of Chatham County. St. Joseph's/Candler's 2019 Community Health Needs Assessment defined Chatham County as the primary service area for the System.

Chatham County is location on the southeast coast of United States in Georgia. The total estimated population in 2018 is 294,365 people. There are an estimated 115,565 households with 72,833 families in Chatham County. Caucasians make up the majority of the population at 51% followed by Black/African Americans at 40%. The largest percentage of the population falls into the 25-34 year-old age group.

The median household income is \$52,215. Approximately 47% of residents are homeowners. Approximately 50% of those who rent are burdened with more than 30% of their income going to rent.

Approximately 65% of the population age 25+ has some college experience or some type of degree.

Approximately 12% of families live below the poverty level in the county. Female life expectancy is 79.6 years while male life expectancy is 74.3 years.

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The leading causes of death include cancer, heart disease, and stroke.

High blood pressure, arthritis and diabetes are among the top chronic diseases in the county. Breast and lung/bronchial cancers lead the number of cancer cases in the county.

More than 50% of the population received routine dental care in the past year and more than 75% reported having routine medical checkup.

Adults 18-64 have an 81% insured rate. Children 19 and under have a 95% insured rate.

Part VI, Line 5 - Promotion of Community Health

All of St. Joseph's/Candler's healthcare facilities, including its hospitals, further their exempt purposes by promoting the health in our community in a variety of ways as well as those already described in Schedule H and St. Joseph's/Candler's Community Benefit Report. The governing bodies of all of our organizations are primarily comprised of persons who are not employees, contractors (nor family members thereof), and who reside in St. Joseph's/Candler's primary service area. The Hospitals' medical staffs are open to all qualified physicians in the

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region. For those physicians in the region who do not have privileges, St. Joseph's/Candler provides a process for admitting patients via the hospitalists or through other physicians.

Funds received from the operations of St. Joseph's/Candler's hospitals and facilities (after operating expenses) are used to support various outreach efforts described in Schedule H and the Community Benefit Report; to further improvement in patient care by providing medical education to patients and the community, conducting research, and implementing technology that not only provides the latest in treatment, but allows patients to receive high quality care in their own community and allows us to continually improve patient safety by implementing technology that prevents medication errors, etc.

In order to specifically assist low income elderly and disabled citizens to remain in their own homes and avoid institutional nursing home care, these needs have been met by the Georgia Infirmary in two ways: 1) providing direct service, and 2) advocating at state and national levels for programs that will serve the needs of these citizens. Georgia Infirmary provides services to such persons through an adult day care center since 1974.

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- 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.

Georgia Infirmary's housing management services operates subsidized housing for elderly and disabled persons to recognize that community-based health only works if beneficiaries have safe, affordable homes. Georgia Infirmary's nationally recognized source program for case management and primary care physician services for elderly and disabled persons was a response to needs discovered in housing and day services clients for coordinated medical care and accountable personal support services. It is a collaborative effort of approximately 105 physicians across 16 southeast Georgia counties.

Part VI, Line 6 - Affiliated Health Care System

St. Joseph's/Candler Health System, Inc. (System), a not-for-profit membership corporation, was formed in 1997 under a Joint Operating Agreement entered into between Candler Hospital, Inc. (CH), Saint Joseph's Hospital, Inc. (SJH) and their various respective affiliates, such that the System became the parent organization of CH, SJH and the affiliates. The Sisters of Mercy of the Americas, Inc. (SMA) is the sole member of the System.

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.

The System operates a comprehensive integrated healthcare network and serves as the controlling body of its affiliated entities as follows:

CH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 384-bed acute care hospital in Savannah, Georgia. CH is the sole member of and operates SJC Oncology Services - Georgia, LLC in Savannah, Georgia, SJC Oncology Services - South Carolina, LLC in Hilton Head, South Carolina, Candler Medical Oncology Practice, LLC, Candler ENT Practice, LLC and SJ/SC Cardiology LLC, all of which are single member LLC's that provide advanced radiation oncology and other specialized services.

SJH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 330-bed acute care hospital in Savannah, Georgia. SJH is the sole member of and operates St. Joseph's Medical Group, LLC, and St.

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.

Joseph's Cardiology Group, LLC, SJC Electrophysiology, LLC, and St.

Joseph's Vascular Group, LLC, all of which are single member LLC's that provide specialized physician services.

SJC Home Health, Inc. (Home Health) is a not-for-profit corporation, of which the System is the sole member, established to provide home health services in a twenty-one county area in southeast Georgia.

Georgia Infirmary, Inc. (Infirmary) is a not-for-profit corporation, of which the System is the sole corporate member. The System shall have, and may exercise with respect to the Infirmary, all rights and authorities granted by law to members of nonprofit corporations in Georgia or the bylaws of the Infirmary, except that the System does not have the authority to change the mission of the Infirmary as outlined in the Infirmary's original Articles of Incorporation. In the event of any merger or sale of substantially all of the assets of the System, all membership interest of the System in the Infirmary shall be deemed surrendered by the System and reverted to the Infirmary. The Infirmary is an adult day health provider

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.

and also provides a case management program to improve health outcomes for elderly or disabled Medicaid recipients with chronic medical conditions.

SJC Ventures, Inc. (SJCVC) is a for-profit corporation and wholly owned stock subsidiary of the System organized to be the sole shareholder of SJC Medical Group, Inc., SJC Properties, Inc. and SJC Health Services, Inc., thereby creating an affiliated group of corporations eligible to report on a consolidated basis for federal income tax purposes within the meaning of the Internal Revenue Code of 1986, as amended.

SJC Medical Group, Inc. (SJCIMG) is a for-profit corporation which owns, operates, and manages physician practices, in addition to performing billing services, of which SJCVC is the sole shareholder.

SJC Properties, Inc. (Properties) is a for-profit corporation, wholly owned by SJCVC, which owns and develops certain real estate and manages several medical office buildings.

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.

SJC Health Services, Inc. (Health Services) is a for-profit corporation, wholly owned by SJCV, organized to further the health care delivery system of the System. Health Services maintains a controlling interest in SJC/Wayne Medical Oncology, LLC and St. Joseph's/Candler Urgent Care Centers, LLC.

Geechee Reinsurance Company, LLC (Geechee) is a captive insurance company formed under the laws of the State of South Carolina to insure the general and professional liability risks of the System. Geechee is organized as a single member LLC with the System as its sole member.

St. Joseph's/Candler Advocate Health Network, LLC (AHN) operates as a clinically integrated network for the purpose of contracting with payers as an accountable care organization. AHN is organized as a single member LLC with the System as its sole member. During 2019, AHN ceased operations and disposed of all its assets.

Part VI, Line 7 - State Filing of Community Benefit Report

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization Candler Hospital, Inc. Employer identification number 58-0593388

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.

1	(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)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3** Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)

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 Mammography indigent prog	622	78,366			
2 Pharmacy Scholarship	41	57,185			
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.

See Schedule I Supplemental Information Worksheet

SCHEDULE I (Form 990)	Supplemental Information	2019
For calendar year 2019, or tax year beginning 07/01/19 , and ending 06/30/20		Employer identification number
Name of the organization Candler Hospital, Inc.		58-0593388

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Mammography Assistance Program

Patients are screened for qualification by the Director of Telfair Pavilion and her eligibility screener. Once patients are approved, they are funneled into a master mammography services bill and sent to the Foundations Specialist. Foundation Executive Director reviews master bill according to mammography fund purpose statement and sends for processing of payment. Note that the Foundation's board is aware that some month's billings may exceed \$5,000.

Pharmacy Scholarship Program

The Pharmacy department does monthly requests for funds. Each grant transfer request is filled out by pharmacy staff and then approved and signed off on by the Pharmacy Director. The forms are then submitted to the Foundation with back up for grant transfer. These grant transfer forms are then reviewed by the Foundations Director and signed again for the transfer of funds. These amounts are also reviewed by the Foundations' Board and approved again. Both Pharmacy Director and Executive Director have signed them and reviewed them for accuracy and making sure they meet Fund stipulations.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u 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

Candler Hospital, Inc.

Employer identification number

58-0593388

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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 aren't 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				
1 Paul P. Hinchey President & CEO	(i) 554,203	167,441	9,090	0	29,240	759,974	0
	(ii) 401,320	121,251	6,582	0	21,173	550,326	0
2 William E. Richards Radiation Oncologist	(i) 693,991	0	250,000	0	30,215	974,206	0
	(ii) 0	0	0	0	0	0	0
3 John Pablo Director-Oncology	(i) 733,454	203,800	0	0	31,754	969,008	0
	(ii) 0	0	0	0	0	0	0
4 Joshua T. McKenzie Radiation Oncologist	(i) 644,102	108,000	0	0	33,145	785,247	0
	(ii) 0	0	0	0	0	0	0
5 John L. Mikell Radiation Oncologist	(i) 609,512	111,000	0	0	28,530	749,042	0
	(ii) 0	0	0	0	0	0	0
6 Gregory J. Schaack Trustee/CFO	(i) 292,761	73,936	0	11,020	28,642	406,359	0
	(ii) 211,999	53,540	0	7,980	20,741	294,260	0
7 Kyle L. McCann COO	(i) 284,716	72,500	0	11,020	18,992	387,228	0
	(ii) 206,174	52,500	0	7,980	13,753	280,407	0
8 Howard A. Zaren MedDirector-Oncology	(i) 600,838	0	0	0	40,590	641,428	0
	(ii) 0	0	0	0	0	0	0
9 Sherry A. Danello Trustee/VP	(i) 193,454	26,333	0	11,020	39,746	270,553	0
	(ii) 140,087	19,068	0	7,980	28,781	195,916	0
10 Nolan D. Hennessee VP	(i) 188,219	37,549	0	11,020	17,652	254,440	0
	(ii) 136,296	27,191	0	7,980	12,783	184,250	0
11 Thomas S. Pound Chairman/VP	(i) 166,371	29,186	0	11,020	19,090	225,667	0
	(ii) 120,475	21,134	0	7,980	13,823	163,412	0
12 Bradley Trower VP	(i) 142,620	21,092	0	9,257	12,823	185,792	0
	(ii) 103,277	15,274	0	6,703	9,285	134,539	0
13 Mary M. Strand VP	(i) 147,077	29,754	0	0	8,119	184,950	0
	(ii) 106,504	21,546	0	0	5,879	133,929	0
14 Sr. Margie Beatty, RSM VP	(i) 133,021	25,346	0	11,020	5,492	174,879	0
	(ii) 96,326	18,354	0	7,980	3,977	126,637	0
15 Julia Mikell, MD Trustee/Physician	(i) 135,178	0	0	0	2,015	137,193	0
	(ii) 97,888	0	0	0	1,459	99,347	0
16 Gregory A. Menke VP	(i) 104,685	10,184	0	7,618	11,978	134,465	0
	(ii) 75,807	7,374	0	5,517	8,674	97,372	0

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.

Part I, Line 1a - Fringe or Expense Explanation

CEO receives the benefit and the amount is included in the CEO's taxable income.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified	Equity-based
Gregory J. Schaack	0	19,000	0
Kyle L. McCann	0	19,000	0
Sherry A. Danello	0	19,000	0
Nolan D. Hennessee	0	19,000	0
Thomas S. Pound	0	19,000	0
Bradley Trower	0	15,960	0
Sr. Margie Beatty, RSM	0	19,000	0
Gregory A. Menke	0	7,315	0

Part III - Other Additional Information

Part I, Line 4(b) - Supplemental Executive Retirement Plan (SERP)

The System maintains an unfunded supplemental executive retirement plan

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.

(SERP), which provides retirement benefits to certain officers and select employees. This plan is non-qualified and does not have a minimum funding requirement. The liability for this SERP obligation is included as deferred compensation payable and the assets set aside as a reserve for this liability are included in board designated assets limited as to use.

Part II, Bonus Award

Bonus compensation is awarded based on reaching multiple organizational and individual goals, all of which are expressly contingent upon achieving a targeted operating budget. The CEO makes a bonus recommendation to the Board's Compensation Committee while the Committee makes a bonus recommendation to the Board for the CEO. All bonuses are capped at a maximum percentage of their salary.

Compensation from unrelated organization

Sister Margie Beatty is a key employee for the filing organization spending approximately half her time between two related hospitals, Candler Hospital and St. Joseph's Hospital. The organizations, however, submit 100% of her

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.

compensation to The Sisters of Mercy (SOM) for her services. Total amount
paid to SOM in calendar year 2019 was \$273,047.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Candler Hospital, Inc.

Employer identification number

58-0593388

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **u** \$ _____
- 3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **u** \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total **u** \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) John L. Mikell	Trustee Son	749,042	Employee		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

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

Schedule L, Part V - Additional Information

John Mikell is the son of Julia Mikell, M.D., a Hospital Trustee, and is employed and compensated by the filing organization.

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization Candler Hospital, Inc.	Employer identification number 58-0593388
---	---

Form 990 - Organization's Mission
 Rooted in God's love, we treat illness and promote wellness for all
 people. Candler Hospital, Inc. provides comprehensive healthcare services
 to the surrounding counties through the operation of a 331-bed acute care
 hospital in Savannah, Georgia.

Form 990, Part I, Line 6
 Volunteers sign in each time they volunteer and these hours are totaled.
 Services provided by volunteers:
 -Information desks: greet & provide information to visitors and give
 patient room information.
 -Courtesy car: provide rides to and from hospital buildings to visitors'
 cars.
 -Patient family rooms: contact persons in waiting rooms.
 -Deliver patient mail and flowers.
 -Operate gift shops.
 -Patient visitation: patients are visited and given a welcome packet with
 paper, pencil, and information sheet covering hospital services.
 -Security: monitor hospital cameras and take calls for security (relays to
 hospital staff).
 -Patient floors: assist staff with non-clinical chores.
 -Office volunteer: assist volunteer office staff as needed.

Form 990, Part III, Line 4a - First Accomplishment
 Candler Hospital, Inc. is an acute care hospital located in Savannah,

Name of the organization

Employer identification number

Candler Hospital, Inc.

58-0593388

Georgia. In furtherance of its tax-exempt purpose, Candler Hospital, Inc.:

- 1) maintains and operates permanent facilities that provide both inpatient and outpatient services for providing diagnoses and treatment of patients suffering from illness or injury;
- 2) promotes and provides health education programs, support groups, and various community services for all people of Savannah and the surrounding counties;
- 3) encourages and participates in health sciences research for treatment of illness and promotion of health;
- 4) preserves and incorporates its faith-based philosophy of the hospital in all its activities and contracts.

During the fiscal year ended June 30, 2020, the Hospital served the following: 56,968 acute care patient days and 13,246 discharges including newborn; 5,283 rehab days with 435 discharges; and 3,294 skilled nursing days with 270 discharges. Emergency room visits totaled 55,669. The Hospital also provided services for 239,826 outpatient visits.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

St. Joseph's/Candler Health System, Inc. (System) is the sole member of the filing organization.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The Sisters of Mercy, Baltimore Regional Community (SMB) is the sole member of the System. Both CH and System share a common management team. SMB has certain limited rights such as appointment of three trustees to the System board. The System has the authority to appoint 13 of the 17 voting

Name of the organization Candler Hospital, Inc.	Employer identification number 58-0593388
--	--

trustee positions and the System CEO is an ex-officio trustee.
As the sole member, System also controls CH. Pursuant to Section 3.2 of the Amended and Restated Joint Operating Agreement entered into on April 1, 2003, 4 of its 5 trustees are recommended by the CEO of System from among the member's management personnel and they are approved by the member's board. The 5th member of the Hospital board is the president of the Hospital's medical and dental staff.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
System has certain limited rights such as the recommendation of 4 of CH's 5 trustees by the CEO of System from among the member's management personnel which are then subject to approval by the System's board. Additionally, System has specific reserved powers which require that certain actions taken by the CH Board are effective only if first approved by System.

These actions include:

1. development of the role, mission, goals and strategic and operational plan(s) of Candler Hospital.
2. establishment of an organization-wide policy.
3. responsibility for the organization-wide quality of care and quality of work life.
4. development and approval of the budgets.
5. approval of the sale, lease, transfer, encumbrance, alienation, or disposition of property or assets of CH, subject to the SMB Reserved Powers.
6. approval of any dissolution, merger, consolidation or sale of CH, subject to the SMB Reserved Powers.

Name of the organization	Employer identification number
Candler Hospital, Inc.	58-0593388

7. ratification of the appointment by the System CEO of the members of the board of trustees and the board of directors of CH and to determine, when appropriate with respect to CH, the number of trustees or directors, quorum and voting requirements, terms, committees, officers, and any other customary and appropriate bylaw provisions for CH; and

8. delegation of such responsibilities and other activities to CH as necessary, including the delegation to SJH of responsibilities related to credentialing of medical staff; licensure; JCAHO certification; maintaining the Roman Catholic identity and presence of CH pursuant to the SMB Reserved Powers.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the Form 990 is provided to the Finance Committee of the Board of Trustees and made available to the full Board for review prior to filing. The organization's management team performs a complete detailed review of all financial and disclosure data prior to filing the return with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

At least annually, and as deemed necessary, the conflicts of interest policy is reviewed to determine if any changes or enhancements are needed. The annual disclosures are provided to the President's assistant and are reviewed by the organization's Corporate Compliance Officer. If any conflicting interest is identified, the Board Chairman will discuss with the Board to determine further actions needed.

The Board Chairman may ask the interested person to leave the meeting during discussion of the matter that gives rise to the potential conflict. If asked, the interested person shall leave the meeting, but may make a

Name of the organization

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statement or answer any questions on the matter before leaving. The interested person will not vote on the matter that gives rise to the potential conflict and the Board or Board Committee must approve the transaction or arrangement by majority vote of the Board members present at a meeting that has a quorum, not including the vote of the interested person.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

An independent consulting firm annually evaluates the compensation of the CEO using comparability data obtained through compensation surveys/studies. Their recommendations are considered by a compensation committee comprised of independent voting members of the Board and the final compensation package requires full approval by the Board. The actions, motions, considerations, members present and dissenting opinions are recorded in the Board minutes.

Form 990, Part VI, Line 15b - Compensation Process for Officers

An independent consulting firm annually evaluates the compensation of the CFO and other officers using comparability data obtained through compensation surveys/studies. Their recommendations are considered by a compensation committee comprised of independent voting members of the Board and the final compensation package requires full approval by the Board. The actions, motions, considerations, members present and dissenting opinions are recorded in the Board minutes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Certain organizational policies, including the conflicts of interest

Name of the organization	Employer identification number
Candler Hospital, Inc.	58-0593388

policy, are located on the St. Joseph's/Candler website. Combined financial statements are available through the Annual Bond Disclosure Report posted to a public website. Governing documents are currently not publicly available.

Form 990, Part VII - Additional Information

Consolidated Management and General Services - The filing organization is a member of a comprehensive integrated healthcare network, i.e., St. Joseph's/Candler Health System, Inc. (System). Essential management and general services are provided by the System to the related organizations. The costs of such services remain on the books of System.

Form 990, Part IX, Line 11g - Other Fees for Services

Description	Tot/Prog Service	Mgt & General	Fundraising
Purchased services	\$ 18,190,273	\$ 4,396,737	\$ 0
Professional fees	\$ 24,048,735	\$ 4,527,668	\$ 0
Outside lab fees	\$ 2,465,426	\$ 0	\$ 0
Consulting fees	\$ 41,817	\$ 305,665	\$ 0
Temporary labor	\$ 5,679,610	\$ 111,942	\$ 0
Other fees	\$ 2,474,758	\$ 0	\$ 0

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Candler Hospital, Inc.

Employer identification number

58-0593388

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SJC Oncology Services-GA, LLC 5353 Reynolds Street 58-1690520 Savannah GA 31405-6015	Radiology	GA			CH
(2) SJC Oncology Services-SC, LLC 5353 Reynolds Street 58-1894698 Savannah GA 31405-6015	Oncology	GA			CH
(3) Candler ENT Practice LLC 5353 Reynolds Street 46-5647244 Savannah GA 31405-6015	ENT	GA			CH
(4) Candler Medical Oncology Practice L 5353 Reynolds Street 46-5633323 Savannah GA 31405-6015	Oncology	GA			CH
(5) SJ/SC Cardiology LLC 5353 Reynolds Street 81-2136129 Savannah GA 31405-6015	Cardiology	GA			CH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) St. Joseph's/Candler Health System 5353 Reynolds Street 58-2288758 Savannah GA 31405-6015	Mgmnt	GA	501c 3	12c	N/A		X
(2) St. Joseph's Hospital, Inc. 11705 Mercy Blvd. 58-0568702 Savannah GA 31419-1711	Acute Care	GA	501c 3	3	System		X
(3) SJC Home Health Services, Inc. 5353 Reynolds Street 58-1329042 Savannah GA 31405-6015	Home Hlth	GA	501c 3	10	System		X
(4) Georgia Infirmary, Inc. 5353 Reynolds Street 58-0668614 Savannah GA 31405-6015	Clinic	GA	501c 3	10	System		X
(5) Candler Foundation, Inc. 5353 Reynolds Street 58-1553254 Savannah GA 31405-6015	Foundation	GA	501c 3	12b	System		X

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Candler Hospital, Inc.

Employer identification number

58-0593388

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) St Joseph's/Candler OB/GYN Practice 5353 Reynolds Street 82-2647012 Savannah GA 31405-6015	OB/GYN	GA			CH
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) St. Joseph's Foundation of Savannah 5353 Reynolds Street 58-1905195 Savannah GA 31405-6015	Foundation	GA	501c3	12b	System		X
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SJC/OIS Management, LLC 5353 Reynolds Street Savannah GA31405-6015 46-0748220	Imaging	GA	N/A	Excluded	141,439	944,244		X	N/A		X	25.00
(2) The Listening Center, LLC 5356 Reynolds Street Savannah GA 31405 45-4044301	ENT	GA	N/A	Excluded	69,679	22,321		X	N/A		X	25.00
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SJC Medical Group, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2011805	Physicians	GA	N/A	C	N/A	N/A	N/A		X
(2) SJC Ventures, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2650129	Healthcare	GA	N/A	C	N/A	N/A	N/A		X
(3) SJC Properties, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1583360	Property	GA	N/A	C	N/A	N/A	N/A		X
(4) SJC Health Services, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1701535	Healthcare	GA	N/A	C	N/A	N/A	N/A		X

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

Schedule R - Additional Information

Part I, Columns (d) and (e)

The organization's recordkeeping is such that accurate amounts for the end-of-year assets and total income for each disregarded entity cannot be segregated without a proper cost accounting. Therefore, these columns are left blank as to not mislead the reader.

Filing Instructions
Candler Hospital, Inc.
Exempt Organization Business Tax Return
Taxable Year Ended June 30, 2020

Date Due: May 17, 2021

Remittance: None is required. Your Form 990-T for the tax year ended 6/30/20 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20
Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c) (<u>3</u>) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Candler Hospital, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 5353 Reynolds Street City or town, state or province, country, and ZIP or foreign postal code Savannah GA 31405-6015	58-0593388 E Unrelated business activity code (See instructions.) 621500 713940
C Book value of all assets at end of year 268,926,800	F Group exemption number (See instructions.) <u>u</u>	
	G Check organization type <input type="checkbox"/> <u>u</u> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. u 3 Describe the only (or first) unrelated trade or business here
u See Statement 1
Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.
u St. Joseph's/Candler Health System, Inc. 58-2288758

J The books are in care of u Gregory J. Schaack Telephone number u 912-819-6162

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance <u>u</u>	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnership and S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule) See Stmt 2		12 1,570,662		1,570,662
13 Total. Combine lines 3 through 12		13 1,570,662		1,570,662

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	487,797
16 Repairs and maintenance	16	79,756
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	21b	0
23 Contributions to deferred compensation plans	22	
24 Employee benefit programs	23	
25 Excess exempt expenses (Schedule I)	24	743
26 Excess readership costs (Schedule J)	25	
27 Other deductions (attach schedule) See Statement 3	26	
28 Total deductions. Add lines 14 through 27	27	953,235
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	28	1,521,531
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	29	49,131
31 Unrelated business taxable income. Subtract line 30 from line 29	30	
	31	49,131

Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Rows 32-39 showing unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows 40-45 showing tax computation details.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows 46a-56 showing tax credits, taxes, and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Rows 57-59 regarding foreign activities and tax-exempt interest.

Sign Here section with declaration text and signature line for Trustee/CFO.

Paid Preparer Use Only section containing fields for preparer name, firm name, address, date, and EIN.

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year ...	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes
4a Additional sec. 263A costs (attach schedule)	4a				No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b ...	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) u		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			u	u
Total dividends-received deductions included in column 8			u	u

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)).						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
Totals, Part II (lines 1-5) u	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			u

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20.

2019

Department of the Treasury
Internal Revenue Service
Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Candler Hospital, Inc.

Employer identification number
58-0593388

Unrelated Business Activity Code (see instructions) 624410

Describe the unrelated trade or business Childrens House

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) <u>See Stmt 1</u>	12	491,131	491,131
13	Total. Combine lines 3 through 12	13	491,131	491,131

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		10,837
17	Bad debts	17		-200
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Depreciation (attach Form 4562)	20	3,885	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		
		21b		3,885
22	Depletion	22		
23	Contributions to deferred compensation plans	23		
24	Employee benefit programs	24		562
25	Excess exempt expenses (Schedule I)	25		
26	Excess readership costs (Schedule J)	26		
27	Other deductions (attach schedule) <u>See Statement 2</u>	27		596,308
28	Total deductions. Add lines 14 through 27	28		611,392
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29		-120,261
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		
31	Unrelated business taxable income. Subtract line 30 from line 29	31		-120,261

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20.

2019

Department of the Treasury
Internal Revenue Service
Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Candler Hospital, Inc.

Employer identification number
58-0593388

Unrelated Business Activity Code (see instructions) 713940

Describe the unrelated trade or business Wellness Center

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) <u>See Stmt 3</u>	12	600,767	600,767
13	Total. Combine lines 3 through 12	13	600,767	600,767

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15	564,284	
16	Repairs and maintenance	16	2,080	
17	Bad debts	17		
18	Interest (attach schedule) (see instructions) <u>See Statement 4</u>	18	44,368	
19	Taxes and licenses	19		
20	Depreciation (attach Form 4562)	20	51,930	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		21b 51,930
22	Depletion	22		
23	Contributions to deferred compensation plans	23		
24	Employee benefit programs	24	107,265	
25	Excess exempt expenses (Schedule I)	25		
26	Excess readership costs (Schedule J)	26		
27	Other deductions (attach schedule) <u>See Statement 5</u>	27	119,487	
28	Total deductions. Add lines 14 through 27	28	889,414	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-288,647	
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		
31	Unrelated business taxable income. Subtract line 30 from line 29	31	-288,647	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-T	Schedule M Loss Carryover Calculation	2019
Name Candler Hospital, Inc.		Taxpayer Identification Number 58-0593388
Description Childrens House		
Unincorporated Business Income Tax Code: 624410 Activity: Child day care services		

1 Activity income	1	491,131
2 Activity deductions	2	611,392
3 Activities income or loss, after deductions	3	-120,261
4 Losses carried over to this year (do not include amounts prior to 2018)	4	50,110
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 30 of Form 990-T or Schedule M	6	
7 Remaining losses to be carried forward to 2020 (Subtract Line 6 from line 4)	7	50,110
8 If line 3 is less than zero, enter that amount here as a positive number	8	120,261
9 Total loss carried forward to 2020 (Add lines 7 and 8)	9	170,371

Form 990-T	Schedule M Loss Carryover Calculation	2019
Name Candler Hospital, Inc.		Taxpayer Identification Number 58-0593388
Description: Wellness Center		
Unincorporated Business Income Tax Code: 713940 Activity: Fitness and recreational sports		

1 Activity income	1	600,767
2 Activity deductions	2	889,414
3 Activities income or loss, after deductions	3	-288,647
4 Losses carried over to this year (do not include amounts prior to 2018)	4	346,748
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 30 of Form 990-T or Schedule M	6	
7 Remaining losses to be carried forward to 2020 (Subtract Line 6 from line 4)	7	346,748
8 If line 3 is less than zero, enter that amount here as a positive number	8	288,647
9 Total loss carried forward to 2020 (Add lines 7 and 8)	9	635,395

Statement 1 - Form 990-T - Primary Unrelated Business ActivityDescription

Candler Hospital, Inc. operates a child day care facility for children of employees and non-employees. The day care service that is provided to children of non-employees generates unrelated business income.

Candler Hospital, Inc. maintains a reference lab (not used for inpatient or outpatient lab needs), which is used by hospital physicians for patients they see in their offices. This outside lab generates unrelated business income.

Candler Hospital, Inc. operates a wellness center that is used by patients, employees, and non-employees in order to promote emotion wellness, life management, and other social services. The services provided to non-employees generate unrelated business income.

Statement 2 - Form 990-T, Part I, Line 12 - Other Income

<u>Description</u>	<u>Amount</u>
Reference Lab	\$ 1,570,662
Total	<u>\$ 1,570,662</u>

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
Medical professional fees	\$ 329,590
Non-medical professional fees	1,975
Materials and supplies	603,729
Purchased services	16,346
Rentals	73
Other operating expenses	1,522
Total	<u>\$ 953,235</u>

Federal Statements**Childrens House****Statement 1 - Form 990-T, Schedule M, Line 12 - Other Income**

Description	Amount
Childrens House	\$ 491,131
Total	\$ <u>491,131</u>

Childrens House**Statement 2 - Form 990-T, Schedule M, Line 28 - Other Deductions**

Description	Amount
Materials & supplies	\$ 43,065
Purchased services	514,615
Utilities	26,797
Other operating expenses	11,831
Total	\$ <u>596,308</u>

Federal Statements**Wellness Center****Statement 3 - Form 990-T, Schedule M, Line 12 - Other Income**

Description	Amount
Wellness Center	\$ 600,767
Total	\$ <u>600,767</u>

Wellness Center**Statement 4 - Form 990-T, Schedule M, Line 18 - Deductible Interest**

Description	Amount
Total	\$ 44,368
Total	\$ <u>44,368</u>

Wellness Center**Statement 5 - Form 990-T, Schedule M, Line 28 - Other Deductions**

Description	Amount
Medical professional fees	\$ 27,981
Materials & supplies	10,987
Purchased services	6,671
Utilities	28,859
Insurance	44,310
Other operating expenses	679
Total	\$ <u>119,487</u>

Form 990-T	Net Operating Loss Carryover Worksheet for Pre-2018 Losses	2019
For calendar year 2019, or tax year beginning 07/01/19, ending 06/30/20		

Name Candler Hospital, Inc.	Employer Identification Number 58-0593388
--------------------------------	--

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
19th 06/30/99	-971,679		971,679	49,131	
18th 06/30/00	-561,860		561,860		561,860
17th 06/30/01	-814,139		814,139		814,139
16th 06/30/02	-333,106		333,106		333,106
15th 06/30/03	-76,531		76,531		76,531
14th 06/30/04	-79,337		79,337		79,337
13th 06/30/05	-304,221		304,221		304,221
12th 06/30/06	-363,431		363,431		363,431
11th 06/30/07	-603,322		603,322		603,322
10th 06/30/08	-57,999		57,999		57,999
9th 06/30/09	-125,082		125,082		125,082
8th 06/30/10	-228,451		228,451		228,451
7th 06/30/11	-91,941		91,941		91,941
6th 06/30/12	-99,676		99,676		99,676
5th 06/30/13	-6,622		6,622		6,622
4th 06/30/14	-346,542		346,542		346,542
3rd 06/30/15	-590,322		590,322		590,322
2nd 06/30/16	-1,138,745		1,138,745		1,138,745
1st 06/30/17	-561,355		561,355		561,355
NOL carryover available to current year			7,354,361		
Current year	49,131			48,131	
NOL carryover available to next year					6,382,682

Filing Instructions

Candler Hospital, Inc.

Form 600-T - Exempt Unrelated Business Return

Taxable Year Ended June 30, 2020

Date Due: May 17, 2021

Remittance: None is required. Your Form 600-T for the tax year ended 6/30/20 shows no balance due.

Mail To: Georgia Department of Revenue
Processing Center
P.O. Box 740397
Atlanta, GA 30374-0397

A signed copy of your exempt organization's 990/990EZ or 990PF must be mailed to the following department:

Georgia Department of Revenue
Processing Center
P.O. Box 740395
Atlanta, GA 30374-0395

Signature: An officer representing the organization must sign and date Form 600-T.

Georgia Form 600-T (Rev. 05/28/19)
 Exempt Organization
 Unrelated Business Income Tax Return



Mailing Address:
 Georgia Department of Revenue
 Processing Center
 PO Box 740397
 Atlanta, Georgia 30374-0397

Page 1

Amended Amended due to IRS Audit Address Change UET Annualization Exception attached

For the taxable year beginning <u>07/01</u> , 2019 and ending <u>06/30</u> , 2020					
Name of Organization		Name of Fiduciary		Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)	
Candler Hospital, Inc.		Candler Hospital, Inc.			
Number and Street		Number and Street			
5353 Reynolds Street		5353 Reynolds Street		58-0593388	
City or Town		City or Town		NAICS Code	Date of current exemption letter.
Savannah		Savannah			IRS code section for which you are exempt.
State	Zip Code	State	Zip Code		
GA	31405-6015	GA	31405-6015	621500 713940	501(c)(3)
GEORGIA UNRELATED BUSINESS TAXABLE INCOME				SCHEDULE 1	
1. Unrelated business taxable income from Federal Form 990-T (attach copy)				1.	
2. Additions				2.	
3. Total (add Line 1 and Line 2)				3.	
4. Subtractions				4.	
5. Adjusted unrelated business taxable income (Line 3 less Line 4)				5.	
6. Income allocated everywhere				6.	
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6)				7.	
8. Apportionment ratio (Attach Computation Schedule)				8.	1.000000
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8)				9.	
10. Income allocated to Georgia (Attach Schedule)				10.	
11. Total of Lines 9 and 10				11.	
12. Georgia net operating loss deduction (Attach Schedule) (See instructions for 80% limitation)				12.	
13. Georgia unrelated business taxable income (Line 11 less Line 12)				13.	



2001601223

CANDLER HOSPITAL, INC.

58-0593388

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX	SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	1.
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.
3. Less: Payments	3.
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.
5. Schedule 3B Refundable tax credits	5.
6. Balance of tax due OR overpayment	6.
7. Interest due (See Instructions)	7.
8. Underestimated tax penalty	8.
9. Other penalties due (See Instructions)	9.
10. Balance of tax, interest and penalties due with return	10.
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on 20 <u>20</u>	
Estimated Tax ▶ _____ Refunded ▶ _____	

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION:
I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature of Officer

Jacqueline Atkins, CPA

Signature of Individual or Firm Preparing Return

TRUSTEE/CFO
Title

P00861721
Employee ID or Social Security Number

**Annual Hospital Questionnaires CY 2020:
St. Joseph's Hospital, Inc. and Candler Hospital, Inc.**



2020 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP621

Facility Name: Saint Joseph's Hospital

County: Chatham

Street Address: 11705 Mercy Boulevard

City: Savannah

Zip: 31419-1791

Mailing Address: 11705 Mercy Boulevard

Mailing City: Savannah

Mailing Zip: 31419-1791

Medicaid Provider Number: 18010000

Medicare Provider Number: 110043

2. Report Period

Report Data for the full twelve month period- January 1, 2020 through December 31, 2020.
Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Elizabeth Medo

Contact Title: Manager, Decision Support

Phone: 912-819-8202

Fax: 912-819-8664

E-mail: medoe@sjchs.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's Hospital, Inc.	Not for Profit	8/30/1946

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	4/1/1997

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's Hospital, Inc.	Not for Profit	8/30/1946

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	4/1/1997

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period.

If checked, please explain in the box below and include effective dates.

3. Check the box to the right if your facility is part of a health care system

Name: St. Joseph's/Candler Health System, Inc.

City: Savannah **State:** GA

4. Check the box to the right if your hospital is a division or subsidiary of a holding company.

Name:

City: **State:**

5. Check the box to the right if the hospital itself operates subsidiary corporations

Name:

City: State:

6. Check the box to the right if your hospital is a member of an alliance.

Name: Premier

City: Charlotte State: NC

7. Check the box to the right if your hospital is a participant in a health care network

Name: The Care Network

City: Savannah State: GA

8. Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors.

9. Check the box to the right if the hospital owns or operates a primary care physician group practice.

10a. Managed Care Information: Formal Written Contract

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO)

2. Preferred Provider Organization(PPO)

3. Physician Hospital Organization(PHO)

4. Provider Service Organization(PSO)

5. Other Managed Care or Prepaid Plan

10b. Managed Care Information: Insurance Products

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Owner or Owner Parent Based in Another State

If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

Part D : Inpatient Services

1. Utilization of Beds as Set Up and Staffed(SUS):

Please indicate the following information. Do not include newborn and neonatal services. Do not include long-term care units, such as Skilled Nursing Facility beds, if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	0	0	0	0	0
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	234	7,518	38,502	7,518	37,816
Intensive Care	38	1,929	17,743	1,922	17,576
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	22	464	6,054	469	6,134
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	294	9,911	62,299	9,909	61,526

2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	14	76
Asian	85	636
Black/African American	2,919	20,207
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	10	47
White	6,883	41,333
Multi-Racial	0	0
Total	9,911	62,299

3. Gender

Please report admissions and inpatient days by gender. Exclude newborn and neonatal.

Gender	Admissions	Inpatient Days
Male	4,904	30,948
Female	5,007	31,351
Total	9,911	62,299

4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal.

Primary Payment Source	Admissions	Inpatient Days
Medicare	6,349	43,011
Medicaid	507	3,676
Peachare	0	0
Third-Party	2,292	11,338
Self-Pay	712	4,038
Other	51	236

5. Discharges to Death

Report the total number of inpatient admissions discharged during the reporting period due to death.

467

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2020 (to the nearest whole dollar).

Service	Charge
Private Room Rate	1,240
Semi-Private Room Rate	1,240
Operating Room: Average Charge for the First Hour	5,551
Average Total Charge for an Inpatient Day	9,980

Part E : Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only.

43,716

2. Inpatient Admissions from ER

Please report inpatient admissions to the Hospital from the ER for emergency cases ONLY.

6,912

3. Beds Available

Please report the number of beds available in ER as of the last day of the report period.

33

4. Utilization by Specific type of ER bed or room for the report period.

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	1	0
General Beds	28	43,716
	0	0
	0	0
	0	0
	0	0

5. Transfers

Please provide the number of Transfers to another institution from the Emergency Department.

745

6. Non-Emergency Visits

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital.

56,043

7. Observation Visits/Cases

Please provide the total number of Observation visits/cases for the entire report period.

2,203

8. Diverted Cases

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period.

0

9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

0

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted.

1,253

Part F : Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. (Use the blank lines to specify other services.)

Site Codes

- 1 = In-House - Provided by the Hospital
- 2 = Contract - Provided by a contractor but onsite
- 3 = Not Applicable

Status Codes

- 1 = On-Going
- 2 = Newly Initiated
- 3 = Discontinued
- 4 = Not Applicable

Service/Facilities	Site Code	Service Status
Podiatric Services	1	1
Renal Dialysis	2	1
ESWL	3	4
Biliary Lithotripter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	1	1
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	2	1
Physical Therapy	2	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	1
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
Otoneurology	1	1
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines.

Category	Total
Number of Podiatric Patients	147
Number of Dialysis Treatments	3,778
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	51,155
Number of CTS Units (machines)	4
Number of CTS Procedures	33,972
Number of Diagnostic Radioisotope Procedures	5,562
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeutic Radioisotope Procedures	11
Number of Number of MRI Units	2
Number of Number of MRI Procedures	6,345
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	342,131
Number of Occupational Therapy Treatments	51,390
Number of Physical Therapy Treatments	110,676
Number of Speech Pathology Patients	6,190
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	523
Number of HIV/AIDS Patients	495
Number of Ambulance Trips	0
Number of Hospice Patients	45
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	4
Number of Ultrasound/Medical Sonography Procedures	17,361
Number of Treatments, Procedures, or Patients (Other 1)	8,852
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available

for immediate use as of the last day of the report period (12/31).

108

3. Robotic Surgery System

Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
2	303	Da Vinci

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2020. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2020.

Profession	Profession	Profession	Profession
Licensed Physicians	7.68	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	14.67	0.62	0.00
Registered Nurses (RNs-Advanced Practice*)	460.73	9.23	0.00
Licensed Practical Nurses (LPNs)	9.56	5.90	0.00
Pharmacists	11.12	0.00	0.00
Other Health Services Professionals*	557.67	57.45	31.34
Administration and Support	116.25	6.49	0.00
All Other Hospital Personnel (not included above)	394.32	27.19	0.32

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Physician's Assistants	61-90 Days
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	30 Days or Less
Pharmacists	61-90 Days
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	18
Black/African American	23
Hispanic/Latino	17
Pacific Islander/Hawaiian	0
White	413
Multi-Racial	42

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please

indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plan and/or Board of Regents Benefit Plan).

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	37	<input checked="" type="checkbox"/>	36	0
General Internal Medicine	48	<input checked="" type="checkbox"/>	47	0
Pediatricians	45	<input type="checkbox"/>	44	0
Other Medical Specialties	115	<input type="checkbox"/>	109	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	24	<input type="checkbox"/>	22	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	5	<input type="checkbox"/>	5	0
Ophthalmology Surgery	16	<input type="checkbox"/>	16	0
Orthopedic Surgery	40	<input type="checkbox"/>	40	0
Plastic Surgery	15	<input type="checkbox"/>	15	0
General Surgery	20	<input type="checkbox"/>	20	0
Thoracic Surgery	4	<input type="checkbox"/>	4	0
Other Surgical Specialties	43	<input type="checkbox"/>	43	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	27	<input checked="" type="checkbox"/>	27	0
Dermatology	3	<input type="checkbox"/>	1	0
Emergency Medicine	30	<input checked="" type="checkbox"/>	30	0
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	5	<input checked="" type="checkbox"/>	5	0
Psychiatry	0	<input type="checkbox"/>	0	0
Radiology	32	<input checked="" type="checkbox"/>	32	0
Radiation Oncology	4	<input checked="" type="checkbox"/>	4	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	12
Podiatrists	9
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	3

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Psychologists

Comments and Suggestions:

Part H : Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. **(Due to the large number of entries, this section has been moved to a separate PDF file.)**

Part I : Patient Origin Table

1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

Inpat=Inpatient Services
Surg=Outpatient Surgical
OB=Obstetric

P18+=Acute psychiatric adult 18 and over
P13-17=Acute psychiatric adolescent 13-17
P0-12=Acute psychiatric children 12 and under
Rehab=Inpatient Rehabilitation

S18+=Substance abuse adult 18 and over
S13-17=Substance abuse adolescent 13-17
E18+=Extended care adult 18 and over
E13-17=Extended care adolescent 13-17
E0-12=Extended care children 0-12
LTCH=Long Term Care Hospital

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alabama	2	1	0	0	0	0	0	0	0	0	0	0	0
Appling	95	22	0	0	0	0	0	0	0	0	0	0	2
Atkinson	2	1	0	0	0	0	0	0	0	0	0	0	0
Bacon	6	10	0	0	0	0	0	0	0	0	0	0	0
Baker	0	1	0	0	0	0	0	0	0	0	0	0	0
Baldwin	1	0	0	0	0	0	0	0	0	0	0	0	0
Ben Hill	2	2	0	0	0	0	0	0	0	0	0	0	0
Berrien	1	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	2	2	0	0	0	0	0	0	0	0	0	0	0
Bleckley	3	0	0	0	0	0	0	0	0	0	0	0	0
Brantley	12	7	0	0	0	0	0	0	0	0	0	0	0
Bryan	1,079	532	0	0	0	0	0	0	0	0	0	0	50
Bulloch	271	204	0	0	0	0	0	0	0	0	0	0	20
Burke	3	0	0	0	0	0	0	0	0	0	0	0	0
Calhoun	2	0	0	0	0	0	0	0	0	0	0	0	0
Camden	7	7	0	0	0	0	0	0	0	0	0	0	0
Candler	47	21	0	0	0	0	0	0	0	0	0	0	2
Catoosa	1	0	0	0	0	0	0	0	0	0	0	0	0
Charlton	1	0	0	0	0	0	0	0	0	0	0	0	0
Chatham	5,348	3,196	0	0	0	0	0	0	0	0	0	0	260
Cherokee	1	0	0	0	0	0	0	0	0	0	0	0	0
Clayton	3	0	0	0	0	0	0	0	0	0	0	0	0
Clinch	1	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	0	2	0	0	0	0	0	0	0	0	0	0	0
Coffee	29	13	0	0	0	0	0	0	0	0	0	0	0
Colquitt	0	1	0	0	0	0	0	0	0	0	0	0	0
Columbia	6	2	0	0	0	0	0	0	0	0	0	0	0

Coweta	1	1	0	0	0	0	0	0	0	0	0	0	0
Crawford	0	1	0	0	0	0	0	0	0	0	0	0	0
Crisp	1	3	0	0	0	0	0	0	0	0	0	0	0
DeKalb	7	2	0	0	0	0	0	0	0	0	0	0	0
Dodge	5	6	0	0	0	0	0	0	0	0	0	0	2
Dooly	1	0	0	0	0	0	0	0	0	0	0	0	0
Dougherty	1	1	0	0	0	0	0	0	0	0	0	0	0
Douglas	0	1	0	0	0	0	0	0	0	0	0	0	0
Early	1	0	0	0	0	0	0	0	0	0	0	0	0
Effingham	691	585	0	0	0	0	0	0	0	0	0	0	39
Emanuel	40	26	0	0	0	0	0	0	0	0	0	0	2
Evans	86	51	0	0	0	0	0	0	0	0	0	0	6
Fannin	1	0	0	0	0	0	0	0	0	0	0	0	0
Fayette	1	1	0	0	0	0	0	0	0	0	0	0	0
Florida	45	14	0	0	0	0	0	0	0	0	0	0	1
Floyd	1	1	0	0	0	0	0	0	0	0	0	0	0
Fulton	1	4	0	0	0	0	0	0	0	0	0	0	0
Gilmer	2	0	0	0	0	0	0	0	0	0	0	0	1
Glynn	54	51	0	0	0	0	0	0	0	0	0	0	2
Grady	2	0	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	2	2	0	0	0	0	0	0	0	0	0	0	0
Hancock	1	0	0	0	0	0	0	0	0	0	0	0	0
Houston	3	1	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	15	18	0	0	0	0	0	0	0	0	0	0	1
Jefferson	1	0	0	0	0	0	0	0	0	0	0	0	0
Jenkins	5	8	0	0	0	0	0	0	0	0	0	0	0
Johnson	6	0	0	0	0	0	0	0	0	0	0	0	0
Laurens	10	7	0	0	0	0	0	0	0	0	0	0	0
Lee	1	0	0	0	0	0	0	0	0	0	0	0	0
Liberty	840	386	0	0	0	0	0	0	0	0	0	0	37
Lincoln	1	0	0	0	0	0	0	0	0	0	0	0	0
Long	99	53	0	0	0	0	0	0	0	0	0	0	1
Lowndes	2	3	0	0	0	0	0	0	0	0	0	0	0
Macon	1	0	0	0	0	0	0	0	0	0	0	0	0
Madison	1	0	0	0	0	0	0	0	0	0	0	0	0
McIntosh	94	48	0	0	0	0	0	0	0	0	0	0	1
Meriwether	1	0	0	0	0	0	0	0	0	0	0	0	0
Mitchell	6	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	0	1	0	0	0	0	0	0	0	0	0	0	0
Montgomery	9	9	0	0	0	0	0	0	0	0	0	0	0
Murray	1	0	0	0	0	0	0	0	0	0	0	0	0
Muscogee	3	1	0	0	0	0	0	0	0	0	0	0	0
Newton	0	1	0	0	0	0	0	0	0	0	0	0	0
North Carolina	20	0	0	0	0	0	0	0	0	0	0	0	0

Other Out of State	82	20	0	0	0	0	0	0	0	0	0	0	0	4
Paulding	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Pierce	19	18	0	0	0	0	0	0	0	0	0	0	0	2
Putnam	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	0	4	0	0	0	0	0	0	0	0	0	0	0	0
Richmond	4	1	0	0	0	0	0	0	0	0	0	0	0	0
Screven	67	54	0	0	0	0	0	0	0	0	0	0	0	1
South Carolina	307	491	0	0	0	0	0	0	0	0	0	0	0	12
Spalding	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Tattnall	158	72	0	0	0	0	0	0	0	0	0	0	0	6
Telfair	9	4	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	7	3	0	0	0	0	0	0	0	0	0	0	0	0
Toombs	48	44	0	0	0	0	0	0	0	0	0	0	0	1
Treutlen	1	2	0	0	0	0	0	0	0	0	0	0	0	0
Walton	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Ware	25	20	0	0	0	0	0	0	0	0	0	0	0	2
Washington	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Wayne	184	92	0	0	0	0	0	0	0	0	0	0	0	9
Wheeler	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Whitfield	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilcox	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilkes	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	9,911	6,135	0	0	0	0	0	0	0	0	0	0	0	464

Surgical Services Addendum

Part A : Surgical Services Utilization

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	2	22
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	0	2	22

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	1,891	3,359	4,255
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	1,891	3,359	4,255

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	1,889	3,039	4,246
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	1,889	3,039	4,246

Part B : Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	8
Asian	59
Black/African American	1,662
Hispanic/Latino	0
Pacific Islander/Hawaiian	7
White	4,399
Multi-Racial	0
Total	6,135

2. Age Grouping

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	100
Ages 15-64	3,351
Ages 65-74	1,774
Ages 75-85	781
Ages 85 and Up	129
Total	6,135

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	2,716
Female	3,419
Total	6,135

4. Payment Source

Please report the total number of ambulatory patients by payment source.

Primary Payment Source	Number of Patients
Medicare	2,967
Medicaid	305
Third-Party	2,609
Self-Pay	254

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of the hospital or anywhere on its grounds.

1. Number of Delivery Rooms: 0

2. Number of Birthing Rooms: 0

3. Number of LDR Rooms: 0

4. Number of LDRP Rooms: 0

5. Number of Cesarean Sections: 0

6. Total Live Births: 0

7. Total Births (Live and Late Fetal Deaths): 0

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 0

Part B : Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	0	0	0	0
Specialty Care (Intermediate Neonatal Care)	0	0	0	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0

Part C : Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Age Grouping

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	0	0
Ages 15-44	0	0
Ages 45 and Up	0	0
Total	0	0

3. Average Charge for an Uncomplicated Delivery

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

\$0.00

4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$0.00

LTCH Addendum

Part A : General Information

1a. Accreditation Check the box to the right if your Long Term Care Hospital is accredited.
If you checked the box for yes, please specify the agency that accredits your facility in the space below.

1b. Level/Status of Accreditation

Please provide your organization's level/status of accreditation.

2. Number of Licensed LTCH Beds: 0

3. Permit Effective Date:

4. Permit Designation:

5. Number of CON Beds: 0

6. Number of SUS Beds: 0

7. Total Patient Days: 0

8. Total Discharges: 0

9. Total LTCH Admissions: 0

Part B : Utilization by Race, Age, Gender and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Age of LTCH Patient

Please provide the number of admissions and inpatient days by the following age groupings.

Age of Patient	Admissions	Inpatient Days
Ages 0-64	0	0
Ages 65-74	0	0
Ages 75-84	0	0
Ages 85 and Up	0	0
Total	0	0

3. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

4. Payment Source

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Third-Party	0	0
Self-Pay	0	0
Other	0	0

Psychiatric/Substance Abuse Services Addendum

Part A : Psychiatric and Substance Abuse Data by Program

1. Beds

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example, "AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	0	0
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F-Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

Part B : Psych/SA Utilization by Race/Ethnicity, Gender, and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

3. Payment Source

Please indicate the number of patients by the following payment sources. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Medicaid	0	0
Third Party	0	0
Self-Pay	0	0
PeachCare	0	0

Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

1. Do you have paid medical interpreters on staff? (Check the box, if yes.)

If you checked yes, how many? 0 (FTE's)

What languages do they interpret?

Paid medical interpreters are "contracted" but not "on staff" at St. Joseph's Hospital. Translation is provided for Spanish speaking patients only.

2. When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? (Check all that apply)

Bilingual Hospital Staff Member

Bilingual Member of Patient's Family

Community Volunteer Interpreter

Telephone Interpreter Service

Refer Patient to Outside Agency

Other (please describe):

3. Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.)

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	unknown	0	0	0
Gujarati	unknown	0	0	0
Hindi	unknown	0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

-
Curtis V. Cooper Compassionate Care Women's Center
5354 Reynolds Street
Suite 420
Savannah, GA 31405

-
J. C. Lewis Health Care Center
125 Fahm Street
Savannah, GA 31401

-
J. C. Lewis at the Salvation Army
3100 Montgomery Street
Savannah, GA 31405

-
J.C. Lewis at Old Savannah Mission
2414 Bull Street
Savannah, GA 31401

-
J. C. Lewis at Moses Jackson
1410 B Richards Street
Savannah, GA 31415

-
J. C. Lewis Pediatric Care Center
3802 Waters Avenue
Savannah, GA 31404

-
J. C. Lewis Tiny House Clinic
75 Dundee Street
Savannah, GA 31401

-

Comprehensive Inpatient Physical Rehabilitation Addendum

Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	6	73
Black/African American	108	1,508
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	1	14
White	349	4,459
Multi-Racial	0	0

2. Admissions and Days of care by Gender

Please report the number of inpatient physical rehabilitation admissions and inpatient days by gender.

Gender	Admissions	Inpatient Days
Male	211	2,773
Female	253	3,281

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort.

Gender	Admissions	Inpatient Days
0-17	0	0
18-64	105	1,441
65-84	272	3,448
85 Up	87	1,165

Part B : Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	460
Long Term Care Hospital	0
Skilled Nursing Facility	4
Traumatic Brain Injury Facility	0

	0
--	---

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	394
Third Party/Commercial	64
Self Pay	4
Other	2

2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

15

Part D : Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1. Stroke	92
2. Brain Injury	25
3. Amputation	8
4. Spinal Cord	49
5. Fracture of the femur	69
6. Neurological disorders	73
7. Multiple Trauma	5
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	18
All Other	125

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and

completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Paul P. Hinchey

Date: 3/5/2021

Title: President & CEO

Comments:

Part D-1: SUS beds reflect all of the hospital's CON-authorized and licensed beds.

-

Part D - 1: Inpatient days and discharge days associated with ICU include all days associated with the patient stay. In many instances, this would include days where the patient was in a Med/Surg bed.

-

Part D – 2: SJH no longer designates Hispanic/latino or multi-racial as a distinct race.

-

Part E – 8 and 9: SJH did not experience a general ambulance diversion in 2020. In the rare instance when it is necessary, SJH diverts ambulances to CH, its sister facility. SJH does not track the ED cases that are “diverted” in those instances; so the most accurate response to E8 is “not available”.

-

Part F – 1b: Number of Treatments, Procedures or Patients (Other 1) = Otoneurology Procedures.

-

Part G – 4: Number of Medical Staff: The data reflected in Part G-4 is the most accurate data available, but may not precisely reflect the physician staff database as of December 31, 2020.

-

Part G – 4: #Enrolled as Providers in Medicaid/Peachcare and PEHB Plan: The SJC Medical Staff Office does not track this information. We determined participation by looking up each staff physician on the Medicaid physician search tool, “<http://www.mmis.georgia.gov/portal>” (the Georgia Medicaid Management Information System portal). The PEHB plan participant information is no longer available on this site.

-

Surgical Services Addendum Part A, Q1: The complement of Shared Rooms includes ORs on the SJH main campus developed pursuant to DET 2019-214 that became operational in 2020.

-

Georgia Minority Advisory Council Addendum, Q3: SJC does not track information regarding languages spoken by physicians, nurses and other employed staff. The most accurate response would be “unknown”.

-



2020 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP626

Facility Name: Candler Hospital

County: Chatham

Street Address: 5353 Reynolds Street

City: Savannah

Zip: 31405

Mailing Address: 5353 Reynolds Street

Mailing City: Savannah

Mailing Zip: 31405

Medicaid Provider Number: 32700000

Medicare Provider Number: 110024

2. Report Period

Report Data for the full twelve month period- January 1, 2020 through December 31, 2020.
Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Elizabeth Medo

Contact Title: Manager, Decision Support

Phone: 912-819-8202

Fax: 912-819-8664

E-mail: medoe@sjchs.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Candler Hospital, Inc.	Not for Profit	7/26/1934

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	4/1/1997

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Candler Hospital, Inc.	Not for Profit	7/26/1934

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	4/1/1997

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period.

If checked, please explain in the box below and include effective dates.

3. Check the box to the right if your facility is part of a health care system

Name: St. Joseph's/Candler Health System, Inc.

City: Savannah **State:** GA

4. Check the box to the right if your hospital is a division or subsidiary of a holding company.

Name:

City: **State:**

5. Check the box to the right if the hospital itself operates subsidiary corporations

Name:

City: State:

6. Check the box to the right if your hospital is a member of an alliance.

Name: Premier

City: Charlotte State: NC

7. Check the box to the right if your hospital is a participant in a health care network

Name: The Care Network

City: Savannah State: GA

8. Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors.

9. Check the box to the right if the hospital owns or operates a primary care physician group practice.

10a. Managed Care Information: Formal Written Contract

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO)

2. Preferred Provider Organization(PPO)

3. Physician Hospital Organization(PHO)

4. Provider Service Organization(PSO)

5. Other Managed Care or Prepaid Plan

10b. Managed Care Information: Insurance Products

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Owner or Owner Parent Based in Another State

If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

Part D : Inpatient Services

1. Utilization of Beds as Set Up and Staffed(SUS):

Please indicate the following information. Do not include newborn and neonatal services. Do not include long-term care units, such as Skilled Nursing Facility beds, if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	42	2,837	6,983	2,840	6,975
Pediatrics (Non ICU)	20	94	282	94	282
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	215	5,716	31,802	5,731	31,756
Intensive Care	20	938	10,741	928	10,389
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	23	372	4,887	380	5,036
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	320	9,957	54,695	9,973	54,438

2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	22	131
Asian	129	548
Black/African American	4,148	23,534
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	13	44
White	5,645	30,438
Multi-Racial	0	0
Total	9,957	54,695

3. Gender

Please report admissions and inpatient days by gender. Exclude newborn and neonatal.

Gender	Admissions	Inpatient Days
Male	3,327	23,091
Female	6,630	31,604
Total	9,957	54,695

4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal.

Primary Payment Source	Admissions	Inpatient Days
Medicare	3,959	29,387
Medicaid	1,749	6,879
Peachare	0	0
Third-Party	3,530	14,536
Self-Pay	708	3,814
Other	11	79

5. Discharges to Death

Report the total number of inpatient admissions discharged during the reporting period due to death.

296

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2020 (to the nearest whole dollar).

Service	Charge
Private Room Rate	1,240
Semi-Private Room Rate	1,240
Operating Room: Average Charge for the First Hour	5,551
Average Total Charge for an Inpatient Day	7,099

Part E : Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only.

48,277

2. Inpatient Admissions from ER

Please report inpatient admissions to the Hospital from the ER for emergency cases ONLY.

5,367

3. Beds Available

Please report the number of beds available in ER as of the last day of the report period.

43

4. Utilization by Specific type of ER bed or room for the report period.

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	0	0
General Beds	43	48,277
	0	0
	0	0
	0	0
	0	0

5. Transfers

Please provide the number of Transfers to another institution from the Emergency Department.

678

6. Non-Emergency Visits

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital.

230,372

7. Observation Visits/Cases

Please provide the total number of Observation visits/cases for the entire report period.

1,886

8. Diverted Cases

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period.

0

9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

0

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted.

1,477

Part F : Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. (Use the blank lines to specify other services.)

Site Codes

1 = In-House - Provided by the Hospital
 2 = Contract - Provided by a contractor but onsite
 3 = Not Applicable

Status Codes

1 = On-Going
 2 = Newly Initiated
 3 = Discontinued
 4 = Not Applicable

Service/Facilities	Site Code	Service Status
Podiatric Services	1	1
Renal Dialysis	2	1
ESWL	2	1
Biliary Lithotripter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	1	1
Positron Emission Tomography (PET)	1	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	2	1
Physical Therapy	2	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	1
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
Otoneurology	1	1
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines.

Category	Total
Number of Podiatric Patients	229
Number of Dialysis Treatments	2,390
Number of ESWL Patients	138
Number of ESWL Procedures	154
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	51,360
Number of CTS Units (machines)	5
Number of CTS Procedures	37,661
Number of Diagnostic Radioisotope Procedures	2,689
Number of PET Units (machines)	2
Number of PET Procedures	2,025
Number of Therapeutic Radioisotope Procedures	42
Number of Number of MRI Units	3
Number of Number of MRI Procedures	5,015
Number of Chemotherapy Treatments	19,363
Number of Respiratory Therapy Treatments	206,588
Number of Occupational Therapy Treatments	59,070
Number of Physical Therapy Treatments	107,136
Number of Speech Pathology Patients	5,105
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	5,037
Number of HIV/AIDS Patients	4,343
Number of Ambulance Trips	0
Number of Hospice Patients	141
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	8
Number of Ultrasound/Medical Sonography Procedures	18,770
Number of Treatments, Procedures, or Patients (Other 1)	273
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available

for immediate use as of the last day of the report period (12/31).

61

3. Robotic Surgery System

Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
3	1,109	Da Vinci

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2020. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2020.

Profession	Profession	Profession	Profession
Licensed Physicians	9.52	0.17	0.00
Physician Assistants Only (not including Licensed Physicians)	16.42	1.11	0.00
Registered Nurses (RNs-Advanced Practice*)	515.64	39.43	0.00
Licensed Practical Nurses (LPNs)	33.53	1.54	0.00
Pharmacists	16.94	0.42	0.00
Other Health Services Professionals*	769.80	62.70	43.59
Administration and Support	176.21	1.29	0.00
All Other Hospital Personnel (not included above)	410.72	32.66	1.77

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Physician's Assistants	61-90 Days
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	30 Days or Less
Pharmacists	61-90 Days
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	18
Black/African American	24
Hispanic/Latino	17
Pacific Islander/Hawaiian	0
White	417
Multi-Racial	43

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please

indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plant and/or Board of Regents Benefit Plan).

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	38	<input checked="" type="checkbox"/>	37	0
General Internal Medicine	49	<input checked="" type="checkbox"/>	48	0
Pediatricians	45	<input type="checkbox"/>	44	0
Other Medical Specialties	117	<input type="checkbox"/>	110	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	24	<input type="checkbox"/>	22	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	5	<input type="checkbox"/>	5	0
Ophthalmology Surgery	16	<input type="checkbox"/>	16	0
Orthopedic Surgery	40	<input type="checkbox"/>	40	0
Plastic Surgery	15	<input type="checkbox"/>	15	0
General Surgery	21	<input type="checkbox"/>	21	0
Thoracic Surgery	4	<input type="checkbox"/>	4	0
Other Surgical Specialties	43	<input type="checkbox"/>	43	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	27	<input checked="" type="checkbox"/>	27	0
Dermatology	3	<input type="checkbox"/>	1	0
Emergency Medicine	31	<input checked="" type="checkbox"/>	31	0
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	5	<input checked="" type="checkbox"/>	5	0
Psychiatry	0	<input type="checkbox"/>	0	0
Radiology	32	<input checked="" type="checkbox"/>	32	0
Radiation Oncology	4	<input checked="" type="checkbox"/>	4	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	15
Podiatrists	9
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	2

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Psychologists

Comments and Suggestions:

Part H : Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. **(Due to the large number of entries, this section has been moved to a separate PDF file.)**

Part I : Patient Origin Table

1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

Inpat=Inpatient Services
Surg=Outpatient Surgical
OB=Obstetric

P18+=Acute psychiatric adult 18 and over
P13-17=Acute psychiatric adolescent 13-17
P0-12=Acute psychiatric children 12 and under
Rehab=Inpatient Rehabilitation

S18+=Substance abuse adult 18 and over
S13-17=Substance abuse adolescent 13-17
E18+=Extended care adult 18 and over
E13-17=Extended care adolescent 13-17
E0-12=Extended care children 0-12
LTCH=Long Term Care Hospital

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alabama	1	6	1	0	0	0	0	0	0	0	0	0	0
Appling	36	77	4	0	0	0	0	0	0	0	0	0	1
Atkinson	9	4	0	0	0	0	0	0	0	0	0	0	1
Bacon	5	17	0	0	0	0	0	0	0	0	0	0	0
Baldwin	1	0	0	0	0	0	0	0	0	0	0	0	0
Bartow	1	0	0	0	0	0	0	0	0	0	0	0	0
Ben Hill	10	7	1	0	0	0	0	0	0	0	0	0	0
Berrien	0	4	0	0	0	0	0	0	0	0	0	0	0
Bibb	3	3	1	0	0	0	0	0	0	0	0	0	0
Brantley	13	44	2	0	0	0	0	0	0	0	0	0	0
Bryan	593	931	248	0	0	0	0	0	0	0	0	0	14
Bulloch	213	458	40	0	0	0	0	0	0	0	0	0	25
Burke	4	8	0	0	0	0	0	0	0	0	0	0	0
Camden	9	68	0	0	0	0	0	0	0	0	0	0	0
Candler	27	73	4	0	0	0	0	0	0	0	0	0	0
Carroll	0	1	0	0	0	0	0	0	0	0	0	0	0
Charlton	1	19	0	0	0	0	0	0	0	0	0	0	0
Chatham	6,675	5,332	1,982	0	0	0	0	0	0	0	0	0	230
Cherokee	1	0	0	0	0	0	0	0	0	0	0	0	0
Clarke	2	0	0	0	0	0	0	0	0	0	0	0	0
Clayton	1	0	0	0	0	0	0	0	0	0	0	0	0
Clinch	3	2	0	0	0	0	0	0	0	0	0	0	0
Cobb	3	2	1	0	0	0	0	0	0	0	0	0	0
Coffee	76	64	1	0	0	0	0	0	0	0	0	0	1
Colquitt	1	1	0	0	0	0	0	0	0	0	0	0	0
Columbia	2	3	0	0	0	0	0	0	0	0	0	0	0
Cook	0	1	0	0	0	0	0	0	0	0	0	0	0

Coweta	0	1	0	0	0	0	0	0	0	0	0	0	0
Crisp	1	0	0	0	0	0	0	0	0	0	0	0	0
Dawson	0	1	0	0	0	0	0	0	0	0	0	0	0
DeKalb	6	2	1	0	0	0	0	0	0	0	0	0	0
Dodge	2	2	0	0	0	0	0	0	0	0	0	0	0
Dooly	1	3	1	0	0	0	0	0	0	0	0	0	0
Dougherty	2	1	0	0	0	0	0	0	0	0	0	0	0
Effingham	810	1,143	293	0	0	0	0	0	0	0	0	0	28
Emanuel	36	71	4	0	0	0	0	0	0	0	0	0	2
Evans	56	102	6	0	0	0	0	0	0	0	0	0	4
Fayette	2	2	0	0	0	0	0	0	0	0	0	0	0
Florida	24	23	6	0	0	0	0	0	0	0	0	0	0
Floyd	0	1	0	0	0	0	0	0	0	0	0	0	0
Forsyth	0	1	0	0	0	0	0	0	0	0	0	0	0
Fulton	2	4	0	0	0	0	0	0	0	0	0	0	0
Glynn	49	244	5	0	0	0	0	0	0	0	0	0	6
Gwinnett	1	2	0	0	0	0	0	0	0	0	0	0	0
Habersham	0	1	0	0	0	0	0	0	0	0	0	0	0
Haralson	0	1	0	0	0	0	0	0	0	0	0	0	0
Henry	1	1	0	0	0	0	0	0	0	0	0	0	0
Houston	4	1	1	0	0	0	0	0	0	0	0	0	0
Irwin	0	1	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	25	55	0	0	0	0	0	0	0	0	0	0	1
Jefferson	4	0	1	0	0	0	0	0	0	0	0	0	0
Jenkins	15	16	2	0	0	0	0	0	0	0	0	0	0
Johnson	1	5	0	0	0	0	0	0	0	0	0	0	0
Laurens	11	21	1	0	0	0	0	0	0	0	0	0	0
Liberty	394	704	121	0	0	0	0	0	0	0	0	0	21
Long	53	115	13	0	0	0	0	0	0	0	0	0	3
Lowndes	1	0	1	0	0	0	0	0	0	0	0	0	0
McIntosh	29	91	5	0	0	0	0	0	0	0	0	0	1
Monroe	1	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	11	23	1	0	0	0	0	0	0	0	0	0	2
Muscogee	2	0	2	0	0	0	0	0	0	0	0	0	0
North Carolina	13	7	1	0	0	0	0	0	0	0	0	0	1
Other Out of State	71	47	11	0	0	0	0	0	0	0	0	0	1
Paulding	2	0	0	0	0	0	0	0	0	0	0	0	0
Peach	1	1	0	0	0	0	0	0	0	0	0	0	0
Pickens	1	0	0	0	0	0	0	0	0	0	0	0	0
Pierce	15	37	0	0	0	0	0	0	0	0	0	0	1
Pulaski	1	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	1	0	1	0	0	0	0	0	0	0	0	0	0
Richmond	0	5	0	0	0	0	0	0	0	0	0	0	0
Screven	102	129	14	0	0	0	0	0	0	0	0	0	4

South Carolina	259	585	38	0	0	0	0	0	0	0	0	0	0	7
Spalding	2	1	0	0	0	0	0	0	0	0	0	0	0	0
Sumter	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Tattnall	92	181	17	0	0	0	0	0	0	0	0	0	0	5
Taylor	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Telfair	6	15	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	1	9	0	0	0	0	0	0	0	0	0	0	0	0
Tift	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Toombs	45	161	1	0	0	0	0	0	0	0	0	0	0	6
Treutlen	4	17	1	0	0	0	0	0	0	0	0	0	0	0
Turner	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Twiggs	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Upson	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Walton	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Ware	20	23	0	0	0	0	0	0	0	0	0	0	0	1
Warren	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	4	0	0	0	0	0	0	0	0	0	0	0	0
Wayne	74	156	4	0	0	0	0	0	0	0	0	0	0	6
Wheeler	6	5	0	0	0	0	0	0	0	0	0	0	0	0
Wilcox	0	3	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Total	9,957	11,156	2,837	0	0	0	0	0	0	0	0	0	0	372

Surgical Services Addendum

Part A : Surgical Services Utilization

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	0	17
Cystoscopy (OR Suite)	0	0	2
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	0	0	19

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	1,923	10,392
Cystoscopy	0	0	85	813
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	0	2,008	11,205

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	1,702	10,344
Cystoscopy	0	0	76	812
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	0	1,778	11,156

Part B : Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	20
Asian	136
Black/African American	3,193
Hispanic/Latino	0
Pacific Islander/Hawaiian	6
White	7,801
Multi-Racial	0
Total	11,156

2. Age Grouping

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	2,013
Ages 15-64	6,512
Ages 65-74	1,687
Ages 75-85	789
Ages 85 and Up	155
Total	11,156

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	3,899
Female	7,257
Total	11,156

4. Payment Source

Please report the total number of ambulatory patients by payment source.

Primary Payment Source	Number of Patients
Medicare	2,819
Medicaid	1,940
Third-Party	5,901
Self-Pay	496

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of the hospital or anywhere on its grounds.

1. Number of Delivery Rooms: 0

2. Number of Birthing Rooms: 0
3. Number of LDR Rooms: 0
4. Number of LDRP Rooms: 14
5. Number of Cesarean Sections: 1,172
6. Total Live Births: 2,789
7. Total Births (Live and Late Fetal Deaths): 2,817
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 2,937

Part B : Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	35	2,359	4,974	0
Specialty Care (Intermediate Neonatal Care)	18	287	2,932	80
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0

Part C : Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	8	20
Asian	64	152
Black/African American	1,245	3,243
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	5	14
White	1,515	3,554
Multi-Racial	0	0
Total	2,837	6,983

2. Age Grouping

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	2	4
Ages 15-44	2,833	6,975
Ages 45 and Up	2	4
Total	2,837	6,983

3. Average Charge for an Uncomplicated Delivery

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

\$14,190.00

4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$16,931.00

LTCH Addendum

Part A : General Information

1a. Accreditation Check the box to the right if your Long Term Care Hospital is accredited.
If you checked the box for yes, please specify the agency that accredits your facility in the space below.

1b. Level/Status of Accreditation

Please provide your organization's level/status of accreditation.

2. Number of Licensed LTCH Beds: 0

3. Permit Effective Date:

4. Permit Designation:

5. Number of CON Beds: 0

6. Number of SUS Beds: 0

7. Total Patient Days: 0

8. Total Discharges: 0

9. Total LTCH Admissions: 0

Part B : Utilization by Race, Age, Gender and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Age of LTCH Patient

Please provide the number of admissions and inpatient days by the following age groupings.

Age of Patient	Admissions	Inpatient Days
Ages 0-64	0	0
Ages 65-74	0	0
Ages 75-84	0	0
Ages 85 and Up	0	0
Total	0	0

3. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

4. Payment Source

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Third-Party	0	0
Self-Pay	0	0
Other	0	0

Psychiatric/Substance Abuse Services Addendum

Part A : Psychiatric and Substance Abuse Data by Program

1. Beds

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example, "AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	0	0
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F-Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

Part B : Psych/SA Utilization by Race/Ethnicity, Gender, and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

3. Payment Source

Please indicate the number of patients by the following payment sources. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Medicaid	0	0
Third Party	0	0
Self-Pay	0	0
PeachCare	0	0

Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

1. Do you have paid medical interpreters on staff? (Check the box, if yes.)

If you checked yes, how many? 0 (FTE's)

What languages do they interpret?

Paid medical interpreters are "contracted" but not "on staff" at Candler Hospital. Translation is provided for Spanish speaking patients only.

2. When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? (Check all that apply)

Bilingual Hospital Staff Member

Bilingual Member of Patient's Family

Community Volunteer Interpreter

Telephone Interpreter Service

Refer Patient to Outside Agency

Other (please describe):

3. Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.)

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	unknown	0	0	0
Vietnamese	unknown	0	0	0
Mandarin	unknown	0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

- 1) Computer based learning (CBL) required for all clinical and non-clinical personnel annually.
2) Cultural Competency website on internal intranet. Any co-worker can access documents on care, customs, health and dietary interest of any non-English speaking patient. Site also includes external internet site links for further reading and more information.

-

5. What is the most urgent tool or resource you need in order to increase your ability to provide **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

Cultural competency education fair, seminars and learning events.

6. In what languages are the signs written that direct patients within your facility?

1. English 2. Universal Symbol 3. Braille 4.

7. If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? (*Check the box, if yes*)

If you checked yes, what is the name and location of that health care center or clinic?

Affiliated

-

St. Joseph's/Candler's St. Mary's Community Center

1302 Drayton Street

Savannah, GA 31401

-

St. Joseph's/Candler's Good Samaritan Clinic

4704 Augusta Road

Garden City, GA 31408

-

St. Joseph's/Candler's Beach High School Screening Clinic

3001 Hopkins Street

Savannah, GA 31405

-

-

Non-Affiliated

-

Curtis V. Cooper Primary Health Care, Inc.

106 East Broad Street

Savannah, GA 31401

-

Curtis V. Cooper – Garden City

2 Roberts Street

Garden City, GA 31408

-

Curtis V. Cooper at Yamacraw

349 West Bryan Street

Savannah, GA 31401

-

Curtis V. Cooper Compassionate Care Women's Center

5354 Reynolds Street
Suite 420
Savannah, GA 31405

-
J. C. Lewis Health Care Center
125 Fahm Street
Savannah, GA 31401

-
J. C. Lewis at the Salvation Army
3100 Montgomery Street
Savannah, GA 31405

-
J.C. Lewis at Old Savannah Mission
2414 Bull Street
Savannah, GA 31401

-
J. C. Lewis at Moses Jackson
1410 B Richards Street
Savannah, GA 31415

-
J. C. Lewis Pediatric Care Center
3802 Waters Avenue
Savannah, GA 31404

-
J. C. Lewis Tiny House Clinic
75 Dundee Street
Savannah, GA 31401

-

Comprehensive Inpatient Physical Rehabilitation Addendum

Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	3	53
Black/African American	129	1,842
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	240	2,992
Multi-Racial	0	0

2. Admissions and Days of care by Gender

Please report the number of inpatient physical rehabilitation admissions and inpatient days by gender.

Gender	Admissions	Inpatient Days
Male	175	2,337
Female	197	2,550

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort.

Gender	Admissions	Inpatient Days
0-17	0	0
18-64	101	1,432
65-84	214	2,755
85 Up	57	700

Part B : Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	368
Long Term Care Hospital	0
Skilled Nursing Facility	4
Traumatic Brain Injury Facility	0

	0
--	---

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	289
Third Party/Commercial	77
Self Pay	5
Other	1

2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

15

Part D : Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1. Stroke	67
2. Brain Injury	21
3. Amputation	11
4. Spinal Cord	14
5. Fracture of the femur	17
6. Neurological disorders	112
7. Multiple Trauma	4
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	0
All Other	126

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and

completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Paul P. Hinchey

Date: 3/5/2021

Title: President & CEO

Comments:

Part D-1: SUS beds reflect all of the hospital's CON-authorized and licensed beds.

-

Part D - 1: Inpatient days and discharge days associated with ICU include all days associated with the patient stay. In many instances, this would include days where the patient was in a Med/Surg bed.

-

Part D – 2: CH no longer designates Hispanic/latino or multi-racial as a distinct race.

-

Part E – 8 and 9: Candler did not experience a general ambulance diversion in 2020. In the rare instance when it is necessary, Candler diverts ambulances to SJH, its sister facility. Candler does not track the ED cases that are “diverted” in those instances; so the most accurate response to E8 is “not available”.

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Part F - 1b: The imaging equipment units include hospital-based units in Bluffton and the CT unit acquired in 2020 pursuant to DET-EQT 2019-045.

-

Part F – 1b: Number of Treatments, Procedures or Patients (Other 1) = Otoneurology Procedures.

-

Part G – 4: Number of Medical Staff: The data reflected in Part G-4 is the most accurate data available, but may not precisely reflect the physician staff database as of December 31, 2020.

-

Part G – 4: #Enrolled as Providers in Medicaid/Peachcare and PEHB Plan: The SJC Medical Staff Office does not track this information. We determined participation by looking up each staff physician on the Medicaid physician search tool, "http:// www.mmis.georgia.gov/portal" (the Georgia Medicaid Management Information System portal). The PEHB plan participant information is no longer available on this site.

-

Perinatal Addendum, Part B – 1: Neonatal admissions are not available. The number reports in the admissions column is actually discharges.

-

Perinatal Addendum, Part C – 3: The Average Charge for an Uncomplicated Delivery is based on the average charge for MS DRG 775 – Vaginal Delivery w/o Complicating Diagnoses and MS DRG 807 – Vaginal Delivery w/o Sterilization w/o CC/MCC.

-

Georgia Minority Advisory Council Addendum, Q3: SJC does not track information regarding languages spoken by physicians, nurses and other employed staff. The most accurate response would be “unknown”.

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Community Benefit Report

**- A SOCIAL ACCOUNTABILITY REPORT ON ST. JOSEPH'S/CANDLER'S CHARITABLE MISSION
REFLECTING THE ACTUAL COST (NOT CHARGES) OF PROVIDING CARE IN OUR COMMUNITY -**

TRADITIONAL CHARITY CARE

Charity Care	\$36,339,364
Outpatient and inpatient services provided <u>at cost</u> for indigent patients	
Unreimbursed Care	\$10,270,067
Medicaid uncompensated care <u>at cost</u> for the underinsured and GA hospital tax	
TOTAL TRADITIONAL CHARITY CARE	\$46,609,431

OTHER BENEFITS

Community Health Improvement Services & Community Benefit Operations	\$1,977,652
<ul style="list-style-type: none"> • African American Health Info. and Resource Center • Beach High School Clinic • Community Health Education and Presentations • ED Medical Home Program • Eye Care Clinic • Good Samaritan Clinic • Johnny's Bridges to Hope Mental Health Prog. • Smart Senior • St. Mary's Health Center 	
Health Professions Education	\$218,484
Subsidized Health Services	\$789,596
<ul style="list-style-type: none"> • Assisted Living Assistance • Home Health Services • Infusion/DME/Tube Feeding Supplies • Nursing Home Assistance • Outpatient Palliative Care • Renal Dialysis Services 	
Financial and In-Kind Contributions	\$601,299
<ul style="list-style-type: none"> • Angels of Mercy • Augusta University • Church/Religious Outreach • Community Board Involvement • Food Assistance • Hotel Lodging • Medbank, Inc. • Medical Missions • Meeting Space • Mercy Volunteers • Prescription Drug Assistance • Support Groups 	
Community Building Activities	\$398,418
<ul style="list-style-type: none"> • Community Economic Development Boards • GED Classes • Project SEARCH • Resume and Employment Search Assistance • Tax Preparation Assistance (VITA) • Workforce Development Programs 	
TOTAL OTHER BENEFITS	\$3,985,449

TOTAL COMMUNITY BENEFITS \$50,594,880

In addition to the more than \$70.2 million dollars in formal community benefits, St. Joseph's/Candler provided \$5,897,082 in uncollected service cost and \$35,691,088 in unreimbursed Medicare cost in Fiscal Year 2020.

2020 TOTAL COMMUNITY ASSISTANCE \$92,183,050

2019 TOTAL COMMUNITY ASSISTANCE \$83,662,796

**Medicaid DSH Survey 2021 for
reporting period FY19:**

St. Joseph's Hospital, Inc. and Candler Hospital, Inc.

A. General DSH Year Information

1. DSH Year:

Begin	End
07/01/2018	06/30/2019

2. Select Your Facility from the Drop-Down Menu Provided:

ST. JOSEPH HOSPITAL SAVANNAH

Identification of cost reports needed to cover the DSH Year:

- 3. Cost Report Year 1
- 4. Cost Report Year 2 (if applicable)
- 5. Cost Report Year 3 (if applicable)

Cost Report Begin Date(s)	Cost Report End Date(s)
07/01/2018	06/30/2019

Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

- 6. Medicaid Provider Number:
- 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):
- 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):
- 9. Medicare Provider Number:

Data	
	000001801A
	0
	0
	110043

B. DSH OB Qualifying Information

Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the DSH Examination Year:

- 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)
- 2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?
- 3a. Was the hospital open as of December 22, 1987?
- 3b. What date did the hospital open?

DSH Examination
 Year (07/01/18 -
 06/30/19)
 Yes

No

No

Yes

8/30/1946

C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2018 - 06/30/2019 \$ 473,872
(Should include UPL and non-claim specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

2. Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2018 - 06/30/2019
(Should include all non-claim specific payments for hospital services such as lump sum payments for full Medicaid pricing (FMP), supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.
NOTE: Hospital portion of supplemental payments reported on DSH Survey Part II, Section E, Question 14 should be reported here if paid on a SFY basis.

3. Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services 07/01/2018 - 06/30/2019 \$ 473,872

Certification:


1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year? Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments.

Answer
Yes

Explanation for "No" answers:

The following certification is to be completed by the hospital's CEO or CFO:

I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurate to the best of our ability, and supported by the financial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the due date of the survey, and will be made available for inspection when requested.

	CFO	11/2/20
Hospital CEO or CFO Signature	Title	Date
Greg Schaack	912-819-6162	schaackg@sjchs.org
Hospital CEO or CFO Printed Name	Hospital CEO or CFO Telephone Number	Hospital CEO or CFO E-Mail

Contact Information for individuals authorized to respond to inquiries related to this survey:

Hospital Contact:	
Name	Greg Schaack
Title	CFO
Telephone Number	912-819-6162
E-Mail Address	schaackg@sjchs.org
Mailing Street Address	11705 Mercy Blvd
Mailing City, State, Zip	Savannah, GA 31419

Outside Preparer:	
Name	Bart Bennett
Title	Partner
Firm Name	Draffin & Tucker, LLP
Telephone Number	229-883-7878
E-Mail Address	bbennett@draffin-tucker.com

D. General Cost Report Year Information 7/1/2018 - 6/30/2019

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

1. Select Your Facility from the Drop-Down Menu Provided:

2. Select Cost Report Year Covered by this Survey (enter "X"):

7/1/2018 through 6/30/2019		
X		

3. Status of Cost Report Used for this Survey (Should be audited if available):

3a. Date CMS processed the HCRIS file into the HCRIS database:

	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	ST. JOSEPH HOSPITAL SAVANNAH	Yes	
5. Medicaid Provider Number:	000001801A	Yes	
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	Yes	
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	Yes	
8. Medicare Provider Number:	110043	Yes	
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Private	Yes	
DSH Pool Classification (Small Rural, Non-Small Rural, Urban):	Urban	Yes	

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year

	State Name	Provider No.
9. State Name & Number		
10. State Name & Number		
11. State Name & Number		
12. State Name & Number		
14. State Name & Number		
15. State Name & Number		

(List additional states on a separate attachment)

E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2018 - 06/30/2019)

1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1)

2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)

3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)

4. **Total Section 1011 Payments Related to Hospital Services (See Note 1)**

5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1)

6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)

7. **Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)**

8. **Out-of-State DSH Payments (See Note 2)**

	Inpatient	Outpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	\$ 148,869	\$ 381,949	\$530,818
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	\$ 2,028,592	\$ 7,457,764	\$9,486,356
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments)	\$2,177,461	\$7,839,713	\$10,017,174
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:	6.84%	4.87%	5.30%

Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services

15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services

16. Total Medicaid managed care non-claims payments (see question 13 above) received

Note 1: Subtitle B - Miscellaneous Provision, Section 1011 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 provides federal reimbursement for emergency health services furnished to undocumented aliens. If your hospital received these funds during any cost report year covered by the survey, they must be reported here. If you can document that a portion of the payment received is related to non-hospital services (physician or ambulance services), report that amount in the section titled "Section 1011 Payments Related to Non-Hospital Services." Otherwise report 100 percent of the funds you received in the section related to hospital services.

Note 2: Report any DSH payments your hospital received from a state Medicaid program (other than your home state). In-state DSH payments will be reported directly from the Medicaid program and should not be included in this section of the survey.

F. MIUR / LIUR Qualifying Data from the Cost Report (07/01/2018 - 06/30/2019)

F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)

1. Total Hospital Days Per Cost Report Excluding Swing-Bed(C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6)

60,278

(See Note in Section F-3, below)

F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges(Used in Low-Income Utilization Ratio (LIUR) Calculation):

- 2. Inpatient Hospital Subsidies
- 3. Outpatient Hospital Subsidies
- 4. Unspecified I/P and O/P Hospital Subsidies
- 5. Non-Hospital Subsidies
- 6. Total Hospital Subsidies

\$ -

- 7. Inpatient Hospital Charity Care Charges
- 8. Outpatient Hospital Charity Care Charges
- 9. Non-Hospital Charity Care Charges
- 10. Total Charity Care Charges

40,972,795
 28,569,210
 \$ 69,542,005

F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR)W/S G-2 and G-3 of Cost Report)

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data

	Total Patient Revenues (Charges)			Contractual Adjustments (formulas below can be overwritten if amounts are known)			
11. Hospital	\$107,385,963.00			\$ 84,661,546	\$ -	\$ -	\$ 22,724,417
12. Subprovider I (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF			\$0.00			\$ -	
15. Swing Bed - NF			\$0.00			\$ -	
16. Skilled Nursing Facility			\$8,968,233.00			\$ 7,070,426	
17. Nursing Facility			\$0.00			\$ -	
18. Other Long-Term Care			\$0.00			\$ -	
19. Ancillary Services	\$527,641,232.00	\$432,238,352.00		\$ 415,984,746	\$ 340,770,490	\$ -	\$ 203,124,347
20. Outpatient Services		\$75,452,459.00			\$ 59,485,632	\$ -	\$ 15,966,827
21. Home Health Agency			\$0.00			\$ -	
22. Ambulance			\$ -			\$ -	
23. Outpatient Rehab Providers			\$0.00			\$ -	
24. ASC	\$0.00	\$0.00		\$ -	\$ -	\$ -	\$ -
25. Hospice			\$0.00			\$ -	
26. Other	\$0.00	\$0.00	\$2,062,517.00	\$ -	\$ -	\$ 1,626,059	\$ -
27. Total	\$ 635,027,195	\$ 507,690,811	\$ 11,030,750	\$ 500,646,293	\$ 400,256,122	\$ 8,696,484	\$ 241,815,591

- 29. Total Per Cost Report
- 30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)
- 31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)
- 32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)
- 34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)
- 35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)"
- 35. Adjusted Contractual Adjustments
- 36. Unreconciled Difference

1,153,748,756

Total Contractual Adj. (G-3 Line 2)

908,656,957

+

+

+

-

-

909,598,899

Unreconciled Difference (Should be \$0)

\$ -

Unreconciled Difference (Should be \$0)

\$ -

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
		Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)	Calculated Per Diem

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.

Routine Cost Centers (list below):

1	03000	ADULTS & PEDIATRICS	\$ 36,204,188	\$ -	\$ -	\$ 0.00	\$ 36,204,188	52,609	\$64,439,641.00	\$ 688.17
2	03100	INTENSIVE CARE UNIT	\$ 9,537,467	\$ -	\$ -		\$ 9,537,467	6,592	\$25,157,759.00	\$ 1,446.82
3	03200	CORONARY CARE UNIT	\$ 8,104,723	\$ -	\$ -		\$ 8,104,723	4,640	\$17,788,563.00	\$ 1,746.71
4	03300	BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
5	03400	SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
6	03500	OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
7	04000	SUBPROVIDER I	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
8	04100	SUBPROVIDER II	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
9	04200	OTHER SUBPROVIDER	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
10	04300	NURSERY	\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
11			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
12			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
13			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
14			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
15			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
16			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
17			\$ -	\$ -	\$ -		\$ -	-	\$0.00	\$ -
18		Total Routine	\$ 53,846,378	\$ -	\$ -	\$ -	\$ 53,846,378	63,841	\$ 107,385,963	
19		Weighted Average								\$ 843.44

Observation Data (Non-Distinct)	Hospital Observation Days - Cost Report W/S S-3, Pt. I, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S-3, Pt. I, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio	
20	09200	Observation (Non-Distinct)	3,563	-	\$ 2,451,950	\$116,167.00	\$3,092,857.00	\$ 3,209,024	0.764080

Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
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Ancillary Cost Centers (from W/S C excluding Observation) (list below)

21	5000	OPERATING ROOM	\$24,128,983.00	\$ -	\$ 0.00	\$ 24,128,983	\$99,220,418.00	\$71,418,516.00	\$ 170,638,934	0.141404
22	5100	RECOVERY ROOM	\$3,887,234.00	\$ -	\$ 0.00	\$ 3,887,234	\$10,253,197.00	\$8,490,682.00	\$ 18,743,879	0.207387
23	5300	ANESTHESIOLOGY	\$1,570,595.00	\$ -	\$ 0.00	\$ 1,570,595	\$20,789,905.00	\$18,269,367.00	\$ 39,059,272	0.040211
24	5400	RADIOLOGY-DIAGNOSTIC	\$8,956,274.00	\$ -	\$6,176.00	\$ 8,962,450	\$24,390,636.00	\$63,164,853.00	\$ 87,555,489	0.102363
25	5700	CT SCAN	\$1,853,020.00	\$ -	\$ 0.00	\$ 1,853,020	\$24,121,658.00	\$49,829,688.00	\$ 73,951,346	0.025057
26	5800	MRI	\$685,698.00	\$ -	\$ 0.00	\$ 685,698	\$6,974,980.00	\$9,035,224.00	\$ 16,010,204	0.042829
27	6000	LABORATORY	\$8,635,775.00	\$ -	\$5,913.00	\$ 8,641,688	\$51,143,537.00	\$24,686,618.00	\$ 75,830,155	0.113961
28	6500	RESPIRATORY THERAPY	\$4,216,037.00	\$ -	\$435.00	\$ 4,216,472	\$22,064,728.00	\$974,838.00	\$ 23,039,566	0.183010
29	6600	PHYSICAL THERAPY	\$4,004,778.00	\$ -	\$ 0.00	\$ 4,004,778	\$12,825,291.00	\$11,207,967.00	\$ 24,033,258	0.166635

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
30	6700 OCCUPATIONAL THERAPY	\$1,260,242.00	\$ -	\$0.00	\$ 1,260,242	\$6,818,929.00	\$1,649,944.00	\$ 8,468,873	0.148809
31	6800 SPEECH PATHOLOGY	\$338,860.00	\$ -	\$0.00	\$ 338,860	\$2,370,255.00	\$124,271.00	\$ 2,494,526	0.135841
32	6900 ELECTROCARDIOLOGY	\$4,328,178.00	\$ -	\$676.00	\$ 4,328,854	\$33,535,850.00	\$58,707,829.00	\$ 92,243,679	0.046928
33	7000 ELECTROENCEPHALOGRAPHY	\$1,050,854.00	\$ -	\$0.00	\$ 1,050,854	\$1,907,791.00	\$4,649,166.00	\$ 6,556,957	0.160266
34	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$25,516,137.00	\$ -	\$0.00	\$ 25,516,137	\$27,320,895.00	\$19,011,428.00	\$ 46,332,323	0.550720
35	7200 IMPL. DEV. CHARGED TO PATIENTS	\$43,607,731.00	\$ -	\$0.00	\$ 43,607,731	\$103,831,400.00	\$56,926,224.00	\$ 160,757,624	0.271264
36	7300 DRUGS CHARGED TO PATIENTS	\$19,547,359.00	\$ -	\$0.00	\$ 19,547,359	\$78,451,874.00	\$24,544,952.00	\$ 102,996,826	0.189786
37	7400 RENAL DIALYSIS	\$1,832,329.00	\$ -	\$0.00	\$ 1,832,329	\$6,419,351.00	\$1,351,037.00	\$ 7,770,388	0.235809
38	9100 EMERGENCY	\$11,381,706.00	\$ -	\$0.00	\$ 11,381,706	\$20,678,928.00	\$54,773,531.00	\$ 75,452,459	0.150846
39	9300 WOUND CARE	\$962,072.00	\$ -	\$7,537.00	\$ 969,609	\$477,363.00	\$7,122,570.00	\$ 7,599,933	0.127581
40		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
41		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
42		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
43		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
44		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
45		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
46		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
47		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
48		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
49		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
50		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
51		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
52		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
53		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
54		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
55		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
56		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
57		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
58		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
59		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
60		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
61		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
62		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
63		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
64		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
65		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
66		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
67		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
68		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
69		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
70		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
71		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
72		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
73		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
74		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
75		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
76		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
77		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
78		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
79		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
80		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
81		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
82		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
83		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
84		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
85		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
86		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
87		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
88		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
89		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
90		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
91		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
92		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
93		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
94		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
95		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
96		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
97		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
98		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
99		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
100		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
101		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
102		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
103		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
104		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
105		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
106		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
107		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
108		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
109		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
110		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
111		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
112		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
113		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
114		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
115		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
116		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
117		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
118		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
119		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
120		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
121		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
122		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
123		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
124		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
125		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
126	Total Ancillary	\$ 167,763,862	\$ -	\$ 20,737	\$ 167,784,599	\$ 553,713,153	\$ 489,031,562	\$ 1,042,744,715	
127	Weighted Average								0.163258
128	Sub Totals	\$ 221,610,240	\$ -	\$ 20,737	\$ 221,630,977	\$ 661,099,116	\$ 489,031,562	\$ 1,150,130,678	
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Cost Report Worksheet D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title 19, Column 5-7, Line 200)				\$0.00				
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost Report Worksheet D-3, Title 18, Column 3, Line 200 and Worksheet D, Part V, Title 18, Column 5-7, Line 200)				\$303,375.00				
131	NF, SNF, and Swing Bed Cost for Other Payers (Hospital must calculate. Submit support for calculation of cost.)								
131.01	Other Cost Adjustments (support must be submitted)								
132	Grand Total				\$ 221,327,602				
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost					0.00%			

* Note A - Final cost-to-charge ratios should include teaching cost. Only enter Intern & Resident costs if it was removed in Column 25 of Worksheet B, Pt. I of the cost report you are using

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		% Survey to Cost Report Totals	
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient		
				From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis				
Routine Cost Centers (from Section G):				Days		Days		Days		Days		Days		Days			
1	03000 ADULTS & PEDIATRICS	\$ 688.17			1,575		320		3,463		3,490		2,796		8,848	24.03%	
2	03100 INTENSIVE CARE UNIT	\$ 1,446.82			2,070		34		625		386		479		3,115	54.92%	
3	03200 CORONARY CARE UNIT	\$ 1,746.71			227		57		-		362		340		646	22.28%	
4	03300 BURN INTENSIVE CARE UNIT	\$ -			-		-		-		-		-		-		
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -			-		-		-		-		-		-		
6	03500 OTHER SPECIAL CARE UNIT	\$ -			-		-		-		-		-		-		
7	04000 SUBPROVIDER I	\$ -			-		-		-		-		-		-		
8	04100 SUBPROVIDER II	\$ -			-		-		-		-		-		-		
9	04200 OTHER SUBPROVIDER	\$ -			-		-		-		-		-		-		
10	04300 NURSERY	\$ -			-		-		-		-		-		-		
11		\$ -			-		-		-		-		-		-		
12		\$ -			-		-		-		-		-		-		
13		\$ -			-		-		-		-		-		-		
14		\$ -			-		-		-		-		-		-		
15		\$ -			-		-		-		-		-		-		
16		\$ -			-		-		-		-		-		-		
17		\$ -			-		-		-		-		-		-		
18		\$ -			-		-		-		-		-		-		
19			Total Days		3,872		411		4,088		4,238		3,615		12,609	25.75%	
20	Total Days per PS&R or Exhibit Detail				3,872		411		4,088		4,238		3,615				
21	Unreconciled Days (Explain Variance)				-		-		-		-		-				
21			Routine Charges		\$ 7,224,911		\$ 759,522		\$ 6,532,178		\$ 7,344,512		\$ 6,197,360		\$ 21,891,123	27.13%	
21.01	Calculated Routine Charge Per Diem		\$ 1,869.94		\$ 1,847.99		\$ 1,602.78		\$ 1,733.01		\$ 1,880.32		\$ 1,735.36				
22	Ancillary Cost Centers (from W/S C) (from Section G):				Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	
22	09200 Observation (Non-Distinct)	0.764080		61,356	115,302	-	100,697	4,825	101,244	3,785	296,196	865	202,408	69,966	613,439	28.21%	
23	5000 OPERATING ROOM	0.141404		3,912,155	1,835,847	573,984	1,330,711	3,474,870	3,151,519	4,801,903	2,964,664	4,041,136	2,313,809	12,762,912	9,282,741	16.79%	
24	5100 RECOVERY ROOM	0.207387		342,226	168,184	55,253	200,231	314,321	369,575	488,155	312,226	307,486	299,158	1,199,955	1,050,216	15.30%	
25	5300 ANESTHESIOLOGY	0.040211		652,301	355,233	95,610	371,944	558,285	488,588	679,424	679,424	708,794	674,098	2,283,785	1,895,189	14.34%	
26	5400 RADIOLOGY-DIAGNOSTIC	0.102363		1,153,885	957,124	141,380	1,588,661	1,661,271	5,029,355	1,646,633	2,707,161	1,556,555	3,638,873	4,803,169	10,282,301	23.26%	
27	5700 CT SCAN	0.025057		1,204,889	1,241,312	136,366	1,668,353	1,506,173	2,431,705	1,519,079	1,955,996	2,195,040	6,454,238	4,366,307	7,297,366	27.99%	
28	5800 MRI	0.042829		402,345	259,660	54,827	287,508	218,797	480,940	423,484	319,609	537,147	394,377	1,099,453	1,347,717	21.22%	
29	6000 LABORATORY	0.113961		3,396,972	902,496	510,791	1,211,629	3,586,087	2,489,598	3,446,983	927,659	3,574,072	3,187,985	10,940,833	5,531,382	31.18%	
30	6500 RESPIRATORY THERAPY	0.183010		1,774,169	27,422	201,258	53,304	1,607,930	67,917	1,805,931	77,943	1,280,333	117,881	5,389,288	226,586	30.91%	
31	6600 PHYSICAL THERAPY	0.168635		387,439	51,912	34,910	255,736	348,100	145,940	602,865	372,402	302,616	314,487	1,373,314	825,990	11.79%	
32	6700 OCCUPATIONAL THERAPY	0.148809		122,340	21,924	8,400	76,607	86,096	36,422	250,099	70,767	132,480	51,968	466,933	205,720	10.29%	
33	6800 SPEECH PATHOLOGY	0.135841		126,435	1,022	9,446	1,022	94,525	7,376	147,392	13,946	100,822	3,976	377,798	23,366	20.55%	
34	6900 ELECTROCARDIOLOGY	0.046928		1,143,770	663,040	131,111	565,053	341,611	288,825	1,897,509	2,923,900	2,372,569	1,980,982	3,514,001	4,440,818	13.50%	
35	7000 ELECTROENCEPHALOGRAPHY	0.160266		124,150	166,725	17,387	544,268	26,935	-	73,934	174,845	66,023	117,085	242,406	885,838	20.61%	
36	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.550720		936,043	353,090	259,406	247,595	652,245	358,496	1,284,494	891,960	1,106,510	416,116	3,132,188	1,851,141	14.15%	
37	7200 IMPL. DEV. CHARGED TO PATIENTS	0.271264		1,626,952	592,281	352,571	699,558	352,939	387,691	4,769,684	2,790,365	2,246,444	992,660	7,102,146	4,469,895	9.29%	
38	7300 DRUGS CHARGED TO PATIENTS	0.189786		5,802,867	1,411,810	604,698	715,499	5,208,275	9,995,527	5,009,405	1,143,222	5,102,810	1,501,434	16,625,265	13,266,058	35.81%	
39	7400 RENAL DIALYSIS	0.235809		372,836	-	11,048	6,745	803,319	140,176	509,532	121,075	13,490	1,696,535	267,998	267,998	28.34%	
40	9100 EMERGENCY	0.150846		813,084	1,687,662	198,524	4,404,549	1,592,335	3,646,685	1,421,791	2,282,194	1,846,990	10,644,229	4,025,734	12,021,090	38.66%	
41	9300 WOUND CARE	0.127581		-	-	15,040	85,764	89,866	1,138,642	48,980	375,777	27,854	83,900	153,886	1,600,183	24.55%	
42																	
43																	
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

			In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid	%
61													\$ -	-
62													\$ -	-
63													\$ -	-
64													\$ -	-
65													\$ -	-
66													\$ -	-
67													\$ -	-
68													\$ -	-
69													\$ -	-
70													\$ -	-
71													\$ -	-
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121													\$ -	-
122													\$ -	-
123													\$ -	-
124													\$ -	-
125													\$ -	-
126													\$ -	-
127													\$ -	-
			\$ 24,355,834	\$ 10,812,046	\$ 3,412,010	\$ 14,415,434	\$ 22,528,805	\$ 30,756,221	\$ 31,129,227	\$ 21,401,331	\$ 27,648,810	\$ 33,403,154	\$ -	-

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		%
Totals / Payments													
128 Total Charges (includes organ acquisition from Section J)	\$ 31,580,745	\$ 10,812,046	\$ 4,171,532	\$ 14,415,434	\$ 29,080,983	\$ 30,756,221	\$ 38,473,739	\$ 21,401,331	\$ 34,446,170	\$ 33,403,154	\$ 103,306,999	\$ 77,385,032	21.91%
									(Agrees to Exhibit A)	(Agrees to Exhibit A)			
129 Total Charges per PS&R or Exhibit Detail	\$ 31,580,745	\$ 10,812,046	\$ 4,171,532	\$ 14,415,434	\$ 29,080,983	\$ 30,756,221	\$ 38,473,739	\$ 21,401,331	\$ 34,446,170	\$ 33,403,154			
130 Unreconciled Charges (Explain Variance)	-	-	-	-	-	-	-	-	-	-			
131 Total Calculated Cost (includes organ acquisition from Section J)	\$ 8,492,085	\$ 1,592,450	\$ 985,739	\$ 1,992,912	\$ 6,778,683	\$ 4,484,098	\$ 8,914,443	\$ 3,322,980	\$ 7,463,022	\$ 4,082,283	\$ 25,170,950	\$ 11,392,440	22.03%
132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 7,045,333	\$ 1,627,051		\$ 67	\$ 892,200	\$ 386,246	\$ 457,632	\$ 150,146			\$ 8,395,165	\$ 2,163,510	
133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)			\$ 858,079	\$ 1,851,206			\$ 16,352	\$ 24,548			\$ 874,431	\$ 1,875,754	
134 Private Insurance (including primary and third party liability)	\$ 98,623	\$ 6,472		\$ 7,087			\$ 641,955	\$ 409,000			\$ 740,478	\$ 424,646	
135 Self-Pay (including Co-Pay and Spend-Down)	\$ 3,043	\$ 24		\$ 2,328	\$ 25		\$ 1,965	\$ 9,674			\$ 2,014	\$ 28,071	
136 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 7,143,856	\$ 1,636,566	\$ 858,103	\$ 1,860,688									
137 Medicaid Cost Settlement Payments (See Note B)		\$ (193,460)											\$ (193,460)
138 Other Medicaid Payments Reported on Cost Report Year (See Note C)													
139 Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					\$ 5,766,078	\$ 3,909,964	\$ 800,190	\$ 220,310			\$ 6,566,268	\$ 4,130,274	
140 Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)							\$ 5,060,667	\$ 2,384,466			\$ 5,060,667	\$ 2,384,466	
141 Medicare Cross-Over Bad Debt Payments					\$ 15,362	\$ 214,402					\$ 15,362	\$ 214,402	
142 Other Medicare Cross-Over Payments (See Note D)					\$ (197)	\$ 629					\$ (197)	\$ 629	
143 Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									\$ 148,869	\$ 381,949			
144 Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)													
145 Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 1,348,229	\$ 149,344	\$ 127,636	\$ 132,224	\$ 105,215	\$ (42,256)	\$ 1,935,682	\$ 124,836	\$ 7,314,153	\$ 3,700,334	\$ 3,516,762	\$ 364,148	
146 Calculated Payments as a Percentage of Cost	84%	91%	87%	93%	98%	101%	78%	96%	2%	9%	86%	97%	
147 Total Medicare Days from WIS S-3 of the Cost Report Excluding Swing-Bed (C/R, WIS S-3, Pt. 1, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)					39,580								10%
148 Percent of cross-over days to total Medicare days from the cost report													

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

NOTE: Inpatient uninsured payment rate is outside normal ranges, please verify this is correct.

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2018-06/30/2019) ST. JOSEPH HOSPITAL SAVANNAH

		Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total Out-Of-State Medicaid	
110										\$ -	\$ -
111										\$ -	\$ -
112										\$ -	\$ -
113										\$ -	\$ -
114										\$ -	\$ -
115										\$ -	\$ -
116										\$ -	\$ -
117										\$ -	\$ -
118										\$ -	\$ -
119										\$ -	\$ -
120										\$ -	\$ -
121										\$ -	\$ -
122										\$ -	\$ -
123										\$ -	\$ -
124										\$ -	\$ -
125										\$ -	\$ -
126										\$ -	\$ -
127										\$ -	\$ -
		\$ 1,609,025	\$ 1,401,137	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Totals / Payments											
128	Total Charges (Includes organ acquisition from Section K)	\$ 2,068,472	\$ 1,401,137	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,068,472	\$ 1,401,137
129	Total Charges per PS&R or Exhibit Detail	\$ 2,068,472	\$ 1,401,137	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
130	Unreconciled Charges (Explain Variance)										
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 471,975	\$ 173,344	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 471,975	\$ 173,344
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 251,177	\$ 136,583							\$ 251,177	\$ 136,583
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)		\$ 761							\$ -	\$ 761
134	Private Insurance (including primary and third party liability)		\$ 744							\$ -	\$ 744
135	Self-Pay (including Co-Pay and Spend-Down)	\$ 24	\$ 4,146							\$ 24	\$ 4,146
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 251,201	\$ 142,234	\$ -	\$ -						
137	Medicaid Cost Settlement Payments (See Note B)									\$ -	\$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)									\$ -	\$ -
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)									\$ -	\$ -
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									\$ -	\$ -
141	Medicare Cross-Over Bad Debt Payments									\$ -	\$ -
142	Other Medicare Cross-Over Payments (See Note D)									\$ -	\$ -
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 220,774	\$ 31,110	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 220,774	\$ 31,110
144	Calculated Payments as a Percentage of Cost	53%	82%	0%	0%	0%	0%	0%	0%	53%	82%

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

A. General DSH Year Information

1. DSH Year:

Begin	End
07/01/2018	06/30/2019

2. Select Your Facility from the Drop-Down Menu Provided:

CANDLER HOSPITAL

Identification of cost reports needed to cover the DSH Year:

- 3. Cost Report Year 1
- 4. Cost Report Year 2 (if applicable)
- 5. Cost Report Year 3 (if applicable)

Cost Report Begin Date(s)	Cost Report End Date(s)
07/01/2018	06/30/2019

Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

- 6. Medicaid Provider Number:
- 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):
- 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):
- 9. Medicare Provider Number:

Data	
	000000327A
	0
	0
	110024

B. DSH OB Qualifying Information

Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the DSH Examination Year:

- 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)
 - 2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
 - 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?
- 3a. Was the hospital open as of December 22, 1987?
- 3b. What date did the hospital open?

DSH Examination
 Year (07/01/18 -
 06/30/19)
 Yes

No

No

Yes

7/26/1934

C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2018 - 06/30/2019 \$ 842,763
(Should include UPL and non-claim specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

2. Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2018 - 06/30/2019
(Should include all non-claim specific payments for hospital services such as lump sum payments for full Medicaid pricing (FMP), supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.
NOTE: Hospital portion of supplemental payments reported on DSH Survey Part II, Section E, Question 14 should be reported here if paid on a SFY basis.

3. Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services 07/01/2018 - 06/30/2019 \$ 842,763

Certification:


1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year? Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments.

Answer
Yes

Explanation for "No" answers:

The following certification is to be completed by the hospital's CEO or CFO:

I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurate to the best of our ability, and supported by the financial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the due date of the survey, and will be made available for inspection when requested.

	CFO	11/2/20
Hospital CEO or CFO Signature	Title	Date
Greg Schaack	912-819-6162	schaackg@sjchs.org
Hospital CEO or CFO Printed Name	Hospital CEO or CFO Telephone Number	Hospital CEO or CFO E-Mail

Contact Information for individuals authorized to respond to inquiries related to this survey:

Hospital Contact:	
Name	Greg Schaack
Title	CFO
Telephone Number	912-819-6162
E-Mail Address	schaackg@sjchs.org
Mailing Street Address	5353 Reynolds St.
Mailing City, State, Zip	Savannah, GA 31405

Outside Preparer:	
Name	Bert Bennett
Title	Partner
Firm Name	Draffin & Tucker, LLP
Telephone Number	229-883-7878
E-Mail Address	bbennett@draffin-tucker.com

D. General Cost Report Year Information 7/1/2018 - 6/30/2019

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

1. Select Your Facility from the Drop-Down Menu Provided:

2. Select Cost Report Year Covered by this Survey (enter "X"):

7/1/2018 through 6/30/2019		
X		

3. Status of Cost Report Used for this Survey (Should be audited if available):

3a. Date CMS processed the HCRIS file into the HCRIS database:

	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	CANDLER HOSPITAL	Yes	
5. Medicaid Provider Number:	000000327A	Yes	
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	Yes	
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	Yes	
8. Medicare Provider Number:	110024	Yes	
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Private	Yes	
DSH Pool Classification (Small Rural, Non-Small Rural, Urban):	Urban	Yes	

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year

	State Name	Provider No.
9. State Name & Number		
10. State Name & Number		
11. State Name & Number		
12. State Name & Number		
14. State Name & Number		
15. State Name & Number		

(List additional states on a separate attachment)

E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2018 - 06/30/2019)

1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1)

2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)

3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)

4. **Total Section 1011 Payments Related to Hospital Services (See Note 1)**

5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1)

6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)

7. **Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)**

8. **Out-of-State DSH Payments (See Note 2)**

	Inpatient	Outpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	\$ 198,416	\$ 834,187	\$1,032,603
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	\$ 2,805,703	\$ 12,850,769	\$15,656,472
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments)	\$3,004,119	\$13,684,956	\$16,689,075
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:	6.60%	6.10%	6.19%

Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services

15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services

16. Total Medicaid managed care non-claims payments (see question 13 above) received

Note 1: Subtitle B - Miscellaneous Provision, Section 1011 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 provides federal reimbursement for emergency health services furnished to undocumented aliens. If your hospital received these funds during any cost report year covered by the survey, they must be reported here. If you can document that a portion of the payment received is related to non-hospital services (physician or ambulance services), report that amount in the section titled "Section 1011 Payments Related to Non-Hospital Services." Otherwise report 100 percent of the funds you received in the section related to hospital services.

Note 2: Report any DSH payments your hospital received from a state Medicaid program (other than your home state). In-state DSH payments will be reported directly from the Medicaid program and should not be included in this section of the survey.

F. MIUR / LIUR Qualifying Data from the Cost Report (07/01/2018 - 06/30/2019)

F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)

1. Total Hospital Days Per Cost Report Excluding Swing-Bed(C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6)

64,318 (See Note in Section F-3, below)

F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges(Used in Low-Income Utilization Ratio (LIUR) Calculation):

- 2. Inpatient Hospital Subsidies
- 3. Outpatient Hospital Subsidies
- 4. Unspecified I/P and O/P Hospital Subsidies
- 5. Non-Hospital Subsidies
- 6. Total Hospital Subsidies

-

- 7. Inpatient Hospital Charity Care Charges
- 8. Outpatient Hospital Charity Care Charges
- 9. Non-Hospital Charity Care Charges
- 10. Total Charity Care Charges

33,675,595
 56,425,542
 90,101,137

F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR/W/S G-2 and G-3 of Cost Report)

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data

	Total Patient Revenues (Charges)			Contractual Adjustments (formulas below can be overwritten if amounts are known)			
11. Hospital	\$95,928,206.00			\$ 75,522,677	\$ -	\$ -	\$ 20,405,529
12. Subprovider I (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF			\$0.00			\$ -	
15. Swing Bed - NF			\$0.00			\$ -	
16. Skilled Nursing Facility			\$9,130,033.00			\$ 7,187,923	
17. Nursing Facility			\$0.00			\$ -	
18. Other Long-Term Care			\$0.00			\$ -	
19. Ancillary Services	\$306,393,374.00	\$957,007,173.00		\$ 241,218,393	\$ 753,435,787	\$ -	\$ 268,746,367
20. Outpatient Services		\$84,554,142.00			\$ 66,568,066	\$ -	\$ 17,986,076
21. Home Health Agency			\$0.00			\$ -	
22. Ambulance			\$ -			\$ -	
23. Outpatient Rehab Providers			\$0.00			\$ -	
24. ASC	\$0.00	\$0.00		\$ -	\$ -	\$ -	
25. Hospice			\$0.00			\$ -	
26. Other	\$0.00	\$0.00	\$22,433,926.00	\$ -	\$ -	\$ 17,661,856	\$ -
27. Total	\$ 402,321,580	\$ 1,041,561,315	\$ 31,563,959	\$ 316,741,070	\$ 820,003,852	\$ 24,849,779	\$ 307,137,973

29. Total Per Cost Report	Total Patient Revenues (G-3 Line 1)	1,475,446,854	Total Contractual Adj. (G-3 Line 2)	1,160,403,735
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)				
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)				
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)				1,190,966
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)				
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)"				
35. Adjusted Contractual Adjustments				1,161,594,701
36. Unreconciled Difference	Unreconciled Difference (Should be \$0)	\$ -	Unreconciled Difference (Should be \$0)	\$ -

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2018-06/30/2019) CANDLER HOSPITAL

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
		<i>Cost Report Worksheet B, Part I, Col. 26</i>	<i>Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*</i>	<i>Cost Report Worksheet C, Part I, Col.2 and Col. 4</i>	<i>Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26</i>	<i>Calculated</i>	<i>Days - Cost Report W/S D-1, Pt. 1, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others</i>	<i>Inpatient Routine Charges - Cost Report Worksheet C, Pt. 1, Col. 6 (Informational only unless used in Section L charges allocation)</i>	<i>Calculated Per Diem</i>

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.

Routine Cost Centers (list below):

1	03000	ADULTS & PEDIATRICS	\$ 32,616,594	\$ -	\$ -	\$ 0.00	\$ 32,616,594	53,010	\$62,372,450.00	\$ 615.29
2	03100	INTENSIVE CARE UNIT	\$ 8,116,929	\$ -	\$ 2,658	\$ -	\$ 8,119,587	6,165	\$23,378,988.00	\$ 1,317.05
3	03200	CORONARY CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
4	03300	BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
5	03400	SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
6	03500	OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
7	04000	SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
8	04100	SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
9	04200	OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
10	04300	NURSERY	\$ 3,259,617	\$ -	\$ -	\$ -	\$ 3,259,617	8,819	\$10,176,768.00	\$ 369.61
11			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
12			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
13			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
14			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
15			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
16			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
17			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$ -
18		Total Routine	\$ 43,993,140	\$ -	\$ 2,658	\$ -	\$ 43,995,798	67,994	\$ 95,928,206	
19		Weighted Average								\$ 647.05

Observation Data (Non-Distinct)

20	09200	Observation (Non-Distinct)		3.676	-	-	\$ 2,261,806	\$68,637.00	\$2,629,477.00	\$ 2,698,114	0.838291
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		<i>Cost Report Worksheet B, Part I, Col. 26</i>	<i>Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*</i>	<i>Cost Report Worksheet C, Part I, Col.2 and Col. 4</i>		<i>Calculated</i>	<i>Inpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 6</i>	<i>Outpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 7</i>	<i>Total Charges - Cost Report Worksheet C, Pt. 1, Col. 8</i>	<i>Medicaid Calculated Cost-to-Charge Ratio</i>
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Ancillary Cost Centers (from W/S C excluding Observation) (list below)

21	5000	OPERATING ROOM	\$24,633,933.00	\$ -	\$0.00	\$ -	\$ 24,633,933	\$52,590,925.00	\$155,680,478.00	\$ 208,271,403	0.118278
22	5100	RECOVERY ROOM	\$2,530,917.00	\$ -	\$0.00	\$ -	\$ 2,530,917	\$10,876,929.00	\$23,620,457.00	\$ 34,497,386	0.073365
23	5200	DELIVERY ROOM & LABOR ROOM	\$7,925,668.00	\$ -	\$0.00	\$ -	\$ 7,925,668	\$17,184,552.00	\$2,401,669.00	\$ 19,586,221	0.404655
24	5300	ANESTHESIOLOGY	\$1,168,991.00	\$ -	\$0.00	\$ -	\$ 1,168,991	\$14,948,184.00	\$32,449,681.00	\$ 47,397,865	0.024663
25	5400	RADIOLOGY-DIAGNOSTIC	\$13,843,127.00	\$ -	\$14,263.00	\$ -	\$ 13,857,390	\$17,653,293.00	\$83,935,770.00	\$ 101,589,063	0.136406
26	5500	RADIOLOGY-THERAPEUTIC	\$24,649,004.00	\$ -	\$3,487.00	\$ -	\$ 24,652,491	\$8,865,279.00	\$135,932,496.00	\$ 144,797,775	0.170255
27	5700	CT SCAN	\$2,108,815.00	\$ -	\$0.00	\$ -	\$ 2,108,815	\$20,048,673.00	\$74,534,189.00	\$ 94,582,862	0.022296
28	5800	MRI	\$1,157,078.00	\$ -	\$0.00	\$ -	\$ 1,157,078	\$4,515,564.00	\$17,606,089.00	\$ 22,121,653	0.052305
29	6000	LABORATORY	\$14,946,138.00	\$ -	\$19,990.00	\$ -	\$ 14,966,128	\$44,469,523.00	\$82,659,906.00	\$ 127,129,429	0.117724

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2018-06/30/2019) CANDLER HOSPITAL

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (if Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
30	6500 RESPIRATORY THERAPY	\$3,508,234.00	\$ -	\$0.00	\$ 3,508,234	\$15,167,826.00	\$1,482,561.00	\$ 16,650,387	0.210700
31	6600 PHYSICAL THERAPY	\$2,815,919.00	\$ -	\$0.00	\$ 2,815,919	\$8,854,709.00	\$7,534,513.00	\$ 16,389,222	0.171815
32	6700 OCCUPATIONAL THERAPY	\$941,662.00	\$ -	\$0.00	\$ 941,662	\$4,995,772.00	\$1,565,455.00	\$ 6,561,227	0.143519
33	6800 SPEECH PATHOLOGY	\$387,422.00	\$ -	\$0.00	\$ 387,422	\$1,475,740.00	\$529,678.00	\$ 2,005,418	0.193188
34	6900 ELECTROCARDIOLOGY	\$2,466,594.00	\$ -	\$5,192.00	\$ 2,471,786	\$3,774,066.00	\$8,833,669.00	\$ 12,607,735	0.196053
35	7000 ELECTROENCEPHALOGRAPHY	\$259,215.00	\$ -	\$290.00	\$ 259,505	\$408,728.00	\$595,096.00	\$ 1,003,824	0.258516
36	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$18,770,009.00	\$ -	\$0.00	\$ 18,770,009	\$11,212,939.00	\$19,387,171.00	\$ 30,600,110	0.613397
37	7200 IMPL. DEV. CHARGED TO PATIENTS	\$7,848,151.00	\$ -	\$0.00	\$ 7,848,151	\$4,835,359.00	\$22,126,209.00	\$ 26,961,568	0.291087
38	7300 DRUGS CHARGED TO PATIENTS	\$67,582,614.00	\$ -	\$3,518.00	\$ 67,586,132	\$65,394,791.00	\$305,476,289.00	\$ 370,871,080	0.182236
39	7400 RENAL DIALYSIS	\$1,063,620.00	\$ -	\$0.00	\$ 1,063,620	\$4,696,056.00	\$419,338.00	\$ 5,115,394	0.207925
40	9100 EMERGENCY	\$10,887,432.00	\$ -	\$0.00	\$ 10,887,432	\$10,824,416.00	\$48,693,592.00	\$ 59,518,008	0.182927
41	9300 WOUND CARE	\$4,863,393.00	\$ -	\$8,069.00	\$ 4,871,462	\$1,234,058.00	\$23,802,076.00	\$ 25,036,134	0.194577
42		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
43		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
44		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
45		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
46		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
47		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
48		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
49		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
50		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
51		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
52		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
53		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
54		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
55		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
56		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
57		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
58		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
59		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
60		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
61		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
62		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
63		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
64		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
65		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
66		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
67		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
68		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
69		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
70		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
71		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
72		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
73		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
74		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
75		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
76		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
77		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
78		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
79		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
80		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
81		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
82		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
83		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
84		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
85		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
86		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
87		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
88		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
89		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2018-06/30/2019) CANDLER HOSPITAL

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
90		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
91		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
92		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
93		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
94		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
95		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
96		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
97		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
98		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
99		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
100		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
101		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
102		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
103		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
104		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
105		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
106		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
107		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
108		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
109		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
110		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
111		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
112		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
113		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
114		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
115		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
116		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
117		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
118		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
119		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
120		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
121		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
122		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
123		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
124		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
125		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
126	Total Ancillary	\$ 214,357,936	\$ -	\$ 54,809	\$ 214,412,745	\$ 324,096,019	\$ 1,051,895,859	\$ 1,375,991,878	
127	Weighted Average								0.157468
128	Sub Totals	\$ 258,351,076	\$ -	\$ 57,467	\$ 258,408,543	\$ 420,024,225	\$ 1,051,895,859	\$ 1,471,920,084	
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Cost Report Worksheet D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title 19, Column 5-7, Line 200)				\$0.00				
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost Report Worksheet D-3, Title 18, Column 3, Line 200 and Worksheet D, Part V, Title 18, Column 5-7, Line 200)				\$341,522.00				
131	NF, SNF, and Swing Bed Cost for Other Payers (Hospital must calculate. Submit support for calculation of cost.)								
131.01	Other Cost Adjustments (support must be submitted)								
132	Grand Total				\$ 258,067,021				
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost					0.00%			

* Note A - Final cost-to-charge ratios should include teaching cost. Only enter Intern & Resident costs if it was removed in Column 25 of Worksheet B, Pt. I of the cost report you are using

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2018-06/30/2019) CANDLER HOSPITAL

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		% Survey to Cost Report Totals
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient	
				From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
Routine Cost Centers (from Section G):				Days		Days		Days		Days		Days		Days		
1	03000 ADULTS & PEDIATRICS	\$ 615.29		2,956		3,890		3,463		4,307		3,360		14,616		38.65%
2	03100 INTENSIVE CARE UNIT	\$ 1,317.05		733		123		625		638		423		2,119		41.28%
3	03200 CORONARY CARE UNIT	\$ -														
4	03300 BURN INTENSIVE CARE UNIT	\$ -														
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -														
6	03500 OTHER SPECIAL CARE UNIT	\$ -														
7	04000 SUBPROVIDER I	\$ -														
8	04100 SUBPROVIDER II	\$ -														
9	04200 OTHER SUBPROVIDER	\$ -														
10	04300 NURSERY	\$ 369.61		214		4,672		-		237		386		5,123		62.69%
11		\$ -														
12		\$ -														
13		\$ -														
14		\$ -														
15		\$ -														
16		\$ -														
17		\$ -														
18		\$ -														
18			Total Days	3,903		8,685		4,088		5,182		4,169		21,858		38.47%
19	Total Days per PS&R or Exhibit Detail															
20	Unreconciled Days (Explain Variance)															
21			Routine Charges	\$ 5,764,242	\$ 10,444,696	\$ 6,552,178	\$ 7,853,450	\$ 6,161,762	\$ 30,614,566	\$ 1,478.00	\$ 1,400.61	\$ 30,614,566	\$ 1,400.61			38.52%
21.01	Routine Charges		\$ 5,764,242	\$ 10,444,696	\$ 6,552,178	\$ 7,853,450	\$ 6,161,762	\$ 30,614,566	\$ 1,478.00	\$ 1,400.61	\$ 30,614,566	\$ 1,400.61				38.52%
21.01	Calculated Routine Charge Per Diem		\$ 1,478.87	\$ 1,202.61	\$ 1,602.78	\$ 1,515.52	\$ 1,478.00	\$ 1,400.61	\$ 1,478.00	\$ 1,400.61	\$ 1,478.00	\$ 1,400.61				
Ancillary Cost Centers (from W/S C) (from Section G):				Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges
22	09200 Observation (Non-Distinct)		0.838291	52,895	436,892	24,233	594,811	4,825	101,244	10,158	412,087	-	233,217	92,111	1,545,034	70.57%
23	5000 OPERATING ROOM		0.118278	2,726,463	3,989,684	1,656,117	15,528,606	3,459,954	3,151,519	3,157,450	4,885,185	3,888,595	8,535,921	10,999,984	27,554,994	24.62%
24	5100 RECOVERY ROOM		0.073365	312,850	567,036	2,209,125	3,639,410	314,321	369,575	963,904	796,046	633,062	1,023,309	3,800,200	5,372,067	31.54%
25	5200 DELIVERY ROOM & LABOR ROOM		0.404655	262,567	-	7,163,041	14,916	-	-	1,731,982	44,030	469,310	9,697	9,172,506	191,020	90.35%
26	5300 ANESTHESIOLOGY		0.024663	432,483	726,812	2,120,605	3,746,664	558,285	488,588	1,165,977	1,052,655	876,539	1,497,826	4,277,530	6,014,719	26.87%
27	5400 RADIOLOGY-DIAGNOSTIC		0.136406	983,123	1,788,464	658,662	4,221,735	1,608,028	2,159,603	1,346,040	3,347,217	1,370,519	8,349,441	4,575,853	11,517,019	25.71%
28	5500 RADIOLOGY-THERAPEUTIC		0.170255	149,435	2,631,579	277,532	5,027,919	678,750	4,792,882	744,594	5,652,772	939,648	8,779,668	1,850,311	18,105,152	20.85%
29	5700 CT SCAN		0.022296	1,264,197	2,490,290	511,806	2,954,059	1,506,173	2,431,705	1,557,279	3,418,426	2,065,763	9,924,962	4,839,455	11,294,480	30.19%
30	5800 MRI		0.052305	365,451	517,766	165,996	529,707	218,797	480,940	297,598	646,817	452,714	1,020,703	1,048,842	2,175,230	21.37%
31	6000 LABORATORY		0.117724	3,216,806	2,999,820	3,845,315	5,687,612	3,586,087	2,489,598	3,737,947	3,480,003	3,733,833	12,446,664	14,386,155	14,257,033	35.53%
32	6500 RESPIRATORY THERAPY		0.210700	1,153,451	149,702	236,374	215,808	1,607,930	67,917	177,058	147,137	802,161	280,102	4,768,715	580,564	38.75%
33	6600 PHYSICAL THERAPY		0.171815	279,544	82,110	59,324	562,243	348,100	145,940	453,838	752,821	262,326	264,832	1,140,806	1,543,114	10.62%
34	6700 OCCUPATIONAL THERAPY		0.143519	82,778	13,567	81,642	86,096	36,422	178,470	37,376	112,347	37,318	31,774	308,997	310,101	19.26%
35	6800 SPEECH PATHOLOGY		0.193188	66,031	3,234	47,979	10,758	94,525	112,347	112,347	37,318	58,294	27,266	320,882	58,686	23.25%
36	6900 ELECTROCARDIOLOGY		0.196053	302,981	179,043	130,287	213,002	341,611	288,825	404,926	485,372	435,648	763,003	1,179,805	1,166,242	28.49%
37	7000 ELECTROENCEPHALOGRAPHY		0.258516	12,769	79,513	4,452	49,754	26,935	-	25,252	38,367	19,625	95,493	69,408	167,634	35.19%
38	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.613397	412,619	350,695	336,413	850,979	652,245	358,496	677,532	600,408	766,472	1,023,351	2,078,809	2,160,578	19.76%
39	7200 IMPL. DEV. CHARGED TO PATIENTS		0.291087	176,478	165,771	168,283	760,249	352,938	387,691	354,574	681,291	414,571	366,415	1,052,274	1,995,002	14.53%
40	7300 DRUGS CHARGED TO PATIENTS		0.182236	4,320,358	10,323,895	3,519,812	6,070,216	4,689,643	9,995,527	4,944,064	11,926,975	4,122,943	5,662,690	17,453,877	38,316,613	17.97%
41	7400 RENAL DIALYSIS		0.207925	99,441	-	61,710	4,688	803,319	140,176	4,688	361,498	11,305	1,245,806	189,448	189,448	35.40%
42	9100 EMERGENCY		0.182927	838,405	2,920,867	274,233	7,603,610	966,828	1,723,555	1,723,555	921,268	2,597,443	1,227,922	10,547,186	14,845,475	50.46%
43	9300 WOUND CARE		0.194577	-	-	222,687	754,607	628,498	1,138,642	564,288	1,507,313	407,282	821,949	1,415,473	3,400,562	24.36%
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2018-06/30/2019) CANDLER HOSPITAL

			In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		%									
61																								
62																								
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			\$	17,491,125	\$	30,016,740	\$	23,704,751	\$	59,255,069	\$	22,528,805	\$	30,756,221	\$	25,353,670	\$	42,732,737	\$	23,376,052	\$	71,695,774		

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2018-06/30/2019) CANDLER HOSPITAL

	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		%
Totals / Payments													
128 Total Charges (includes organ acquisition from Section J)	\$ 23,255,367	\$ 30,016,740	\$ 34,149,447	\$ 59,255,069	\$ 29,080,983	\$ 30,756,221	\$ 33,207,120	\$ 42,732,737	\$ 29,537,814 <i>(Agrees to Exhibit A)</i>	\$ 71,695,774 <i>(Agrees to Exhibit A)</i>	\$ 119,692,917	\$ 162,760,767	26.34%
129 Total Charges per PS&R or Exhibit Detail	\$ 23,255,367	\$ 30,016,740	\$ 34,149,447	\$ 59,255,069	\$ 29,080,983	\$ 30,756,221	\$ 33,207,120	\$ 42,732,737	\$ 29,537,814	\$ 71,695,774			
130 Unreconciled Charges (Explain Variance)	-	-	-	-	-	-	-	-	-	-			
131 Total Calculated Cost (includes organ acquisition from Section J)	\$ 5,597,033	\$ 4,761,262	\$ 9,321,814	\$ 8,547,941	\$ 6,535,284	\$ 4,802,788	\$ 7,895,000	\$ 6,780,238	\$ 6,387,992	\$ 9,836,675	\$ 29,349,131	\$ 24,892,229	27.57%
132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 6,069,365	\$ 4,535,881	\$ 9,104,599	\$ 8,460,779	\$ 892,200	\$ 386,246	\$ 296,491	\$ 478,402			\$ 7,258,056	\$ 5,400,529	
133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)			\$ 9,104,599	\$ 8,460,779			\$ 304,432	\$ 140,199			\$ 9,409,031	\$ 8,600,978	
134 Private Insurance (including primary and third party liability)	\$ 98,688	\$ 15,620	\$ 641	\$ 10,616			\$ 2,087	\$ 1,666,335			\$ 2,370,782	\$ 1,694,658	
135 Self-Pay (including Co-Pay and Spend-Down)	\$ 12,409	\$ 377	\$ 11,134	\$ 25			\$ 13,026	\$ 3,388			\$ 3,790	\$ 60,131	
136 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 6,168,053	\$ 4,563,910	\$ 9,105,617	\$ 8,482,529									
137 Medicaid Cost Settlement Payments (See Note B)		\$ (336,973)											
138 Other Medicaid Payments Reported on Cost Report Year (See Note C)													
139 Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					\$ 5,766,078	\$ 3,909,964	\$ 494,575	\$ 508,682			\$ 6,260,653	\$ 4,418,646	
140 Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)							\$ 4,746,618	\$ 4,101,842			\$ 4,746,618	\$ 4,101,842	
141 Medicare Cross-Over Bad Debt Payments					\$ 86,415	\$ 163,289					\$ 86,415	\$ 163,289	
142 Other Medicare Cross-Over Payments (See Note D)					\$ 207,058	\$ 20,141					\$ 207,058	\$ 20,141	
143 Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									\$ 198,416 <i>(Agrees to Exhibit B and B-1)</i>	\$ 834,187 <i>(Agrees to Exhibit B and B-1)</i>			
144 Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)									\$ -	\$ -			
145 Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ (571,020)	\$ 534,325	\$ 216,197	\$ 65,412	\$ (416,492)	\$ 308,035	\$ (221,957)	\$ (138,784)	\$ 6,189,576	\$ 9,002,488	\$ (993,272)	\$ 788,988	
146 Calculated Payments as a Percentage of Cost	110%	89%	98%	99%	106%	94%	103%	102%	3%	8%	103%	97%	
147 Total Medicare Days from WIS S-3 of the Cost Report Excluding Swing-Bed (C/R, WIS S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)						29,705							
148 Percent of cross-over days to total Medicare days from the cost report						14%							

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2018-06/30/2019) CANDLER HOSPITAL

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total Out-Of-State Medicaid	
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
				From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)
		From Section G	From Section G										
Routine Cost Centers (list below):					Days		Days		Days		Days		Days
1	03000 ADULTS & PEDIATRICS	\$ 615.29			104								104
2	03100 INTENSIVE CARE UNIT	\$ 1,317.05			3								3
3	03200 CORONARY CARE UNIT	\$ -											-
4	03300 BURN INTENSIVE CARE UNIT	\$ -											-
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -											-
6	03500 OTHER SPECIAL CARE UNIT	\$ -											-
7	04000 SUBPROVIDER I	\$ -											-
8	04100 SUBPROVIDER II	\$ -											-
9	04200 OTHER SUBPROVIDER	\$ -											-
10	04300 NURSERY	\$ 369.61			20								20
11		\$ -											-
12		\$ -											-
13		\$ -											-
14		\$ -											-
15		\$ -											-
16		\$ -											-
17		\$ -											-
18		\$ -											-
				Total Days	127		-		-		-		127
19	Total Days per PS&R or Exhibit Detail				127		-		-		-		-
20	Unreconciled Days (Explain Variance)				-		-		-		-		-
				Routine Charges	\$ 177,165		\$ -		\$ -		\$ -		\$ 177,165
21	Routine Charges				\$ 177,165		\$ -		\$ -		\$ -		\$ 177,165
21.01	Calculated Routine Charge Per Diem				\$ 1,395.00		\$ -		\$ -		\$ -		\$ 1,395.00
Ancillary Cost Centers (from W/S C) (list below):					Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges		Ancillary Charges
22	09200 Observation (Non-Distinct)		0.838291		-		33,580					\$ -	\$ 33,580
23	5000 OPERATING ROOM		0.118278		46,369		248,718					\$ 46,369	\$ 248,718
24	5100 RECOVERY ROOM		0.073365		11,276		39,536					\$ 11,276	\$ 39,536
25	5200 DELIVERY ROOM & LABOR ROOM		0.404655		19,888		-					\$ 19,888	\$ -
26	5300 ANESTHESIOLOGY		0.024663		15,182		52,716					\$ 15,182	\$ 52,716
27	5400 RADIOLOGY-DIAGNOSTIC		0.136406		94,225		211,964					\$ 94,225	\$ 211,964
28	5500 RADIOLOGY-THERAPEUTIC		0.170255		36,748		484,640					\$ 36,748	\$ 484,640
29	5700 CT SCAN		0.022296		70,951		361,857					\$ 70,951	\$ 361,857
30	5800 MRI		0.052305		19,548		9,797					\$ 19,548	\$ 9,797
31	6000 LABORATORY		0.117724		110,314		233,414					\$ 110,314	\$ 233,414
32	6500 RESPIRATORY THERAPY		0.210700		19,928		20,475					\$ 19,928	\$ 20,475
33	6600 PHYSICAL THERAPY		0.171815		3,552		1,070					\$ 3,552	\$ 1,070
34	6700 OCCUPATIONAL THERAPY		0.143519		-		1,008					\$ -	\$ 1,008
35	6800 SPEECH PATHOLOGY		0.193188		-		1,191					\$ -	\$ 1,191
36	6900 ELECTROCARDIOLOGY		0.196053		25,213		21,717					\$ 25,213	\$ 21,717
37	7000 ELECTROENCEPHALOGRAPHY		0.258516		1,134		-					\$ 1,134	\$ -
38	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.813397		8,389		13,980					\$ 8,389	\$ 13,980
39	7200 IMPL. DEV. CHARGED TO PATIENTS		0.291087		3,661		86,413					\$ 3,661	\$ 86,413
40	7300 DRUGS CHARGED TO PATIENTS		0.182236		91,242		1,002,207					\$ 91,242	\$ 1,002,207
41	7400 RENAL DIALYSIS		0.207925		-		2,631					\$ -	\$ 2,631
42	9100 EMERGENCY		0.182927		42,248		372,082					\$ 42,248	\$ 372,082
43	9300 WOUND CARE		0.194577		12,089		41,468					\$ 12,089	\$ 41,468
44					-		-					\$ -	\$ -
45					-		-					\$ -	\$ -
46					-		-					\$ -	\$ -
47					-		-					\$ -	\$ -

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2018-06/30/2019) CANDLER HOSPITAL

		Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total Out-Of-State Medicaid	
110										\$ -	\$ -
111										\$ -	\$ -
112										\$ -	\$ -
113										\$ -	\$ -
114										\$ -	\$ -
115										\$ -	\$ -
116										\$ -	\$ -
117										\$ -	\$ -
118										\$ -	\$ -
119										\$ -	\$ -
120										\$ -	\$ -
121										\$ -	\$ -
122										\$ -	\$ -
123										\$ -	\$ -
124										\$ -	\$ -
125										\$ -	\$ -
126										\$ -	\$ -
127										\$ -	\$ -
		\$ 631,957	\$ 3,240,464	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Totals / Payments

128	Total Charges (Includes organ acquisition from Section K)	\$ 809,122	\$ 3,240,464	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 809,122	\$ 3,240,464
129	Total Charges per PS&R or Exhibit Detail	\$ 809,122	\$ 3,240,464	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
130	Unreconciled Charges (Explain Variance)										
131	Total Calculated Cost (includes organ acquisition from Section K)	\$ 167,733	\$ 511,430	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 167,733	\$ 511,430
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 130,910	\$ 264,530							\$ 130,910	\$ 264,530
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)		\$ 3,254							\$ -	\$ -
134	Private Insurance (including primary and third party liability)		\$ 18,470							\$ -	\$ 3,254
135	Self-Pay (including Co-Pay and Spend-Down)	\$ 1,314	\$ 286,254							\$ 1,314	\$ 18,470
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 132,224	\$ 286,254	\$ -	\$ -						
137	Medicaid Cost Settlement Payments (See Note B)									\$ -	\$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)									\$ -	\$ -
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)									\$ -	\$ -
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									\$ -	\$ -
141	Medicare Cross-Over Bad Debt Payments									\$ -	\$ -
142	Other Medicare Cross-Over Payments (See Note D)									\$ -	\$ -
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 35,509	\$ 225,176	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,509	\$ 225,176
144	Calculated Payments as a Percentage of Cost	79%	56%	0%	0%	0%	0%	0%	0%	79%	56%

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

**List of Real Property Holdings for
St. Joseph's Hospital, Inc. and Candler Hospital, Inc.**

Real Property Holdings Owned by the Hospital (HB 321) – Saint Joseph’s Hospital, Inc.

Location ¹	Parcel ID Number	Estimated Size	Purchase Price ²	Current HealthCare Purpose? ³		Improvements? ⁴		Notes (Optional)
				Yes	No	Yes	No	
Chatham County	20754 01001	19.46	UNK	✓		✓		
Chatham County	20754 01002	1.11	UNK	✓		✓		
Chatham County	20754 02001	5.26	\$144,000	✓		✓		
Chatham County	20754 02001A	1.35	\$1,100,000	✓		✓		
Chatham County	20754 02046	3.96	UNK	✓		✓		
Chatham County	20754 02031	0.11	UNK	✓		✓		
Chatham County	20782 04006	5.67	UNK	✓		✓		
Chatham County	20782 04009	0.46	\$27,000	✓		✓		
Chatham County	20782 04010	0.44	\$34,900	✓		✓		
Chatham County	20782 04011	0.43	UNK	✓		✓		
Chatham County	20053 10012	0.07	\$43,000	✓		✓		
Chatham County	20053 10017	0.29	\$95,000	✓		✓		
Chatham County	20491 07018	0.20	UNK	✓		✓		
Chatham County	51010 01072	18.30	UNK	✓		✓		
Chatham County	51010 01076	9.36	\$650,700		✓		✓	vacant parcel
Chatham County	60013 04042	1.49	UNK	✓		✓		

¹ Location may be the county, address, or site identification/description.

² Purchase price to be listed as of the date of acquisition of the property by the hospital, if known. If unknown, state “UNK”.

³ Health care purpose includes the provision of patient care; the provision or delivery of healthcare services, including supportive administrative services; the training and education of physicians, nurses, and other healthcare personnel; and community education and outreach relating to health care or wellness.

⁴ Improvement means the permanent addition or construction of a building or structure.

Bryan County	P07 05 003	1.93	UNK	✓		✓		
Date: 07/01/2021. Revised: N/A.								



Real Property Holdings Owned by the Hospital (HB 321) – Candler Hospital, Inc.

Location ¹	Parcel ID Number	Estimated Size	Purchase Price ²	Current HealthCare Purpose? ³		Improvements? ⁴		Notes (Optional)
				Yes	No	Yes	No	
Chatham County	20113 20001	27.02	\$1,850,000	✓		✓		
Chatham County	20113 20001A	1.30	\$235,000	✓		✓		
Chatham County	20013 20001L	0.61	UNK	✓		✓		
Chatham County	20013 20003L	0.43	UNK	✓		✓		
Chatham County	20013 20002L	0.91	\$5,186,196	✓		✓		
Chatham County	20113 15001	0.14	\$2,799,370	✓		✓		
Chatham County	20113 15002	0.10	\$2,799,370	✓		✓		
Chatham County	20113 15005	0.32	\$450,000	✓		✓		
Chatham County	20113 15007	0.41	UNK	✓		✓		
Chatham County	20113 15008	0.31	UNK	✓		✓		
Chatham County	20113 16001	0.09	UNK	✓		✓		
Chatham County	20113 16002	0.18	UNK	✓		✓		
Chatham County	20113 16003	0.09	UNK	✓		✓		
Chatham County	20113 16004	0.09	UNK	✓		✓		
Chatham County	20113 16005	0.60	\$2,799,370	✓		✓		

¹ Location may be the county, address, or site identification/description.

² Purchase price to be listed as of the date of acquisition of the property by the hospital, if known. If unknown, state "UNK".

³ Health care purpose includes the provision of patient care; the provision or delivery of healthcare services, including supportive administrative services; the training and education of physicians, nurses, and other healthcare personnel; and community education and outreach relating to health care or wellness.

⁴ Improvement means the permanent addition or construction of a building or structure.

Chatham County	20113 21010	7.51	UNK	✓		✓		
Chatham County	20113 17001	1.47	\$2,799,370	✓		✓		
Chatham County	20114 28001	0.37	\$2,799,370	✓		✓		
Chatham County	20114 28001A	0.55	\$2,799,370	✓		✓		
Chatham County	20491 07019	1.49	UNK	✓		✓		
Chatham County	20754 0241	0.37	UNK	✓		✓		
Chatham County	20113 12006	0.07	\$300,000		✓	✓		vacant office space
Bulloch County	MS75000019-000	2.2	UNK		✓		✓	vacant parcel
Jasper County, SC	067-01-00-073	0.24	\$800,000	✓		✓		
Beaufort County, SC	R610-022-000-1114-0000	3.79	\$11,420,255	✓		✓		
Date: 07/01/2021. Revised: N/A.								



List of Hospital JV's and Ownership Interests

List of Hospital Joint Ventures and Ownership Interests (HB 321) – Saint Joseph’s Hospital, Inc.

Entity Name	Domicile	Nature of Ownership or Interest	Book Value of Ownership or Interest	Notes (Optional)
SJC/OIS Management, LLC	GA	Minority Membership Interest	\$775,777	
Wayne/SJC Medical Group, LLC	GA	Minority Membership Interest	\$100,756	

Notes:

- a. List is for the Period Ended June 30, 2020.
- b. List includes ownership or interest the hospital has in joint ventures, partnerships, subsidiary holding companies, or captive insurance companies.
- c. Nature of Ownership Interest may include the number of shares/membership interests, percentage ownership interest, or indication of whether the hospital is a minority or majority owner or interest holder.



List of Hospital Joint Ventures and Ownership Interests (HB 321) – Candler Hospital, Inc.

Entity Name	Domicile	Nature of Ownership or Interest	Book Value of Ownership or Interest	Notes (Optional)
SJC/OIS Management, LLC	GA	Minority Membership Interest	\$775,777	
The Listening Center, LLC	GA	Minority Membership Interest	\$213,165	

Notes:

- a. List is for the Period Ended June 30, 2020.
- b. List includes ownership or interest the hospital has in joint ventures, partnerships, subsidiary holding companies, or captive insurance companies.
- c. Nature of Ownership Interest may include the number of shares/membership interests, percentage ownership interest, or indication of whether the hospital is a minority or majority owner or interest holder.



**List of Hospital Indebtedness:
See Audited Financials, Note 7 and 8**

Listing of Hospital Indebtedness (HB 321)

Lender Name	Origination Date	Due Date	Outstanding Principal	In Default?		In Forbearance?	
				Yes	No	Yes	No
See Audited Financials, Note 7 and 8							

Names of any bond disclosure sites to which the hospital has submitted data or other information: _____ . (If none, state "N/A")

Notes:
 a. Original Date _____. Revised: _____.
 b. List includes bonded indebtedness, outstanding loans, and bond defaults.



**Report of End of Year Net Assets:
Refer to Audited Financial Statement, p. 9, 10.**

End of Year Listing of Hospital Net Assets (HB 321)

	Unrestricted Net Assets (\$)	Restricted – Expendable Net Assets (\$)*	Restricted – Non-Expendable Net Assets (\$)*	Total Net Assets (\$)	Notes (**)
Hospital	Refer to Audited Financials	Refer to Audited Financials	Refer to Audited Financials	Refer to Audited Financials	Refer to Audited Financials
Hospital Parent Company					
Hospital Owned or Controlled Foundation***					
[Hospital Subsidiary #1][NAME]					
[Hospital Subsidiary #2][NAME]					
[continue]					

Notes:

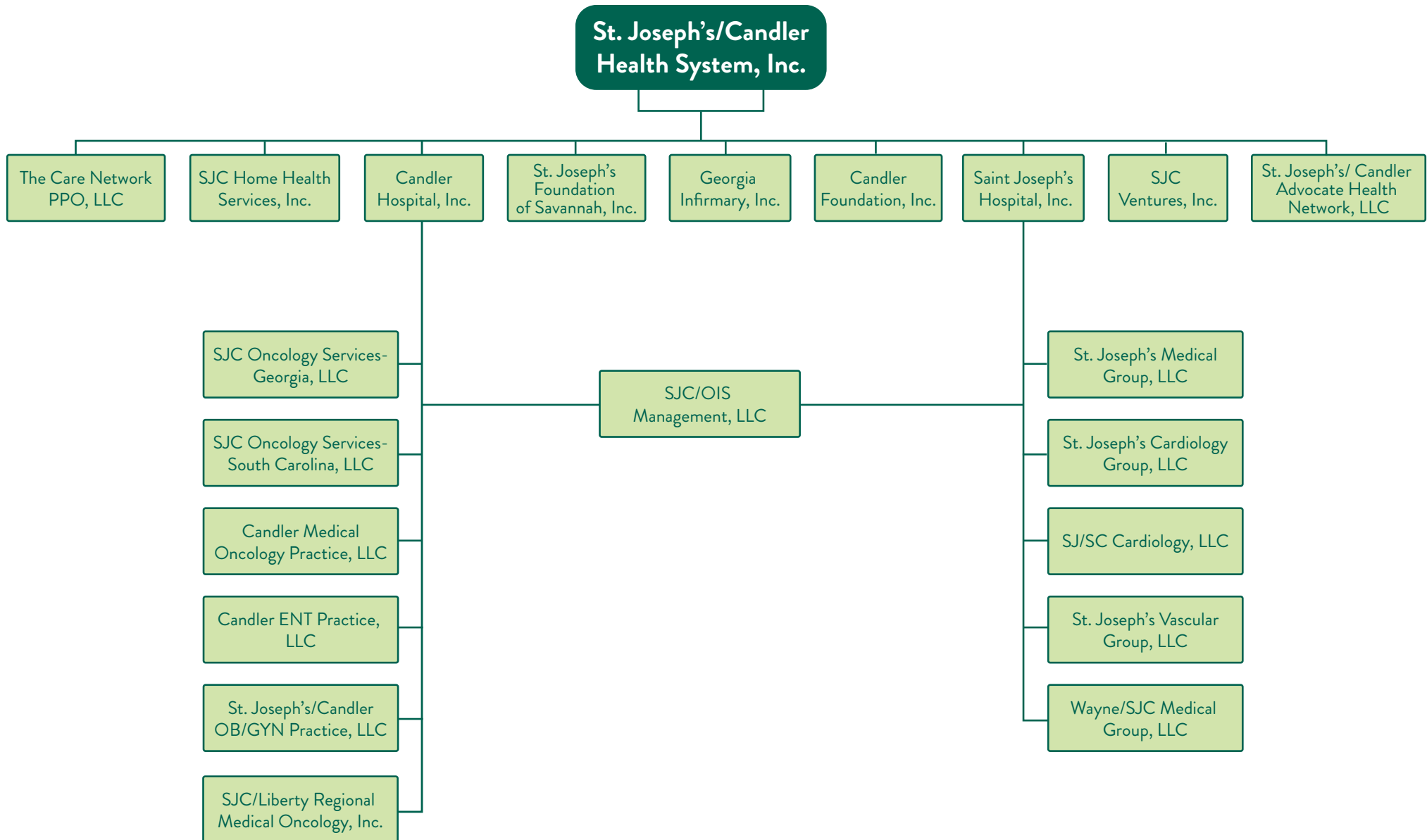
- a. Fiscal Year End _____.
- b. List of net assets of the hospital, its parent company, its subsidiaries, and any foundation owned or controlled by the hospital or its parent company as of the close of the most recently completed fiscal year.
- c. Restrictions shall include any restrictions on assets to the extent required to be reported under GAAP (e.g., unrestricted and restricted net assets)
- d. (*) Indicate whether temporarily or permanently restricted to the extent required by generally accepted accounting principles.
- e. (**) Indicate whether any unrestricted assets are Board designated.
- f. (***) The Hospital’s interest in its Foundation shall be deducted from the value of the Foundation’s Net Assets.



**St. Joseph's/Candler does not have
any "going concern" issues.**

Dated Organizational Chart

Legal Chart of Corporate Structure



**Compensation/Benefits Report
CY 2020**

St. Joseph's Hospital

Compensation/Benefits Report - Administrative Positions in the Hospital (HB 321)

(A) Position Title*	(B) Breakdown of W-2 and/or 1099-MISC Compensation				(C) Retirement and other Deferred Compensation	(D) Nontaxable Benefits
	(i) Base Compensation	(ii) Bonus & incentive Comp.	(iii) Taxable Deferred Comp. Accrued in Prior Years	(IV) Other Reportable Compensation		
1. President & CEO	431,531	131,520		6,763		23,116
2. Director, LCRP	241,653					17,926
3. VP/CFO	225,501	57,448			8,190	22,942
4. Chief Operating Officer	220,749	56,701			8,190	14,822
5. VP/Patient Care Service	143,133	28,955			8,190	29,594
6. VP/Chief Information Officer	145,162	29,841			8,190	13,880
7. VP/Human Resources	128,111	26,604			8,190	15,355
8. VP/Business Development	117,842	24,910			7,371	11,128
9. VP/Medical Affairs	91,270	13,768			4,668	9,731
10. Exec Director, Cardiology	93,054	15,272				5,881

Notes:

- a. Reporting Period is Calendar Year 2020.
- b. Deferred compensation is reported only for the year when earned or accrued, whether or not funded, vested, qualified, or non qualified or subject to substantial risk of forfeiture.
- c. (*) Report title, not employee name.

**Evidence of Hospital Accreditation
St. Joseph's Hospital and Candler Hospital**

Saint Joseph's Hospital

Savannah, GA

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

November 7, 2020

Accreditation is customarily valid for up to 36 months.

David H. Perrott

David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

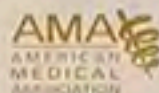
ID #6725

Print/Reprint Date: 02/12/2021

Mark R. Chassin

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Candler Hospital

Savannah, GA

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

November 21, 2020

Accreditation is customarily valid for up to 36 months.

David H. Perrott

David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #6726

Print/Reprint Date: 02/22/2021

Mark R. Chassin

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Saint Joseph's Hospital

Savannah, GA

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Home Care Accreditation Program

November 7, 2020

Accreditation is customarily valid for up to 36 months.

David H. Perrott

David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #6725

Print/Reprint Date: 02/12/2021

Mark R. Chassin

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Indigent and Charity Care Policies

St. Joseph's / Candler Health System, Inc.	<p align="center">Administrative Policy</p> <p>Title: Financial Assistance, Billing and Collection</p>	Policy Number: 1220-A Effective Date: 07/22/2019 Page 1 of 12
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Policy Statement

It shall be the policy of St. Joseph's/Candler Health System ("SJ/C") to provide health care services to patients regardless of their ability to pay and to grant financial assistance to those who qualify. No patient shall be denied emergency or other Medically Necessary care based upon their ability to pay, race, color, religion, creed, sex, national origin, age, disability, gender identity or expression.

SJ/C provides financial assistance to those patients who need emergency or other Medically Necessary care, but can demonstrate an inability to pay for all or some portion of the charges normally due. Patients with no financial ability to pay SJ/C's charges will be screened for eligibility under Medicaid and other state programs and/or evaluated against pre-established guidelines for financial assistance and provided information about how to apply for financial assistance.

SJ/C shall make such financial assistance available without regard to the patient's race, color, religion, creed, sex, national origin, age, disability, gender identity or expression of such person, or any other classification prohibited by law. In offering Discounts, SJ/C shall strive to treat similarly situated individuals in a substantially similar manner. SJ/C shall not offer any Discount for the purpose of generating business payable under a federal health care program or to influence such beneficiary's selection of a particular provider, practitioner or supplier.

The financial assistance policy contained herein is applied consistently to all emergency and other Medically Necessary care provided by SJ/C at the following facilities:

- St. Joseph's Hospital
- Candler Hospital
- SJ/C Medical Group (Medical Group)
- SJ/C Oncology Services (Oncology Services)
- SJ/C Home Health Services

This policy requires the adoption by the SJ/C Board of Trustees. Any material changes to this policy will require approval of such governing body or parties authorized by the governing body to act on its behalf as permitted under state law.

Purpose

- To provide a framework to inform patients or responsible parties of their financial obligations for health care services, to assist them in resolving their financial liability, and to counsel them regarding insurance coverage.
- To provide guidelines and objective, consistent eligibility criteria for use in determining the financial status of patients so that appropriate classification and distinction can be made between uncollectible amounts arising from a patient's inability to pay and those arising from a patient's unwillingness to pay.
- To identify those needing financial assistance at the beginning of the collection cycle and reduce the time it takes to resolve an account.
- To explain how patients may apply for financial assistance.
- To provide a Discount for Uninsured patients that results in charges that equal the Amounts Generally Billed (AGB) to Insured patients.
- To define the method used to calculate AGB and how to obtain this information free of charge.
- To facilitate cash flow by offering a Prompt-Pay Discount to patients with a self-pay balance.
- To simplify the process for patients and reduce paperwork for both the patient and SJ/C staff at the time of service.
- To gather and maintain data to substantiate a patient's inability to pay and meet the requirements of §501(r) of the Internal Revenue Code and the Affordable Care Act requirements for §501(c) (3) hospitals.

Entities to whom this Policy Applies

St. Joseph's Hospital, Candler Hospital, SJ/C Medical Group (a listing of SJ/C Medical Group can be found on the SJ/C website), SJ/C Oncology Services and SJ/C Home Health Services

Entities to whom this Policy Does Not Apply

Chatham Radiologists, Georgia Emergency Physicians, Pathology Associates, Coastal EMS, Southside Fire/EMS Ambulance Service, SemperCare, Candler Retail Pharmacy, American Anesthesiology Associates of Georgia, and any physician with admitting privileges that is not listed as part of the SJ/C Medical Group.

Definition of Terms

Amounts Generally Billed (AGB) - The amount by which charges for Uninsured patients are measured. Uninsured patients will not be charged more for emergency or other Medically Necessary care than the AGB for patients who have insurance coverage. To calculate AGB, SJ/C uses the look-back method inclusive of both hospital facilities experience. The look-back method utilizes data from Medicare and private health insurers based on the prior 12-month fiscal year to determine the AGB percentage applied. The AGB percentage utilized by SJ/C

and the method in which it was determined is available free of charge from the Customer Service Department. Customer Service may be contacted at 912-819-8455 or 800-374-7054.

Centralized Billing Office (CBO) – SJ/C co-workers who complete patient billing and collections on behalf of SJ/C employed physicians.

Discount - A reduction of the patient account balance (up to 100% of Gross Charges).

Extraordinary Collection Actions (ECA) - Any actions taken by the SJ/C (or any agent of SJ/C, including a collection agency) against an individual related to obtaining payment of a bill covered under this policy that requires a legal or judicial process, involves selling an individual's debt to another party, or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. Placing an account with a third party for collection is not an ECA.

Financial Assistance Policy (FAP) Discount - A percentage Discount of the patient account balance based on the patient's ability to pay.

Financial Solutions Advisors - SJ/C co-workers who verify proper insurance coverage, secure payment of deductibles and other estimated self-pay balances, provide assistance for those unable to pay by referral for Medicaid or other state programs, and provide guidance with the FAP.

Federal Poverty Guidelines (FPG) - Determined by the government of the United States and published annually in the Federal Register. FPG are based on the size of a family and family's income. FPG are used in determining a patient's eligibility for financial assistance under Medicaid and SJ/C's FAP.

Gross Charges - Full, established price for medical care that SJ/C entities consistently and uniformly charges all patients before contractual allowances, Discounts or other deductions.

Insured - The status of a patient with insurance or third-party coverage which pays all or a portion of the patient's Gross Charges for medical services. This category includes those patients covered by a governmental payor such as Medicare, Medicaid, Champus and authorized Veteran's benefits; as well as private payors such as Medicare Advantage, Medicaid managed care organizations, commercial or managed care, auto and worker's compensation.

Medically Necessary – Medical services based upon generally accepted medical practices in light of conditions at the time of treatment which is appropriate and consistent with the diagnosis of the treating physician and the omission of which could adversely affect the patient's condition. This classification does not infringe or encompass the classification of emergent or the EMTALA laws associated with that designation. If the patient feels that the service ordered requires immediate or urgent treatment, the patient may request review of the order by contacting the Office of Medical Affairs at 912-819-6670 or 912-819-3338.

Presumptive Charity – A Discount applied to the outstanding balance of a patient account based on FPG information provided by a scoring vendor. This Discount is applied at the end of the active self-pay billing cycle balance.

Prompt-Pay Discount - A 5% Discount of the patient’s self-pay account balance (including any co-payment or deductible) is given before or at the time of service. The Prompt-Pay discount is available to Hospital and Oncology Services patients regardless of their ability to pay (this Discount is not available to Medical Group patients). This Discount is an administrative adjustment and is not considered financial assistance.

Scoring Vendor - The software company engaged by SJ/C to provide a financial rating (calculated based on credit bureau information such as assets, mortgage payments, auto loans, credit card debt, and other financial history) for patients. The financial rating is utilized as a factor in determining a patient’s ability to pay. SJ/C currently contracts with Experian for this service.

Self-Pay Discount - A percentage Discount of the patient’s self-pay account balance based on the patient’s Uninsured status. Uninsured Hospital and Oncology Services patients are eligible for a Self-Pay Discount based on the most recent AGB. Uninsured Medical Group patients are eligible for a 50% Self-Pay Discount if paid at time of service regardless of their ability to pay.

Soft Inquiry – An inquiry reflective on a patient’s credit bureau report, but not reportable to any outside entity, that can only be seen by the patient. This has no impact on a patient’s credit score and is allowed by Federal Law due to the provider extending credit to the patient by not requiring the patient to pay upfront for any services the provider may render.

Uninsured - The status of a patient without insurance or third-party coverage who does not qualify for Medicaid or other state assistance. A patient may also be classified as “uninsured” if the patient is insured, but the insurer refuses to pay for medical services rendered for reasons such as pre-existing conditions, out-of-network provider, etc. Patients with access to auto insurance benefits of any kind, worker’s compensation, victims of crime funds, etc. will be excluded as well as any patients who refuse or fail to comply with requirements that would allow coverage under a governmental or non-governmental program.

Procedures

I. ELIGIBILITY CRITERIA

SJ/C provides financial assistance to patients who need emergency or other Medically Necessary care, but can demonstrate an inability to pay for all or a portion of the amount charged for medical services.

Patients without the financial ability to pay are evaluated for eligibility under Medicaid or other state assistance programs. A patient is automatically eligible for financial assistance if they have Medicaid or if they qualify for EBT benefits. Proof of this eligibility must be obtained. Patients

ineligible for Medicaid or other state assistance programs are then evaluated for financial assistance under SJ/C's Financial Assistance Policy (FAP). SJ/C financial assistance is provided in the form of a FAP Discount or as free care.

Eligibility for financial assistance to Uninsured and Insured patients with a self-pay balance is based upon FPG, income of the patient's household, personal assets, and the amount of medical debt owed to SJ/C for which the patient is liable. Upon receipt of a patient's completed financial assistance application and proof of income, the level of financial assistance is determined using a sliding scale based on the Gross Charges or balance due after insurance payment. Exhibits A, B, C, D and E (attached) provide the tables used in determining the applicable income category and percentage Discount applied to a patient's account balance. Exhibits B and C apply only to services provided by the Hospitals or SJ/C Oncology Services – Hilton Head. Exhibits D and E apply only to services provided by the Medical Group, SJ/C Home Health Services, and SJ/C Oncology Services – Savannah. Gross Charges for all emergency and Medically Necessary treatment provided by SJ/C are eligible for an FAP Discount if the patient qualifies.

II. METHOD OF APPLYING FOR ASSISTANCE

To apply for financial assistance, patients must complete a one-page application (see Exhibit F attached) and provide proof of income. Applications are available from Registrars, Financial Solutions Advisors, Customer Service Representatives or on-line at www.sjchs.org. Financial Solution Advisors are available to answer questions and assist in the completion of the application.

Financial Solution Advisors may be contacted by calling any of the phone numbers below:

St. Joseph's Hospital	912-819-2434
Candler Hospital	912-819-8246
SJ/C Medical Group	912-819-5838
SJ/C Oncology Services	912-819-5838

Proof of income must be in the form of the following:

- A copy of most recent pay stub with year-to-date gross pay amounts for the patient and patient's spouse, if applicable, or for the parents of the patient if the patient is a minor child;
- A copy of most recently filed Federal Income Tax return, including all schedules; and
- Proof of any income enumerated as "other income" on the financial assistance application.
- If the patient is unable to provide proof of income information, a Financial Solution Advisors should be contacted for assistance.

Income is considered the patient's household gross income or, if self-employed, the gross income less work expenses directly related to producing the goods or services. Temporary Assistance for Needy Families (TANF), and financial assistance from friends and family is excluded from

income.

The completed application and proof of income can be mailed to:
SJ/C Patient Accounts
5353 Reynolds Street
Savannah, GA 31405

Applications may also be dropped off with the Financial Solution Advisors at either hospital or faxed to 912-819-8639.

Upon receipt of a patient's financial assistance application, the application will be screened for the required information and attachments. Hospital financial assistance applications are screened by the Financial Solution Advisors, and Medical Group and Oncology Services applications are screened by the CBO Financial Counselor. In addition, the financial ratings for patients with account balances in excess of \$25,000 are validated with Scoring Vendor data. If applicable, Scoring Vendor data is added to the patient's financial assistance application. SJ/C will not deny financial assistance due to the applicant's failure to provide information that is not specified on the application form. Patients who submit incomplete financial assistance applications will receive a letter within 15 working days detailing the information needed.

Within 30 working days of receipt of a complete application, patients will receive a notification letter. An approval letter will show the percentage FAP Discount from Gross Charges or the balance after insurance payment. A denial letter will list the reason for the denial. If an individual approved for FAP Discount at 100% has previously made payment(s) that exceed the amount he or she is determined to be liable for based on the approved application, the amount of overpayment greater than \$5 will be refunded.

A patient may apply for financial assistance at any time, even if the account has been referred to a collection agency.

III. BILLING PROCEDURES

A. Insurance coverage for all patient accounts is reviewed within 24 hours of the pre-admission interview or actual admission date. SJ/C attempts to meet all managed care pre-certification requirements; however, it is ultimately the patient's responsibility to obtain pre-certification/referral authorization prior to admittance. SJ/C will not be held liable if a pre-certification/referral is not properly obtained, unless SJ/C is contractually obligated to obtain the pre-certification/referral.

- B. Uninsured patients are screened for eligibility under Medicaid or other state programs as soon after admission as possible. Financial Solution Advisors meet with Uninsured patients in a bed to make payment arrangements and/or to provide information regarding the FAP. Financial counseling is available to all patients to address concerns regarding financial options.
- C. Co-payment and deductible and/or estimated co-insurance amounts are requested from Emergency Department patients at the time of discharge. Co-payment and deductible amounts (or estimated amounts thereof) are requested from Inpatient, Observation, Imaging, and Same Day Surgery patients at pre-registration, registration or prior to discharge.
- D. It is the patient's responsibility to provide SJ/C with all necessary information to bill the patient's insurance(s). SJ/C staff will complete and submit claims on the patient's behalf. Patients will be billed for balances remaining after third-party payments and adjustments are applied. Even though insurance is carried, the patient is ultimately responsible for providing payment for services rendered. If the patient's insurance rejects or denies payment for services, SJ/C will bill the patient, unless SJ/C is contractually prohibited from doing so.
- E. The Self-Pay Discount is available to all Uninsured patients regardless of their ability to pay, and therefore is not considered financial assistance. However, if an uninsured patient is unable to pay the remaining balance after the Self-Pay Discount is applied, the patient may apply for financial assistance. If an Uninsured patient receives a Self-Pay Discount and subsequently provides valid insurance information, the Self-Pay Discount will be reversed when SJ/C bills the third party. If an Uninsured patient receives a Self-Pay Discount and subsequently qualifies for financial assistance, the Self-Pay Discount will be reversed before the FAP Discount is applied so the adjustment is properly classified.
- F. Uninsured Hospital and Oncology Services (Hilton Head) patients are eligible for a Self-Pay Discount based on the most recent AGB. This Discount is provided at the time of final billing and is reflected on the first bill. Uninsured SJ/C Medical Group, SJ/C Home Health Services, and Oncology Services (Savannah) patients are eligible for a 50% Self-Pay Discount. This Discount will be processed by the Practice Manager or designee at the time charges are processed or reviewed.
- G. All Hospital and Oncology Services (Hilton Head) patients are eligible for a 5% Prompt-Pay Discount if they pay in full before or at the time of service. Prompt Pay Discounts are classified as administrative adjustments.
- H. Billing functions for self-pay balances are performed by our Extended Business Office. The patient billing cycle begins with the production of a final bill (in the case of Uninsured patients) or with payment or denial by the insurer (in the case of Insured patients). The billing cycle is as follows:

Day 5	–	1 st statement
Day 30	–	2 nd statement
Day 60	–	3 rd statement
Day 90	–	Final notice
Day 120	–	Returned to SJ/C and referred to collection agency or written off as Presumptive Charity based on financial rating from Scoring Vendor on final statement.

Outbound calls are placed throughout the billing cycle. The availability of financial assistance is on all billing statements.

- I. Our Business Office also establishes and monitors patient payment plans according to the following guidelines:

<u>Account Balance</u>	<u>Maximum Number of Monthly Payments Allowed</u>
\$1,000 - \$3,000	12
\$3,001 - \$6,000	24
\$6,001 - \$9,000	36
\$9,001- \$12,000	48

Statements are provided on a monthly basis to patients on approved payment plans.

Any and all exceptions to the above procedure (up to \$25,000) must be approved by the Manager of Patient Accounts or the Supervisor of Customer Service, Director of Patient Financial Services or Vice President of Revenue Cycle (for patient account balances of up to \$75,000) or the Chief Financial Officer (for patient account balances of \$75,000 and above).

- J. Accounts with patient balances greater than \$10,000 may qualify for a “catastrophic adjustment” if the patient does not otherwise qualify under our financial assistance policy. This adjustment plan may be applied to balances after insurance or if greater than the standard uninsured discount of 70%. In order to receive this adjustment, the patient must formally set up a payment plan that equals 20% of the patient’s disposable income over the twenty-four months. During the timeframe of the catastrophic adjustment plan, any new balances will be adjusted. If the patient’s income changes or the patient defaults on the payment plan, the patient’s balance will be evaluated and the discount may be reversed.
- K. Patient concerns are handled by the Patient Accounts Customer Service staff. Any unresolved patient concerns are referred to the Customer Service Team Leader, Customer Service Supervisor or Patient Accounts Manager. If questions regarding patient charges arise, the manager of the clinical department is consulted. If there is a material dispute regarding the charges on the patient’s bill, the collection process may be put on hold until the dispute is resolved. Write-offs done as resolution to a patient concern or patient care issue must be approved by the Manager of Patient Financial Services (up to \$25,000), the Director of Patient Financial Services or Vice President of Revenue Cycle or Director of Risk

Management (up to \$75,000), the Chief Financial Officer (\$75,000 to \$150,000) and the President/Chief Executive Officer (\$150,000 or more).

IV. FINANCIAL ASSISTANCE PROCEDURES

- A. Hospital FAP Discounts receive the appropriate level of approval, i.e., Manager of Patient Financial Service up to \$25,000, the Director of Patient Financial Services or Vice President of Revenue Cycle approve up to \$75,000, the Chief Financial Officer those over \$75,000, and the President & Chief Executive Officer those over \$150,000. The CBO Director or designee must approve Medical Group and Oncology Services FAB Discounts under \$25,000. Oncology Services Discounts over \$25,000 must be approved by the Executive Director of the Lewis Cancer & Research Pavilion.
- B. Approved Hospital FAP Discounts are processed by Payment/Resolution staff. A notification regarding the level of FAP Discount is provided by mail to the patient. Approved FAP Discounts for the Medical Group and Oncology Services are processed by the CBO Financial Counselor who will mail notification to the patient. FAP Discounts are classified by SJ/C as charity care.
- C. Patients who are denied financial assistance have the right to appeal. Appeals should be submitted to the Manager of Patient Accounts. An appeal will initiate re-evaluation of a financial assistance application. If SJ/C chooses again to deny a patient's request for financial assistance, a patient has the right to ask the Georgia Department of Community Health for approval.
- D. To make a reasonable effort to determine FAP eligibility for patients who do not submit an application, SJ/C will request scoring for self-pay account that has been returned by Extended Business Office for placement to a bad debt collection agency. By requesting scoring, a Soft Inquiry will be placed on the patient's credit bureau report. This scoring will be used as proof of eligibility for Presumptive Charity. The Discount percentage will be based on the Hospital's sliding fee scales. Balances that do not qualify for a Discount will be referred to a collection agency.
- E. The placement of a Presumptive Charity adjustment on the account does not prevent an account from being placed with a bad debt collection agency. A notification will be sent to patient of this additional Discount along with the summary FAP. The patient will be given 30 days in which to submit a financial assistance application with supporting documentation if the patient feels that they might be eligible for a greater discounted amount.
- F. Any patient who falls outside the SJ/C guidelines to receive a Discount or whose financial situation has changed, but still feels that they are unable to pay or set up appropriate payment arrangements, can apply for assistance by completing the financial assistance application and furnishing proof of income. These requests will be considered on a case-by-case basis. The same authority for approval listed in Section IV (A) above will apply and Customer Service will process the write-off and notify the patient.

- G. If a patient receives debt relief under bankruptcy, the account balance is written off and classified as charity. The Hospital uses adjustment codes AWAGEARNER and ABANKRUPTCY. If the account is already in a bad debt status and at the collection agency, the same codes will be used to adjust the account using the Bad Debt Recovery journal. These will be reclassified to charity in the General Ledger.
- H. In addition to financial assistance, the Chief Financial Officer may approve an adjustment to a patient account balance based on goodwill, public relations or risk management concerns, so long as there is no intention to influence patient referrals or induce any federal health care program beneficiary to receive services from SJ/C.

V. NON-PAYMENT

Patient accounts for which no payment has been received and financial assistance has not been requested are referred to a collection agency 120 days after the patient bill is produced. Patients whose accounts have been referred to a collection agency are still able to request financial assistance.

SJ/C requires the approval of the Director of Patient Financial Services or Vice President of Revenue Cycle to engage in an “extraordinary collection action” (ECA) with the exception of reporting to the credit bureaus on a patient account. The Director or Vice President has the final authority and responsibility for determining whether SJ/C made reasonable efforts to decide whether a patient is FAP-eligible prior to engaging in ECAs. The Director or Vice President will confirm the following actions were taken with regard to a patient prior to approving ECAs on the patient’s account:

- The patient received the notice of an ECA no earlier than 120 days after first billing;
- The notice of a potential ECA specified the potential ECA(s) that would be taken if the patient did not submit a completed financial assistance application or pay the amount due by the deadline (specified in the notice); and
- The potential ECA notice was provided to the patient 30 days prior to the ECA deadline.

The Director or Vice President will also inspect the patient’s billing file prior to approving ECAs on the patient’s account. The Director or Vice President will confirm the following communications with the patient are noted in the billing file:

- A plain language summary application for financial assistance was provided before discharge;
- All billing statements and other billing communication were provided in plain language;
- Any oral communication with the patient provided financial assistance information in plain language; and
- At least one notice of potential ECAs was provided to the patient.

The collection agency is authorized by SJ/C to take the following ECAs to obtain payment of a

patient bill. The collection agency is not authorized to pursue these ECAs at any time SJ/C itself would be prohibited from pursuing ECAs:

- Placing a lien or foreclosing on an individual's property;
- Attaching or seizing individual's bank account or any other personal property;
- Garnishing wages; or,
- Filing a civil lawsuit.

VI. FAP PUBLICATION

The Financial Assistance Policy, financial assistance application, and plain language summary are widely available on the SJ/C website at www.sjchs.org. The FAP, financial assistance application, and plain language summary are also available by request, free of charge, by mail or at all SJ/C patient registration and cashier areas in paper form in both English and Spanish.

The availability of financial assistance is advertised with conspicuous displays in all intake and discharge areas in all facilities. Additionally, the plain language summary is provided to SJ/C's community outreach affiliates, the African American Resource Center, the Georgia Infirmity, St. Mary's Community Center and the Good Samaritan Clinic.

Co-workers shall refer any patient who requests financial assistance or who indicates he/she is unable to pay the entire amount of his/her account balance to Patient Accounts Customer Service. Co-workers other than those persons working in the Patient Accounts Department shall not make specific representations or promises to patients concerning whether a patient may qualify for any type or amount of financial assistance.

VII. EMERGENCY MEDICAL CARE POLICY:

SJ/C maintains an EMTALA policy (**Administrative Policy #1102-A EMTALA – Emergency Medical Treatment and Labor Act**) and all co-workers are trained as such. Co-workers in the Emergency Department shall follow EMTALA policies and procedures in responding to inquiries from Emergency Department patients regarding charges and related financial matters.

Approved:



Signature

Original Implementation Date: 10/21/2010

Next Review Date: 07/22/2022

Originating Department/Committee: Patient Accounts

Reviewed: 06/15, 04/16, 02/17, 07/17, 02/18, 07/19

Revised: 06/15, 04/16, 02/17, 07/19

Policy Number: 1220-A
Effective Date: 07/22/2019

Rescinded:

Former Policy Number(s): # 8221-02 (SJ)

Cross Reference: Administrative Policy #1102-A EMTALA – Emergency Medical Treatment and Labor Act

Administrative Policy #1069-A Credit Collection

Administrative Policy #1194-A Financial Assistance

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy Number: 1220-A
Effective Date: 07/22/2019

EXHIBIT A

2019 Annual Income Guidelines for Financial Assistance Eligibility Determination

For St. Joseph's Hospital, Candler Hospital, SJ/C Medical Group, SJ/C Home Health and SJ/C Oncology Services

Family Size	Poverty Guidelines	INCOME LEVEL				
		Indigent 125%	Charity 200%	Category A 250%	Category B 300%	Category D 400%
1	12,490	15,613	24,980	31,225	37,470	49,960
2	16,910	21,138	33,820	42,275	50,730	67,640
3	21,330	26,663	42,660	53,325	63,990	85,320
4	25,750	32,188	51,500	64,375	77,250	103,000
5	30,270	37,713	60,340	75,425	90,510	120,680
6	34,590	43,238	69,180	86,475	103,770	138,360
7	39,010	48,763	78,020	97,525	117,030	156,040
8	43,430	54,288	86,860	108,575	130,290	173,720
*	4,420	5,525	8,840	11,050	13,260	17,680
		* For family units over 8, add the amount shown for each additional member.				
Effective: 02/01/19						

EXHIBIT B

**Financial Assistance Income Level Categories and Discount Percentages
Insured Patient**

For St. Joseph's Hospital, Candler Hospital, and SJ/C Oncology Services - Hilton Head

Billed Charges	Adjustment % for Patients with Insurance						
	Indigent/Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
> \$50,000	100%	95%	85%	75%	65%	55%	0%
\$40,000 - \$50,000	100%	90%	80%	70%	60%	50%	0%
\$30,000 - \$39,999	100%	85%	75%	65%	55%	45%	0%
\$20,000 - \$29,999	100%	80%	70%	60%	50%	40%	0%
\$10,000 - \$19,999	100%	75%	65%	55%	45%	35%	0%
\$ 5,000 - \$9,999	100%	70%	60%	50%	40%	30%	0%
\$ 2,500 - \$4,999	100%	65%	55%	45%	35%	25%	0%
\$500 - \$2,499	100%	60%	50%	40%	30%	20%	0%
< \$500	100%	55%	45%	35%	25%	15%	0%

Effective: 2/1/19

EXHIBIT C

**Financial Assistance Income Level Categories and Discount Percentages
Uninsured Patients**

For St. Joseph's Hospital, Candler Hospital, and SJ/C Oncology Services - Hilton Head

Billed Charges	Adjustment % for Uninsured Patients						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
> \$50,000	100%	95%	90%	85%	80%	70%	70%
\$40,000 - \$50,000	100%	90%	85%	80%	75%	70%	70%
\$30,000 - \$39,999	100%	85%	80%	75%	70%	70%	70%
\$20,000 - \$29,999	100%	80%	75%	70%	70%	70%	70%
\$10,000 - \$19,999	100%	75%	70%	70%	70%	70%	70%
\$ 5,000 - \$9,999	100%	70%	70%	70%	70%	70%	70%
\$ 2,500 - \$4,999	100%	70%	70%	70%	70%	70%	70%
\$500 - \$2,499	100%	70%	70%	70%	70%	70%	70%
< \$500	100%	70%	70%	70%	70%	70%	70%

Effective: 2/1/19

EXHIBIT D

**Financial Assistance Income Level Categories and Discount Percentages
Insured Patients**

For SJ/C Medical Group, SJ/C Home Health, and SJ/C Oncology Services - Savannah

Billed Charges	Adjustment % for Patients with Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301- 350	351- 400%	401 - 450%	> 450%
>\$2,500	100%	90%	75%	60%	45%	30%	0%
\$1,000-\$2,500	100%	80%	65%	50%	35%	20%	0%
\$500-\$1,000	100%	70%	55%	40%	25%	10%	0%
\$100\$500	100%	60%	45%	30%	15%	0%	0%
\$25-\$100	100%	50%	35%	20%	5%	0%	0%
< \$25	100%	40%	25%	10%	0%	0%	0%

Effective 2/1/19

EXHIBIT E

**Financial Assistance Income Level Categories and Discount Percentages
Uninsured Patients
For SJ/C Medical Group and SJ/C Oncology Services - Savannah**

Billed Charges	Adjustment % for Patients without Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
>\$2,500	100%	90%	80%	70%	60%	50%	50%
\$1,000-\$2,500	100%	80%	70%	60%	50%	50%	50%
\$500-\$1,000	100%	70%	60%	50%	50%	50%	50%
\$100-\$500	100%	60%	50%	50%	50%	50%	50%
\$25-\$100	100%	50%	50%	50%	50%	50%	50%
< \$25	100%	50%	50%	50%	50%	50%	50%

Effective: 2/1/19



EXHIBIT F

Financial Assistance Application
Need assistance call 819-2434 or 819-8246

Patient's Name _____ MRN # _____ Date: _____

***** IMPORTANT*****

In order for a Financial Assistance request to be processed, the following financial information MUST be returned with this completed and signed application. If you cannot provide the following please explain: (I certify that the information provided is true & complete)

- Most recent pay stubs or Supplemental Security Income (SSI provided by Social Security)
Most recent statements from checking, savings, certificates of deposit, stocks, bonds, money market, etc.
Most recent Federal Income tax forms including schedules C, D, E, & F
Most recent W2 statement or 1099

Do you own your Home Yes No Estimate value _____ Monthly Mortgage/rent _____

Guarantor Name: _____ Relationship to Patient _____ SS# _____
(head of household)

Spouse's name if Married _____ SS# _____ Phone# _____

Street Address: _____ City _____ State _____ Zip Code _____

How many Dependents live in household? _____ Please list total family members in household _____

List monthly Income:

Employment: _____ SSI _____ Alimony/Child support _____ Pension _____

Trust fund _____ Public Assistance _____ Investment Income _____ Rental income _____

I certify that the information provided is true and accurate. I hereby grant permission and authorize any agent of the Georgia Dept. of Community Health to disclose to the hospital all information regarding the status of my Medicaid application; and if such application is not approved, the reason for disapproval.

Signature of Applicant _____ Date _____

For St. Joseph's/Candler Use Only

Adjustment totals _____ Adjustment code _____ Financial Assistance Category _____

Approvals: Director: _____ Date _____

VP of Revenue Cycle: _____ Date _____

CFO: _____ Date _____

CEO: _____ Date _____

Percentage of Federal Poverty Guidelines is _____ Approved if below _____ of Federal Poverty Guidelines

St. Joseph's/ Candler Health System	Administrative Policy Title: Patient Financial Clearance	Policy Number: 1227-A Effective Date: 04/03/2019 Page 1 of 5
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Policy Statement

It shall be the policy of St. Joseph's/Candler Health System (SJ/C) to determine the financial ability of patients to pay for services provided by SJ/C at or before the point of service. This process will ensure that patients are properly educated as to their financial responsibility and that SJ/C maximizes collections of patient residual balances. In order to do this, we will require the physicians practicing at SJ/C to identify an order for services as Emergent, Urgent or Elective. This designation will assist in making financial decisions regarding the provision of services.

Emergent health care services will be provided to patients regardless of their ability to pay and are eligible for financial assistance to those who qualify. No patient shall be denied emergency care based upon their ability to pay, race, color, religion, creed, sex, national origin, age, disability, gender identity or expression. Criteria will be the same as those established under Emergency Medical Treatment and Labor Act (EMTALA) Laws and Regulations. For Urgent and STAT services, SJ/C will identify any patient financial responsibility prior to service and the patient/guarantor will be requested to pay or make acceptable payment arrangements prior to services being rendered. Patients seeking Elective services will be required to pay their portion at the time of service which could result in a combination of a time of service payment and payment plan that would then deem the patient financially cleared.

Purpose

- To provide a means by which health care services are available in a consistent, equitable and effective manner.
- To assure that those who require health care services are able to obtain such services while ensuring that appropriate financial arrangements are made prior to service being rendered.

Entities to whom This Policy Applies

Candler Hospital and St. Joseph's Hospital, including all off campus outpatient facilities.

Definition of Terms

Amounts Generally Billed (AGB) – The amount by which charges for *Uninsured* patients are measured. Uninsured patients will not be charged more for care than the AGB for patients who have insurance coverage. To calculate AGB, SJ/C uses the look-back method. The look-back method utilizes data from Medicare and private health insurers based on the prior 12-month fiscal year to determine the AGB percentage applied. The AGB percentage utilized by SJ/C and the method in which it was determined is available free of charge from the Customer Service Department. Customer Service may be contacted at 912-819-8455 or 800-374-7054.

Elective – Service that is beneficial to the patient, but is not considered urgent. Any service scheduled greater than 30 days out will be considered Elective.

Emergent – Service is needed immediately due to injury or sudden illness. Examples include difficulty breathing, suspected heart attack, uncontrolled bleeding or possible stroke.

Financial Assistance Policy (FAP) Discount – A percentage discount of the patient account balance based on the patient’s ability to pay.

Financial Counselors – SJ/C co-workers who secure payment of deductibles, co-insurance and other estimated self-pay balances, provide assistance for those unable to pay by referral for Medicaid or other state programs, and provide guidance with the FAP.

Insured – The status of a patient with insurance or third-party coverage which pays all or a portion of the patient’s gross charges for medical services.

Prompt-Pay Discount – A 5% discount of the patient’s self-pay account balance (including any deductible or co-insurance) if paid in full at the time of service or within 30 days of the statement date. This discount is an administrative adjustment and is not considered financial assistance.

Self-Pay Discount – A percentage discount of the patient’s self-pay account balance based on the patient’s Uninsured status. Uninsured patients are eligible for a Self-Pay Discount based on the most recent AGB.

STAT – Services ordered by a physician that should be performed without delay.

Underinsured – Patients who are covered by high deductible plans or the remaining patient balance is greater than the patient is able to pay.

Uninsured – The status of a patient without insurance or third-party coverage who does not qualify for Medicaid or other state assistance. A patient may also be classified as “uninsured” if the patient is insured, but the insurer refuses to pay for medical services rendered for reasons such as pre-existing conditions, out-of-network provider, etc.

Urgent – Unexpected illness or injury that needs prompt medical attention, but not an immediate threat to your health. Examples include headaches, back or joint pain, flu symptoms or ear aches.

Procedure

SJ/C will provide Emergent services to all patients. After EMTALA requirements are met, SJ/C will request payment of any deductible or co-insurance amounts prior to the patient being discharged.

Financial Clearance will be utilized for any patient who is self-pay or has coverage by only one insurance plan. Patients who are covered by Medicaid, Workers Compensation or by two insurance plans will not be screened unless the service provided is not covered by their insurance plan.

Post inpatient discharge care for certain individuals frequently include, but are not limited to Home Health, Wound Care Clinic and Physical Therapy for ongoing outpatient services and shall be considered medically necessary. These individuals are listed as Medicaid pending, Good Sam, St. Mary's or pending charity and will be considered cleared for financial clearance.

For all non-emergent care provided to patients, an estimate will be provided based on the services to be rendered and any out of pocket cost including deductibles, co-pays and/or co-insurance.

SJ/C **requests** payment of the deductible, co-pays, and co-insurance amounts for all Urgent services rendered to patients, with the exception of those who qualify for financial assistance under **Administrative Policy #1220-A Billing, Collection and Financial Assistance**.

SJ/C **requires** payment of any remaining deductibles, copays, and/or co-insurance amounts for any service deemed Elective by the patient's ordering physician. For Elective surgical services, patients will be required to pay 50% of the estimate to reserve the surgical time at time of pre-registration or a minimum of 14 days prior to the date of service, whichever is less. The remaining balance will be due on the date of service. Patients not willing to make a down payment or set up a payment plan to reach to the 55% required to reserve the surgical service will be informed that the surgery will need to be delayed.

Patients who wish to appeal the Elective determination may do so by contacting the Office of Medical Affairs at 912-819-6670 or 912-829-3338.

Exceptions will be made for screening services, such as mammograms and colonoscopies. All radiation oncology and chemotherapy services will be considered Urgent under this policy.

Except where prohibited by law or contract, SJ/C will look to the patient/guarantor for payment in full or financial clearance as defined below on all accounts. A brochure, outlining SJ/C payment guidelines, is available to patients and physicians.

A. Financial Clearance

Financial clearance is defined as the patient/guarantor making satisfactory financial arrangements for payment of the patient’s estimated deductible/co-insurance amounts as outlined below:

1. Payment in full for Elective services is required at the point of service. A Prompt Pay Discount of 5% of the estimated amount due is available for accounts paid in full at time of service.
2. Payment arrangements can be made for Urgent services. A down payment equal to one monthly payment amount should be requested at the point of service. In-house payment arrangements will not extend beyond 6 months. Payment plans beyond 6 months can be established with our partner AccessOne

Internal Payment Plan - OnPlan

Account Balance	Optimal Term	Secondary Term	Minimum Monthly PMT
\$100 - \$250	3 Months	4 Months	\$25.00
\$250.01 - \$500	3 Months	6 Months	\$41.67
\$500.01 and up	6 Months	-	\$83.34

Payment Plan with Partner, AccessOne

Account Balance	Number of Equal Payments
\$1,000 - \$3,000	12 Months
\$3,001 - \$6,000	24 Months
\$6,001 - \$9,000	36 Months
\$9,001 - \$13,000	48 Months

3. For Urgent services, if neither option above can be satisfied, the patient will be referred to a Financial Counselor.
 - a. Uninsured or Underinsured patients will be screened for Medicaid or other state programs. If determined eligible for these programs, the patient will be considered financially cleared.
 - b. If determined ineligible for those programs, the patient will be provided a Financial Assistance Application (Form #FN40111 found on the Forms Repository). Completion of the Financial Assistance Application, if ineligible for Medicaid or other state programs, will allow the patient to be financially cleared for services.

4. Being financially cleared for services in no way prevents the patient from being responsible for any remaining balances after insurance processes or if the patient is only deemed eligible for a partial Financial Assistance discount.

Patients seeking Elective services will be eligible for Financial Assistance or payment plans if the 55% estimate for the service is secured.

B. Scheduled Services

Scheduled services shall be defined as Urgent or Elective services that are scheduled at least 48 hours prior to the time of service. An estimate of the patient liability based on average charges per service and individual insurance benefit coverage will be calculated and communicated to the patient. Patients must be financially cleared prior to the services being rendered.

C. Unscheduled Services

Unscheduled services shall be defined as services that do not require scheduling or are scheduled less than 48 business hours prior to the time of service. The estimated patient liability for unscheduled services will be provided by the Patient Access Staff at the time of service. For unscheduled Urgent services, payment in full of the estimated amount due will be requested or the patient will be required to be financially cleared prior to services being rendered. It is recognized that in these instances, upfront financial counseling is not always possible; consequently, service may be delayed until the patient can be financially cleared. For unscheduled Elective services, payment in full of the estimated amount is required prior to services being rendered or service will be deferred. Payment in full can be defined as a combination of initial payment and meeting the appropriate terms of a payment plan in order to reach the 55% of estimate required for services to then be rendered.

D. Financial Counseling

Financial Counselors may be contacted by calling any of the phone numbers below:

St. Joseph's Hospital	912-819-3840
Candler Hospital	912-819-5083
SJ/C Oncology Services	912-819-5838

A financial clearance determination will be made as soon as it is feasible to do so. It may become necessary to postpone services until the patient is financially cleared.

E. Payment Options

Payment by check, debit card or credit card are accepted. SJ/C accepts Visa, MasterCard, American Express, and Discover Card. Payroll Deduction is available for co-workers receiving services.

F. Co-worker Accounts

Co-worker patient accounts will be handled in a manner consistent with the financial expectation of any SJ/C patient. In addition, co-workers may utilize payroll deduction as an alternative payment option for urgent services. If a co-worker elects to use payroll deduction, they will be responsible for completing a payroll deduction form for any new or additional accounts prior to services being rendered. Co-worker payroll deductions should be set established following the monthly payment guidelines stated above, withholding on a bi-weekly basis.

RESPONSIBILITY FOR INTERPRETATION

The Director of Patient Financial Services will be responsible for interpretation of this Policy.

Approved:



Original Implementation Date: 2/22/2017

Next Review Date: 04/03/2022

Originating Department/Committee: Patient Accounts

Reviewed: 03/17, 07/17, 03/19

Revised: 03/17, 07/17, 03/19

Rescinded:

Former Policy Number(s):

Cross Reference: Administrative Policy #1220-A Billing, Collection and Financial Assistance

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Debt Collection Policies

St. Joseph's / Candler Health System, Inc.	<p style="text-align: center;">Administrative Policy</p> <p>Title: Financial Assistance, Billing and Collection</p>	Policy Number: 1220-A Effective Date: 07/22/2019 Page 1 of 12
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Policy Statement

It shall be the policy of St. Joseph's/Candler Health System ("SJ/C") to provide health care services to patients regardless of their ability to pay and to grant financial assistance to those who qualify. No patient shall be denied emergency or other Medically Necessary care based upon their ability to pay, race, color, religion, creed, sex, national origin, age, disability, gender identity or expression.

SJ/C provides financial assistance to those patients who need emergency or other Medically Necessary care, but can demonstrate an inability to pay for all or some portion of the charges normally due. Patients with no financial ability to pay SJ/C's charges will be screened for eligibility under Medicaid and other state programs and/or evaluated against pre-established guidelines for financial assistance and provided information about how to apply for financial assistance.

SJ/C shall make such financial assistance available without regard to the patient's race, color, religion, creed, sex, national origin, age, disability, gender identity or expression of such person, or any other classification prohibited by law. In offering Discounts, SJ/C shall strive to treat similarly situated individuals in a substantially similar manner. SJ/C shall not offer any Discount for the purpose of generating business payable under a federal health care program or to influence such beneficiary's selection of a particular provider, practitioner or supplier.

The financial assistance policy contained herein is applied consistently to all emergency and other Medically Necessary care provided by SJ/C at the following facilities:

- St. Joseph's Hospital
- Candler Hospital
- SJ/C Medical Group (Medical Group)
- SJ/C Oncology Services (Oncology Services)
- SJ/C Home Health Services

This policy requires the adoption by the SJ/C Board of Trustees. Any material changes to this policy will require approval of such governing body or parties authorized by the governing body to act on its behalf as permitted under state law.

Purpose

- To provide a framework to inform patients or responsible parties of their financial obligations for health care services, to assist them in resolving their financial liability, and to counsel them regarding insurance coverage.
- To provide guidelines and objective, consistent eligibility criteria for use in determining the financial status of patients so that appropriate classification and distinction can be made between uncollectible amounts arising from a patient's inability to pay and those arising from a patient's unwillingness to pay.
- To identify those needing financial assistance at the beginning of the collection cycle and reduce the time it takes to resolve an account.
- To explain how patients may apply for financial assistance.
- To provide a Discount for Uninsured patients that results in charges that equal the Amounts Generally Billed (AGB) to Insured patients.
- To define the method used to calculate AGB and how to obtain this information free of charge.
- To facilitate cash flow by offering a Prompt-Pay Discount to patients with a self-pay balance.
- To simplify the process for patients and reduce paperwork for both the patient and SJ/C staff at the time of service.
- To gather and maintain data to substantiate a patient's inability to pay and meet the requirements of §501(r) of the Internal Revenue Code and the Affordable Care Act requirements for §501(c) (3) hospitals.

Entities to whom this Policy Applies

St. Joseph's Hospital, Candler Hospital, SJ/C Medical Group (a listing of SJ/C Medical Group can be found on the SJ/C website), SJ/C Oncology Services and SJ/C Home Health Services

Entities to whom this Policy Does Not Apply

Chatham Radiologists, Georgia Emergency Physicians, Pathology Associates, Coastal EMS, Southside Fire/EMS Ambulance Service, SemperCare, Candler Retail Pharmacy, American Anesthesiology Associates of Georgia, and any physician with admitting privileges that is not listed as part of the SJ/C Medical Group.

Definition of Terms

Amounts Generally Billed (AGB) - The amount by which charges for Uninsured patients are measured. Uninsured patients will not be charged more for emergency or other Medically Necessary care than the AGB for patients who have insurance coverage. To calculate AGB, SJ/C uses the look-back method inclusive of both hospital facilities experience. The look-back method utilizes data from Medicare and private health insurers based on the prior 12-month fiscal year to determine the AGB percentage applied. The AGB percentage utilized by SJ/C

and the method in which it was determined is available free of charge from the Customer Service Department. Customer Service may be contacted at 912-819-8455 or 800-374-7054.

Centralized Billing Office (CBO) – SJ/C co-workers who complete patient billing and collections on behalf of SJ/C employed physicians.

Discount - A reduction of the patient account balance (up to 100% of Gross Charges).

Extraordinary Collection Actions (ECA) - Any actions taken by the SJ/C (or any agent of SJ/C, including a collection agency) against an individual related to obtaining payment of a bill covered under this policy that requires a legal or judicial process, involves selling an individual's debt to another party, or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. Placing an account with a third party for collection is not an ECA.

Financial Assistance Policy (FAP) Discount - A percentage Discount of the patient account balance based on the patient's ability to pay.

Financial Solutions Advisors - SJ/C co-workers who verify proper insurance coverage, secure payment of deductibles and other estimated self-pay balances, provide assistance for those unable to pay by referral for Medicaid or other state programs, and provide guidance with the FAP.

Federal Poverty Guidelines (FPG) - Determined by the government of the United States and published annually in the Federal Register. FPG are based on the size of a family and family's income. FPG are used in determining a patient's eligibility for financial assistance under Medicaid and SJ/C's FAP.

Gross Charges - Full, established price for medical care that SJ/C entities consistently and uniformly charges all patients before contractual allowances, Discounts or other deductions.

Insured - The status of a patient with insurance or third-party coverage which pays all or a portion of the patient's Gross Charges for medical services. This category includes those patients covered by a governmental payor such as Medicare, Medicaid, Champus and authorized Veteran's benefits; as well as private payors such as Medicare Advantage, Medicaid managed care organizations, commercial or managed care, auto and worker's compensation.

Medically Necessary – Medical services based upon generally accepted medical practices in light of conditions at the time of treatment which is appropriate and consistent with the diagnosis of the treating physician and the omission of which could adversely affect the patient's condition. This classification does not infringe or encompass the classification of emergent or the EMTALA laws associated with that designation. If the patient feels that the service ordered requires immediate or urgent treatment, the patient may request review of the order by contacting the Office of Medical Affairs at 912-819-6670 or 912-819-3338.

Presumptive Charity – A Discount applied to the outstanding balance of a patient account based on FPG information provided by a scoring vendor. This Discount is applied at the end of the active self-pay billing cycle balance.

Prompt-Pay Discount - A 5% Discount of the patient’s self-pay account balance (including any co-payment or deductible) is given before or at the time of service. The Prompt-Pay discount is available to Hospital and Oncology Services patients regardless of their ability to pay (this Discount is not available to Medical Group patients). This Discount is an administrative adjustment and is not considered financial assistance.

Scoring Vendor - The software company engaged by SJ/C to provide a financial rating (calculated based on credit bureau information such as assets, mortgage payments, auto loans, credit card debt, and other financial history) for patients. The financial rating is utilized as a factor in determining a patient’s ability to pay. SJ/C currently contracts with Experian for this service.

Self-Pay Discount - A percentage Discount of the patient’s self-pay account balance based on the patient’s Uninsured status. Uninsured Hospital and Oncology Services patients are eligible for a Self-Pay Discount based on the most recent AGB. Uninsured Medical Group patients are eligible for a 50% Self-Pay Discount if paid at time of service regardless of their ability to pay.

Soft Inquiry – An inquiry reflective on a patient’s credit bureau report, but not reportable to any outside entity, that can only be seen by the patient. This has no impact on a patient’s credit score and is allowed by Federal Law due to the provider extending credit to the patient by not requiring the patient to pay upfront for any services the provider may render.

Uninsured - The status of a patient without insurance or third-party coverage who does not qualify for Medicaid or other state assistance. A patient may also be classified as “uninsured” if the patient is insured, but the insurer refuses to pay for medical services rendered for reasons such as pre-existing conditions, out-of-network provider, etc. Patients with access to auto insurance benefits of any kind, worker’s compensation, victims of crime funds, etc. will be excluded as well as any patients who refuse or fail to comply with requirements that would allow coverage under a governmental or non-governmental program.

Procedures

I. ELIGIBILITY CRITERIA

SJ/C provides financial assistance to patients who need emergency or other Medically Necessary care, but can demonstrate an inability to pay for all or a portion of the amount charged for medical services.

Patients without the financial ability to pay are evaluated for eligibility under Medicaid or other state assistance programs. A patient is automatically eligible for financial assistance if they have Medicaid or if they qualify for EBT benefits. Proof of this eligibility must be obtained. Patients

ineligible for Medicaid or other state assistance programs are then evaluated for financial assistance under SJ/C's Financial Assistance Policy (FAP). SJ/C financial assistance is provided in the form of a FAP Discount or as free care.

Eligibility for financial assistance to Uninsured and Insured patients with a self-pay balance is based upon FPG, income of the patient's household, personal assets, and the amount of medical debt owed to SJ/C for which the patient is liable. Upon receipt of a patient's completed financial assistance application and proof of income, the level of financial assistance is determined using a sliding scale based on the Gross Charges or balance due after insurance payment. Exhibits A, B, C, D and E (attached) provide the tables used in determining the applicable income category and percentage Discount applied to a patient's account balance. Exhibits B and C apply only to services provided by the Hospitals or SJ/C Oncology Services – Hilton Head. Exhibits D and E apply only to services provided by the Medical Group, SJ/C Home Health Services, and SJ/C Oncology Services – Savannah. Gross Charges for all emergency and Medically Necessary treatment provided by SJ/C are eligible for an FAP Discount if the patient qualifies.

II. METHOD OF APPLYING FOR ASSISTANCE

To apply for financial assistance, patients must complete a one-page application (see Exhibit F attached) and provide proof of income. Applications are available from Registrars, Financial Solutions Advisors, Customer Service Representatives or on-line at www.sjchs.org. Financial Solution Advisors are available to answer questions and assist in the completion of the application.

Financial Solution Advisors may be contacted by calling any of the phone numbers below:

St. Joseph's Hospital	912-819-2434
Candler Hospital	912-819-8246
SJ/C Medical Group	912-819-5838
SJ/C Oncology Services	912-819-5838

Proof of income must be in the form of the following:

- A copy of most recent pay stub with year-to-date gross pay amounts for the patient and patient's spouse, if applicable, or for the parents of the patient if the patient is a minor child;
- A copy of most recently filed Federal Income Tax return, including all schedules; and
- Proof of any income enumerated as "other income" on the financial assistance application.
- If the patient is unable to provide proof of income information, a Financial Solution Advisors should be contacted for assistance.

Income is considered the patient's household gross income or, if self-employed, the gross income less work expenses directly related to producing the goods or services. Temporary Assistance for Needy Families (TANF), and financial assistance from friends and family is excluded from

income.

The completed application and proof of income can be mailed to:
SJ/C Patient Accounts
5353 Reynolds Street
Savannah, GA 31405

Applications may also be dropped off with the Financial Solution Advisors at either hospital or faxed to 912-819-8639.

Upon receipt of a patient's financial assistance application, the application will be screened for the required information and attachments. Hospital financial assistance applications are screened by the Financial Solution Advisors, and Medical Group and Oncology Services applications are screened by the CBO Financial Counselor. In addition, the financial ratings for patients with account balances in excess of \$25,000 are validated with Scoring Vendor data. If applicable, Scoring Vendor data is added to the patient's financial assistance application. SJ/C will not deny financial assistance due to the applicant's failure to provide information that is not specified on the application form. Patients who submit incomplete financial assistance applications will receive a letter within 15 working days detailing the information needed.

Within 30 working days of receipt of a complete application, patients will receive a notification letter. An approval letter will show the percentage FAP Discount from Gross Charges or the balance after insurance payment. A denial letter will list the reason for the denial. If an individual approved for FAP Discount at 100% has previously made payment(s) that exceed the amount he or she is determined to be liable for based on the approved application, the amount of overpayment greater than \$5 will be refunded.

A patient may apply for financial assistance at any time, even if the account has been referred to a collection agency.

III. BILLING PROCEDURES

A. Insurance coverage for all patient accounts is reviewed within 24 hours of the pre-admission interview or actual admission date. SJ/C attempts to meet all managed care pre-certification requirements; however, it is ultimately the patient's responsibility to obtain pre-certification/referral authorization prior to admittance. SJ/C will not be held liable if a pre-certification/referral is not properly obtained, unless SJ/C is contractually obligated to obtain the pre-certification/referral.

- B. Uninsured patients are screened for eligibility under Medicaid or other state programs as soon after admission as possible. Financial Solution Advisors meet with Uninsured patients in a bed to make payment arrangements and/or to provide information regarding the FAP. Financial counseling is available to all patients to address concerns regarding financial options.
- C. Co-payment and deductible and/or estimated co-insurance amounts are requested from Emergency Department patients at the time of discharge. Co-payment and deductible amounts (or estimated amounts thereof) are requested from Inpatient, Observation, Imaging, and Same Day Surgery patients at pre-registration, registration or prior to discharge.
- D. It is the patient's responsibility to provide SJ/C with all necessary information to bill the patient's insurance(s). SJ/C staff will complete and submit claims on the patient's behalf. Patients will be billed for balances remaining after third-party payments and adjustments are applied. Even though insurance is carried, the patient is ultimately responsible for providing payment for services rendered. If the patient's insurance rejects or denies payment for services, SJ/C will bill the patient, unless SJ/C is contractually prohibited from doing so.
- E. The Self-Pay Discount is available to all Uninsured patients regardless of their ability to pay, and therefore is not considered financial assistance. However, if an uninsured patient is unable to pay the remaining balance after the Self-Pay Discount is applied, the patient may apply for financial assistance. If an Uninsured patient receives a Self-Pay Discount and subsequently provides valid insurance information, the Self-Pay Discount will be reversed when SJ/C bills the third party. If an Uninsured patient receives a Self-Pay Discount and subsequently qualifies for financial assistance, the Self-Pay Discount will be reversed before the FAP Discount is applied so the adjustment is properly classified.
- F. Uninsured Hospital and Oncology Services (Hilton Head) patients are eligible for a Self-Pay Discount based on the most recent AGB. This Discount is provided at the time of final billing and is reflected on the first bill. Uninsured SJ/C Medical Group, SJ/C Home Health Services, and Oncology Services (Savannah) patients are eligible for a 50% Self-Pay Discount. This Discount will be processed by the Practice Manager or designee at the time charges are processed or reviewed.
- G. All Hospital and Oncology Services (Hilton Head) patients are eligible for a 5% Prompt-Pay Discount if they pay in full before or at the time of service. Prompt Pay Discounts are classified as administrative adjustments.
- H. Billing functions for self-pay balances are performed by our Extended Business Office. The patient billing cycle begins with the production of a final bill (in the case of Uninsured patients) or with payment or denial by the insurer (in the case of Insured patients). The billing cycle is as follows:

Day 5	–	1 st statement
Day 30	–	2 nd statement
Day 60	–	3 rd statement
Day 90	–	Final notice
Day 120	–	Returned to SJ/C and referred to collection agency or written off as Presumptive Charity based on financial rating from Scoring Vendor on final statement.

Outbound calls are placed throughout the billing cycle. The availability of financial assistance is on all billing statements.

- I. Our Business Office also establishes and monitors patient payment plans according to the following guidelines:

<u>Account Balance</u>	<u>Maximum Number of Monthly Payments Allowed</u>
\$1,000 - \$3,000	12
\$3,001 - \$6,000	24
\$6,001 - \$9,000	36
\$9,001- \$12,000	48

Statements are provided on a monthly basis to patients on approved payment plans.

Any and all exceptions to the above procedure (up to \$25,000) must be approved by the Manager of Patient Accounts or the Supervisor of Customer Service, Director of Patient Financial Services or Vice President of Revenue Cycle (for patient account balances of up to \$75,000) or the Chief Financial Officer (for patient account balances of \$75,000 and above).

- J. Accounts with patient balances greater than \$10,000 may qualify for a “catastrophic adjustment” if the patient does not otherwise qualify under our financial assistance policy. This adjustment plan may be applied to balances after insurance or if greater than the standard uninsured discount of 70%. In order to receive this adjustment, the patient must formally set up a payment plan that equals 20% of the patient’s disposable income over the twenty-four months. During the timeframe of the catastrophic adjustment plan, any new balances will be adjusted. If the patient’s income changes or the patient defaults on the payment plan, the patient’s balance will be evaluated and the discount may be reversed.
- K. Patient concerns are handled by the Patient Accounts Customer Service staff. Any unresolved patient concerns are referred to the Customer Service Team Leader, Customer Service Supervisor or Patient Accounts Manager. If questions regarding patient charges arise, the manager of the clinical department is consulted. If there is a material dispute regarding the charges on the patient’s bill, the collection process may be put on hold until the dispute is resolved. Write-offs done as resolution to a patient concern or patient care issue must be approved by the Manager of Patient Financial Services (up to \$25,000), the Director of Patient Financial Services or Vice President of Revenue Cycle or Director of Risk

Management (up to \$75,000), the Chief Financial Officer (\$75,000 to \$150,000) and the President/Chief Executive Officer (\$150,000 or more).

IV. FINANCIAL ASSISTANCE PROCEDURES

- A. Hospital FAP Discounts receive the appropriate level of approval, i.e., Manager of Patient Financial Service up to \$25,000, the Director of Patient Financial Services or Vice President of Revenue Cycle approve up to \$75,000, the Chief Financial Officer those over \$75,000, and the President & Chief Executive Officer those over \$150,000. The CBO Director or designee must approve Medical Group and Oncology Services FAB Discounts under \$25,000. Oncology Services Discounts over \$25,000 must be approved by the Executive Director of the Lewis Cancer & Research Pavilion.
- B. Approved Hospital FAP Discounts are processed by Payment/Resolution staff. A notification regarding the level of FAP Discount is provided by mail to the patient. Approved FAP Discounts for the Medical Group and Oncology Services are processed by the CBO Financial Counselor who will mail notification to the patient. FAP Discounts are classified by SJ/C as charity care.
- C. Patients who are denied financial assistance have the right to appeal. Appeals should be submitted to the Manager of Patient Accounts. An appeal will initiate re-evaluation of a financial assistance application. If SJ/C chooses again to deny a patient's request for financial assistance, a patient has the right to ask the Georgia Department of Community Health for approval.
- D. To make a reasonable effort to determine FAP eligibility for patients who do not submit an application, SJ/C will request scoring for self-pay account that has been returned by Extended Business Office for placement to a bad debt collection agency. By requesting scoring, a Soft Inquiry will be placed on the patient's credit bureau report. This scoring will be used as proof of eligibility for Presumptive Charity. The Discount percentage will be based on the Hospital's sliding fee scales. Balances that do not qualify for a Discount will be referred to a collection agency.
- E. The placement of a Presumptive Charity adjustment on the account does not prevent an account from being placed with a bad debt collection agency. A notification will be sent to patient of this additional Discount along with the summary FAP. The patient will be given 30 days in which to submit a financial assistance application with supporting documentation if the patient feels that they might be eligible for a greater discounted amount.
- F. Any patient who falls outside the SJ/C guidelines to receive a Discount or whose financial situation has changed, but still feels that they are unable to pay or set up appropriate payment arrangements, can apply for assistance by completing the financial assistance application and furnishing proof of income. These requests will be considered on a case-by-case basis. The same authority for approval listed in Section IV (A) above will apply and Customer Service will process the write-off and notify the patient.

- G. If a patient receives debt relief under bankruptcy, the account balance is written off and classified as charity. The Hospital uses adjustment codes AWAGEARNER and ABANKRUPTCY. If the account is already in a bad debt status and at the collection agency, the same codes will be used to adjust the account using the Bad Debt Recovery journal. These will be reclassified to charity in the General Ledger.
- H. In addition to financial assistance, the Chief Financial Officer may approve an adjustment to a patient account balance based on goodwill, public relations or risk management concerns, so long as there is no intention to influence patient referrals or induce any federal health care program beneficiary to receive services from SJ/C.

V. NON-PAYMENT

Patient accounts for which no payment has been received and financial assistance has not been requested are referred to a collection agency 120 days after the patient bill is produced. Patients whose accounts have been referred to a collection agency are still able to request financial assistance.

SJ/C requires the approval of the Director of Patient Financial Services or Vice President of Revenue Cycle to engage in an “extraordinary collection action” (ECA) with the exception of reporting to the credit bureaus on a patient account. The Director or Vice President has the final authority and responsibility for determining whether SJ/C made reasonable efforts to decide whether a patient is FAP-eligible prior to engaging in ECAs. The Director or Vice President will confirm the following actions were taken with regard to a patient prior to approving ECAs on the patient’s account:

- The patient received the notice of an ECA no earlier than 120 days after first billing;
- The notice of a potential ECA specified the potential ECA(s) that would be taken if the patient did not submit a completed financial assistance application or pay the amount due by the deadline (specified in the notice); and
- The potential ECA notice was provided to the patient 30 days prior to the ECA deadline.

The Director or Vice President will also inspect the patient’s billing file prior to approving ECAs on the patient’s account. The Director or Vice President will confirm the following communications with the patient are noted in the billing file:

- A plain language summary application for financial assistance was provided before discharge;
- All billing statements and other billing communication were provided in plain language;
- Any oral communication with the patient provided financial assistance information in plain language; and
- At least one notice of potential ECAs was provided to the patient.

The collection agency is authorized by SJ/C to take the following ECAs to obtain payment of a

patient bill. The collection agency is not authorized to pursue these ECAs at any time SJ/C itself would be prohibited from pursuing ECAs:

- Placing a lien or foreclosing on an individual's property;
- Attaching or seizing individual's bank account or any other personal property;
- Garnishing wages; or,
- Filing a civil lawsuit.

VI. FAP PUBLICATION

The Financial Assistance Policy, financial assistance application, and plain language summary are widely available on the SJ/C website at www.sjchs.org. The FAP, financial assistance application, and plain language summary are also available by request, free of charge, by mail or at all SJ/C patient registration and cashier areas in paper form in both English and Spanish.

The availability of financial assistance is advertised with conspicuous displays in all intake and discharge areas in all facilities. Additionally, the plain language summary is provided to SJ/C's community outreach affiliates, the African American Resource Center, the Georgia Infirmery, St. Mary's Community Center and the Good Samaritan Clinic.

Co-workers shall refer any patient who requests financial assistance or who indicates he/she is unable to pay the entire amount of his/her account balance to Patient Accounts Customer Service. Co-workers other than those persons working in the Patient Accounts Department shall not make specific representations or promises to patients concerning whether a patient may qualify for any type or amount of financial assistance.

VII. EMERGENCY MEDICAL CARE POLICY:

SJ/C maintains an EMTALA policy (**Administrative Policy #1102-A EMTALA – Emergency Medical Treatment and Labor Act**) and all co-workers are trained as such. Co-workers in the Emergency Department shall follow EMTALA policies and procedures in responding to inquiries from Emergency Department patients regarding charges and related financial matters.

Approved:



Signature

Original Implementation Date: 10/21/2010

Next Review Date: 07/22/2022

Originating Department/Committee: Patient Accounts

Reviewed: 06/15, 04/16, 02/17, 07/17, 02/18, 07/19

Revised: 06/15, 04/16, 02/17, 07/19

Policy Number: 1220-A
Effective Date: 07/22/2019

Rescinded:

Former Policy Number(s): # 8221-02 (SJ)

Cross Reference: Administrative Policy #1102-A EMTALA – Emergency Medical Treatment and Labor Act

Administrative Policy #1069-A Credit Collection

Administrative Policy #1194-A Financial Assistance

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy Number: 1220-A
Effective Date: 07/22/2019

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EXHIBIT A

2019 Annual Income Guidelines for Financial Assistance Eligibility Determination

For St. Joseph's Hospital, Candler Hospital, SJ/C Medical Group, SJ/C Home Health and SJ/C Oncology Services

Family Size	Poverty Guidelines	INCOME LEVEL				
		Indigent 125%	Charity 200%	Category A 250%	Category B 300%	Category D 400%
1	12,490	15,613	24,980	31,225	37,470	49,960
2	16,910	21,138	33,820	42,275	50,730	67,640
3	21,330	26,663	42,660	53,325	63,990	85,320
4	25,750	32,188	51,500	64,375	77,250	103,000
5	30,270	37,713	60,340	75,425	90,510	120,680
6	34,590	43,238	69,180	86,475	103,770	138,360
7	39,010	48,763	78,020	97,525	117,030	156,040
8	43,430	54,288	86,860	108,575	130,290	173,720
*	4,420	5,525	8,840	11,050	13,260	17,680
		* For family units over 8, add the amount shown for each additional member.				
Effective: 02/01/19						

EXHIBIT B

**Financial Assistance Income Level Categories and Discount Percentages
Insured Patient**

For St. Joseph's Hospital, Candler Hospital, and SJ/C Oncology Services - Hilton Head

Billed Charges	Adjustment % for Patients with Insurance						
	Indigent/Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
> \$50,000	100%	95%	85%	75%	65%	55%	0%
\$40,000 - \$50,000	100%	90%	80%	70%	60%	50%	0%
\$30,000 - \$39,999	100%	85%	75%	65%	55%	45%	0%
\$20,000 - \$29,999	100%	80%	70%	60%	50%	40%	0%
\$10,000 - \$19,999	100%	75%	65%	55%	45%	35%	0%
\$ 5,000 - \$9,999	100%	70%	60%	50%	40%	30%	0%
\$ 2,500 - \$4,999	100%	65%	55%	45%	35%	25%	0%
\$500 - \$2,499	100%	60%	50%	40%	30%	20%	0%
< \$500	100%	55%	45%	35%	25%	15%	0%

Effective: 2/1/19

EXHIBIT C

**Financial Assistance Income Level Categories and Discount Percentages
Uninsured Patients**

For St. Joseph's Hospital, Candler Hospital, and SJ/C Oncology Services - Hilton Head

Billed Charges	Adjustment % for Uninsured Patients						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
> \$50,000	100%	95%	90%	85%	80%	70%	70%
\$40,000 - \$50,000	100%	90%	85%	80%	75%	70%	70%
\$30,000 - \$39,999	100%	85%	80%	75%	70%	70%	70%
\$20,000 - \$29,999	100%	80%	75%	70%	70%	70%	70%
\$10,000 - \$19,999	100%	75%	70%	70%	70%	70%	70%
\$ 5,000 - \$9,999	100%	70%	70%	70%	70%	70%	70%
\$ 2,500 - \$4,999	100%	70%	70%	70%	70%	70%	70%
\$500 - \$2,499	100%	70%	70%	70%	70%	70%	70%
< \$500	100%	70%	70%	70%	70%	70%	70%

Effective: 2/1/19

EXHIBIT D

**Financial Assistance Income Level Categories and Discount Percentages
Insured Patients**

For SJ/C Medical Group, SJ/C Home Health, and SJ/C Oncology Services - Savannah

Billed Charges	Adjustment % for Patients with Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301- 350	351- 400%	401 - 450%	> 450%
>\$2,500	100%	90%	75%	60%	45%	30%	0%
\$1,000-\$2,500	100%	80%	65%	50%	35%	20%	0%
\$500-\$1,000	100%	70%	55%	40%	25%	10%	0%
\$100-\$500	100%	60%	45%	30%	15%	0%	0%
\$25-\$100	100%	50%	35%	20%	5%	0%	0%
< \$25	100%	40%	25%	10%	0%	0%	0%

Effective 2/1/19

EXHIBIT E

**Financial Assistance Income Level Categories and Discount Percentages
Uninsured Patients
For SJ/C Medical Group and SJ/C Oncology Services - Savannah**

Billed Charges	Adjustment % for Patients without Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
>\$2,500	100%	90%	80%	70%	60%	50%	50%
\$1,000-\$2,500	100%	80%	70%	60%	50%	50%	50%
\$500-\$1,000	100%	70%	60%	50%	50%	50%	50%
\$100-\$500	100%	60%	50%	50%	50%	50%	50%
\$25-\$100	100%	50%	50%	50%	50%	50%	50%
< \$25	100%	50%	50%	50%	50%	50%	50%

Effective: 2/1/19



EXHIBIT F

Financial Assistance Application
Need assistance call 819-2434 or 819-8246

Patient's Name _____ MRN # _____ Date: _____

***** IMPORTANT*****

In order for a Financial Assistance request to be processed, the following financial information MUST be returned with this completed and signed application. If you cannot provide the following please explain: (I certify that the information provided is true & complete)

- Most recent pay stubs or Supplemental Security Income (SSI provided by Social Security)
Most recent statements from checking, savings, certificates of deposit, stocks, bonds, money market, etc.
Most recent Federal Income tax forms including schedules C, D, E, & F
Most recent W2 statement or 1099

Do you own your Home Yes No Estimate value _____ Monthly Mortgage/rent _____

Guarantor Name: _____ Relationship to Patient _____ SS# _____
(head of household)

Spouse's name if Married _____ SS# _____ Phone# _____

Street Address: _____ City _____ State _____ Zip Code _____

How many Dependents live in household? _____ Please list total family members in household _____

List monthly Income:

Employment: _____ SSI _____ Alimony/Child support _____ Pension _____

Trust fund _____ Public Assistance _____ Investment Income _____ Rental income _____

I certify that the information provided is true and accurate. I hereby grant permission and authorize any agent of the Georgia Dept. of Community Health to disclose to the hospital all information regarding the status of my Medicaid application; and if such application is not approved, the reason for disapproval.

Signature of Applicant _____ Date _____

For St. Joseph's/Candler Use Only

Adjustment totals _____ Adjustment code _____ Financial Assistance Category _____

Approvals: Director: _____ Date _____

VP of Revenue Cycle: _____ Date _____

CFO: _____ Date _____

CEO: _____ Date _____

Percentage of Federal Poverty Guidelines is _____ Approved if below _____ of Federal Poverty Guidelines

**Hospital Financial Survey FY 2019 for
St. Joseph's Hospital and Candler Hospital**



2019 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP621

Facility Name: Saint Joseph's Hospital

County: Chatham

Street Address: 11705 Mercy Boulevard

City: Savannah

Zip: 31419-1791

Mailing Address: 11705 Mercy Boulevard

Mailing City: Savannah

Mailing Zip: 31419-1791

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2019 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2018 To:6/30/2019

Please indicate your cost report year.

From: 07/01/2018 To:06/30/2019

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility's trauma center designation changed, provide the date and type of change.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Tami Jeffers

Contact Title: Senior Reimbursement Analyst

Phone: 912-819-7578

Fax: 912-819-8664

E-mail: jeffersta@sjchs.org

Part C : Financial Data and Indigent and Charity Care

1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	654,571,740
Total Inpatient Admissions accounting for Inpatient Revenue	11,539
Outpatient Gross Patient Revenue	488,146,265
Total Outpatient Visits accounting for Outpatient Revenue	147,589
Medicare Contractual Adjustments	574,330,414
Medicaid Contractual Adjustments	52,934,913
Other Contractual Adjustments:	192,121,617
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	9,210,468
Gross Indigent Care:	8,303,448
Gross Charity Care:	61,238,557
Uncompensated Indigent Care (net):	8,303,448
Uncompensated Charity Care (net):	61,238,557
Other Free Care:	1,084,997
Other Revenue/Gains:	14,265,132
Total Expenses:	226,417,080

2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care Type	Other Free Care Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	761,169
Employee Discounts	0
	0
Total	761,169

Part D : Indigent/Charity Care Policies and Agreements

1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2019? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

02/20/2018

3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

4. Charity Care Provisions

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)

5. Maximum Income Level

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

450%

6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2019? (Check box if yes.)

Part E : Indigent And Charity Care

1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	6,375,514	34,597,281	40,972,795
Outpatient	1,927,934	26,641,276	28,569,210
Total	8,303,448	61,238,557	69,542,005

2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	0
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	0

3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	6,375,514	34,597,281	40,972,795
Outpatient	1,927,934	26,641,276	28,569,210
Total	8,303,448	61,238,557	69,542,005

Part F : Patient Origin

1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.

To add a row press the button. To delete a row press the minus button at the end of the row.

(You may enter the data on the web form or upload the data to the web form using the .csv file.)

Inp Ad-I = Inpatient Admissions (Indigent Care)

Inp Ch-I = Inpatient Charges (Indigent Care)

Out Vis-I = Outpatient Visits (Indigent Care)

Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)

Inp Ch-C = Inpatient Charges (Charity Care)

Out Vis-C = Outpatient Visits (Charity Care)

Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Alabama	0	0	0	0	1	9,463	20	45,093
Appling	5	374,700	4	158,580	20	1,018,789	26	68,088
Bacon	0	0	0	0	1	1,533	2	2,595
Baldwin	0	0	0	0	0	0	1	10,877
Barrow	0	0	0	0	0	0	2	1,057
Bartow	0	0	0	0	0	0	3	4,729
Bibb	0	0	0	0	0	0	11	14,940
Bleckley	0	0	0	0	0	0	1	25,374
Brantley	1	140,053	0	0	6	77,051	3	15,837
Bryan	16	669,712	69	300,610	113	3,413,451	964	2,291,206
Bulloch	3	333,574	6	21,934	19	254,512	87	303,103
Burke	0	0	1	16,070	0	0	4	13,140
Camden	0	0	0	0	1	1,288	2	2,573
Candler	0	0	1	1,736	3	154,859	18	23,934
Carroll	0	0	0	0	0	0	3	4,054
Chatham	74	2,685,817	238	854,642	638	18,419,331	7,641	17,983,127
Cherokee	0	0	0	0	0	0	1	13,235
Clarke	0	0	0	0	0	0	1	2,093
Clayton	0	0	2	6,412	1	27,334	4	10,760
Cobb	0	0	0	0	2	1,686	11	30,291
Coffee	0	0	1	2,488	4	222,640	4	12,756
Colquitt	0	0	0	0	0	0	1	1,163
Columbia	0	0	1	580	0	0	3	8,637
Crawford	0	0	0	0	1	43,053	0	0
Crisp	0	0	0	0	0	0	1	3,588
Decatur	0	0	0	0	0	0	1	788
DeKalb	0	0	0	0	1	29,280	13	25,617
Dodge	1	87,853	0	0	1	17,178	1	2,879
Dooly	0	0	0	0	0	0	2	12,413
Dougherty	0	0	0	0	0	0	0	0
Douglas	0	0	0	0	1	40,880	4	16,247
Effingham	10	294,648	19	62,429	62	1,717,682	392	1,354,309

Emanuel	0	0	9	39,615	8	160,346	18	39,604
Evans	0	0	4	34,198	9	212,441	38	154,830
Fayette	0	0	0	0	0	0	2	3,294
Florida	0	0	2	903	10	269,218	111	261,084
Fulton	0	0	0	0	0	0	14	23,969
Glynn	0	0	2	7,101	2	21,865	40	114,779
Gordon	0	0	0	0	0	0	1	4,022
Grady	0	0	0	0	0	0	1	4,746
Greene	0	0	0	0	0	0	1	114
Gwinnett	0	0	0	0	1	542	8	18,708
Hall	0	0	0	0	0	0	1	7,363
Hancock	0	0	0	0	0	0	1	857
Haralson	0	0	0	0	0	0	1	4,706
Henry	1	145,170	0	0	0	0	8	20,672
Houston	0	0	0	0	0	0	6	17,947
Jeff Davis	0	0	1	360	3	21,728	7	100,496
Jefferson	0	0	0	0	0	0	2	2,596
Jenkins	0	0	0	0	0	0	3	10,123
Jones	0	0	0	0	0	0	3	3,453
Lamar	0	0	0	0	0	0	2	1,414
Lanier	0	0	0	0	1	192,969	2	6,286
Laurens	0	0	0	0	0	0	8	22,686
Lee	0	0	0	0	0	0	1	776
Liberty	9	904,773	27	123,486	96	3,727,810	510	1,340,245
Long	2	32,998	3	3,999	11	147,248	52	109,237
Lowndes	0	0	0	0	0	0	6	9,481
McIntosh	3	2,065	0	0	11	121,400	55	212,609
Miller	0	0	0	0	0	0	1	4,494
Monroe	0	0	0	0	0	0	3	10,321
Montgomery	0	0	1	4,106	4	265,795	8	17,110
Muscogee	0	0	0	0	0	0	2	789
Newton	0	0	0	0	0	0	2	2,024
North Carolina	0	0	0	0	6	269,642	36	84,266
Other Out of State	0	0	1	8,617	18	845,989	203	471,676
Paulding	0	0	0	0	0	0	3	5,270
Pickens	0	0	0	0	0	0	2	15,873
Pierce	2	160,406	4	30,003	4	248,592	3	4,031
Polk	0	0	0	0	0	0	1	3,873
Richmond	0	0	0	0	1	46,985	8	17,327
Screven	1	161,431	2	1,068	6	91,963	40	123,674
South Carolina	1	22,333	3	29,654	22	447,696	138	429,341
Spalding	0	0	0	0	0	0	3	2,184
Stephens	0	0	0	0	0	0	1	8,284
Sumter	0	0	0	0	0	0	2	5,763

Tattnall	2	106,765	6	27,677	15	368,378	44	231,948
Tennessee	0	0	0	0	1	26,846	9	10,274
Thomas	0	0	0	0	0	0	1	518
Tift	0	0	0	0	0	0	1	810
Toombs	0	0	0	0	8	257,238	13	74,872
Treutlen	0	0	0	0	1	159,353	4	26,875
Upson	0	0	0	0	0	0	1	81
Walton	0	0	0	0	0	0	1	7,604
Ware	0	0	0	0	0	0	6	10,305
Warren	0	0	1	377	0	0	1	3,312
Washington	0	0	0	0	0	0	1	2,420
Wayne	5	253,216	29	191,289	30	1,146,264	109	254,472
Wheeler	0	0	0	0	2	96,963	0	0
Wilcox	0	0	0	0	0	0	0	0
Wilkinson	0	0	0	0	0	0	2	10,367
Worth	0	0	0	0	0	0	1	518
Total	136	6,375,514	437	1,927,934	1,145	34,597,281	10,779	26,641,276

Indigent Care Trust Fund Addendum

1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2019?
(Check box if yes.)

2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	8,222,018	0
B.	Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	61,319,987	0
C.	Other Patients in accordance with the department approved policy.	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	9,014	0

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Nurse Employment Addendum

This section is printed on a separate PDF file.

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Chief Executive: Paul P Hinchey

Date: 7/24/2020

Title: President & CEO

I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Financial Officer: Greg Schaack

Date: 7/24/2020

Title: Chief Financial Officer

Comments:



2019 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP626

Facility Name: Candler Hospital

County: Chatham

Street Address: 5353 Reynolds Street

City: Savannah

Zip: 31405

Mailing Address: 5353 Reynolds Street

Mailing City: Savannah

Mailing Zip: 31405

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2019 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2018 To:6/30/2019

Please indicate your cost report year.

From: 07/01/2018 To:06/30/2019

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility's trauma center designation changed, provide the date and type of change.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Tami Jeffers

Contact Title: Senior Reimbursement Analyst

Phone: 912-819-7578

Fax: 912-819-8664

E-mail: jeffersta@sjchs.org

Part C : Financial Data and Indigent and Charity Care

1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	413,522,049
Total Inpatient Admissions accounting for Inpatient Revenue	10,865
Outpatient Gross Patient Revenue	1,030,577,942
Total Outpatient Visits accounting for Outpatient Revenue	364,687
Medicare Contractual Adjustments	596,208,123
Medicaid Contractual Adjustments	129,549,984
Other Contractual Adjustments:	291,953,695
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	21,961,790
Gross Indigent Care:	8,460,217
Gross Charity Care:	81,640,920
Uncompensated Indigent Care (net):	8,460,217
Uncompensated Charity Care (net):	81,640,920
Other Free Care:	761,169
Other Revenue/Gains:	25,466,491
Total Expenses:	67,532,138

2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care Type	Other Free Care Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	761,169
Employee Discounts	0
	0
Total	761,169

Part D : Indigent/Charity Care Policies and Agreements

1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2019? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

02/22/2018

3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

4. Charity Care Provisions

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)

5. Maximum Income Level

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

450%

6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2019? (Check box if yes.)

Part E : Indigent And Charity Care

1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	4,536,985	29,138,610	33,675,595
Outpatient	3,923,232	52,502,310	56,425,542
Total	8,460,217	81,640,920	90,101,137

2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	0
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	0

3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	4,536,985	29,138,610	33,675,595
Outpatient	3,923,232	52,502,310	56,425,542
Total	8,460,217	81,640,920	90,101,137

Part F : Patient Origin

1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.

To add a row press the button. To delete a row press the minus button at the end of the row.

(You may enter the data on the web form or upload the data to the web form using the .csv file.)

Inp Ad-I = Inpatient Admissions (Indigent Care)

Inp Ch-I = Inpatient Charges (Indigent Care)

Out Vis-I = Outpatient Visits (Indigent Care)

Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)

Inp Ch-C = Inpatient Charges (Charity Care)

Out Vis-C = Outpatient Visits (Charity Care)

Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Alabama	0	0	0	0	1	25,457	14	44,416
Appling	2	72,385	1	163	9	611,203	65	219,024
Atkinson	1	84,976	0	0	0	0	0	0
Bacon	1	1,947	0	0	0	0	3	1,424
Baldwin	0	0	0	0	0	0	3	2,473
Barrow	0	0	0	0	0	0	2	2,387
Bartow	0	0	0	0	0	0	4	11,783
Ben Hill	0	0	0	0	1	88,755	0	0
Berrien	0	0	0	0	1	141,880	0	0
Bibb	0	0	0	0	0	0	10	17,364
Bleckley	0	0	0	0	0	0	3	11,600
Brantley	0	0	0	0	1	1,316	25	116,390
Bryan	7	38,729	85	191,565	57	1,016,685	1,023	2,777,835
Bulloch	1	44,160	36	116,280	18	264,542	283	772,816
Burke	0	0	0	0	1	1,554	13	14,769
Calhoun	0	0	0	0	0	0	1	2,042
Camden	0	0	0	0	5	115,895	93	306,943
Candler	0	0	2	3,927	6	10,550	50	139,165
Carroll	0	0	0	0	0	0	2	2,534
Charlton	0	0	0	0	0	0	3	4,096
Chatham	80	2,909,911	860	1,985,364	945	19,885,875	18,985	38,352,878
Chattooga	0	0	0	0	0	0	1	6,567
Cherokee	0	0	0	0	0	0	1	960
Clarke	0	0	0	0	0	0	2	8,061
Clayton	0	0	0	0	0	0	9	11,531
Clinch	0	0	0	0	0	0	1	518
Cobb	0	0	0	0	1	1,735	10	15,878
Coffee	2	30,836	0	0	8	287,447	25	45,319
Colquitt	0	0	0	0	0	0	1	4,891
Columbia	0	0	0	0	0	0	3	14,045
Coweta	0	0	0	0	1	134,084	0	0
Crisp	1	38,865	8	22,099	0	0	0	0

Dawson	0	0	0	0	0	0	3	715
DeKalb	0	0	1	1,934	1	4,397	18	41,173
Dodge	0	0	0	0	0	0	1	199
Dooly	0	0	0	0	0	0	1	832
Dougherty	0	0	0	0	0	0	1	524
Douglas	0	0	0	0	0	0	3	3,887
Early	0	0	0	0	0	0	1	1,055
Effingham	11	366,008	101	233,467	91	1,681,393	1,170	2,148,556
Elbert	0	0	0	0	1	17,152	1	1,613
Emanuel	2	2,013	27	64,154	3	58,061	65	353,515
Evans	1	18,748	12	85,061	10	121,157	97	193,950
Fayette	0	0	0	0	0	0	1	2,500
Florida	0	0	1	4,377	4	48,982	191	655,700
Fulton	0	0	1	32,048	3	24,582	33	79,603
Glynn	0	0	32	35,416	4	161,259	104	349,325
Gwinnett	1	23,538	0	0	2	371,506	15	23,138
Hall	0	0	0	0	0	0	3	7,412
Haralson	0	0	0	0	0	0	4	8,009
Harris	0	0	0	0	0	0	1	1,413
Hart	0	0	0	0	1	1,139	0	0
Henry	0	0	0	0	0	0	12	24,224
Houston	0	0	0	0	0	0	6	13,255
Irwin	1	119,047	3	13,598	0	0	0	0
Jackson	0	0	0	0	1	29,546	1	2,140
Jeff Davis	0	0	1	26,392	6	401,535	68	116,976
Jefferson	0	0	0	0	0	0	1	392
Jenkins	0	0	0	0	0	0	19	81,691
Johnson	0	0	0	0	0	0	3	32,273
Jones	0	0	0	0	0	0	2	7,338
Lamar	0	0	0	0	0	0	3	6,473
Laurens	1	7,228	43	247,648	0	0	6	7,572
Lee	0	0	0	0	0	0	1	5,641
Liberty	5	196,352	47	172,197	39	1,086,807	553	1,501,089
Lincoln	0	0	0	0	0	0	1	1,264
Long	1	124,919	9	13,949	11	131,632	95	114,061
Lowndes	0	0	0	0	0	0	0	0
McDuffie	0	0	0	0	0	0	1	3,441
McIntosh	3	86,330	14	71,962	4	5,650	91	192,250
Mitchell	0	0	0	0	0	0	2	3,665
Monroe	0	0	0	0	0	0	1	1,674
Montgomery	0	0	0	0	1	1,181	19	33,877
Murray	0	0	0	0	0	0	0	0
Muscogee	0	0	0	0	0	0	20	5,758
Newton	0	0	0	0	0	0	4	7,679

North Carolina	0	0	0	0	2	42,864	51	109,223
Other Out of State	1	26,996	15	18,337	18	328,788	225	461,752
Paulding	0	0	0	0	0	0	1	6,505
Peach	0	0	0	0	0	0	4	6,526
Pierce	0	0	0	0	0	0	41	24,223
Polk	0	0	0	0	0	0	1	8,061
Putnam	0	0	0	0	0	0	2	3,011
Richmond	0	0	0	0	2	30,913	13	58,917
Rockdale	0	0	0	0	0	0	2	315
Screven	0	0	1	325	12	320,365	100	226,059
South Carolina	2	88,740	49	204,151	33	739,575	900	1,453,781
Spalding	0	0	0	0	0	0	1	341
Stephens	0	0	0	0	0	0	1	1,345
Sumter	0	0	0	0	0	0	1	2,369
Tattnall	0	0	59	287,475	9	202,067	164	382,145
Telfair	0	0	0	0	1	766	2	5,542
Tennessee	0	0	0	0	2	54,163	15	43,943
Tift	0	0	0	0	0	0	2	3,563
Toombs	1	670	6	59,689	3	18,682	49	220,371
Treutlen	0	0	0	0	3	226,649	2	13,338
Troup	0	0	0	0	0	0	1	878
Walton	0	0	0	0	0	0	4	10,855
Ware	0	0	1	3,119	3	125,824	45	9,532
Wayne	5	254,587	17	28,535	15	314,997	142	504,394
Wilkinson	0	0	0	0	0	0	1	1,564
Worth	0	0	0	0	0	0	1	196
Total	130	4,536,985	1,432	3,923,232	1,340	29,138,610	25,028	52,502,310

Indigent Care Trust Fund Addendum

1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2019?
(Check box if yes.)

2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	8,460,217	0
B.	Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	81,640,920	0
C.	Other Patients in accordance with the department approved policy.	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	14,635	0

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Nurse Employment Addendum

This section is printed on a separate PDF file.

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Chief Executive: Paul P. Hinchey

Date: 7/24/2020

Title: President & CEO

I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Financial Officer: Greg Schaack

Date: 7/24/2020

Title: Chief Financial Officer

Comments:

**ASC Surveys Filed by Hospital
(Not applicable)**

**Imaging Center Surveys Filed by Hospital
(Not applicable)**