

# **Financial and Organizational Information Regarding Our Hospital**

July 1, 2020

# **Audited Financial Statement FY 2019**

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

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COMBINED FINANCIAL STATEMENTS

for the years ended June 30, 2019 and 2018

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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, 2019 and 2018, 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 8% of combined total assets at June 30, 2019 and 2018 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. 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

Let's Think Together.

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, 2019 and 2018, 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 Principle*

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) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. Our opinion is not modified with respect to that matter.

As discussed in Note 1 to the combined financial statements, the System adopted new accounting guidance, FASB ASC ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. Our opinion is not modified with respect to that matter.

*Draffin E. Tucker, LLP*  
Albany, Georgia  
October 24, 2019

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

COMBINED BALANCE SHEETS  
as of June 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 22,056,111	\$ 9,617,973
Assets limited as to use required for current liabilities	2,202,486	2,182,796
Patient accounts receivable, net	75,504,344	70,131,677
Other receivables	13,126,744	12,120,616
Inventories	15,543,594	15,271,297
Prepaid expenses	6,341,473	5,882,932
Estimated third-party payor settlements	<u>2,990,703</u>	<u>3,155,490</u>
Total current assets	<u>137,765,455</u>	<u>118,362,781</u>
Assets limited as to use:		
Held in trust under bond indenture	10,347	26,486,651
Restricted under interest rate swap and deferred compensation agreements	5,040,522	4,849,588
Board designated	<u>208,341,890</u>	<u>185,328,963</u>
Total assets limited as to use	<u>213,392,759</u>	<u>216,665,202</u>
Property and equipment, net	<u>226,577,690</u>	<u>199,407,305</u>
Derivative financial instruments	<u>440,566</u>	<u>614,553</u>
Other assets:		
Long-term investments	2,609,784	2,056,954
Goodwill on long-term investments	56,577,257	48,484,352
Beneficial interest in net assets of Foundations	<u>12,001,105</u>	<u>11,499,121</u>
Total other assets	<u>71,188,146</u>	<u>62,040,427</u>
Total assets	<u>\$ 649,364,616</u>	<u>\$ 597,090,268</u>

	<u>2019</u>	<u>2018</u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Current maturities of long-term debt	\$ 8,374,374	\$ 8,431,742
Accounts payable	32,383,354	28,414,742
Accrued employee related expenses	24,686,789	19,392,704
Other accrued expenses	<u>7,499,861</u>	<u>8,056,162</u>
Total current liabilities	72,944,378	64,295,350
Long-term debt, excluding current maturities	171,241,511	179,717,995
Accrued self-insurance claims	25,212,127	20,826,631
Accrued pension cost	28,412,088	26,046,331
Deferred compensation payable	10,218,046	10,126,944
Collateral held under interest rate swap agreement	<u>850,000</u>	<u>850,000</u>
Total liabilities	<u>308,878,150</u>	<u>301,863,251</u>
Net assets:		
St. Joseph's/Candler Health System, Inc. net assets:		
Without donor restrictions – undesignated	326,046,969	285,671,955
With donor restrictions:		
Purpose restrictions	8,516,190	8,520,062
Perpetual in nature	<u>1,035,000</u>	<u>1,035,000</u>
Total St. Joseph's/Candler Health System, Inc. net assets	335,598,159	295,227,017
Noncontrolling interest in SJ/C Urgent Care	<u>4,888,307</u>	<u>-</u>
Total net assets	<u>340,486,466</u>	<u>295,227,017</u>
Total liabilities and net assets	<u>\$ 649,364,616</u>	<u>\$ 597,090,268</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, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Revenues, gains and other support:		
Net patient service revenue	\$ 595,342,693	\$ 515,430,621
Other revenue	<u>55,992,487</u>	<u>48,714,833</u>
Total revenues, gains and other support	<u>651,335,180</u>	<u>564,145,454</u>
Expenses:		
Salaries and wages	223,124,583	201,688,184
Employee benefits	46,513,758	40,971,515
Physician and professional fees	50,490,115	53,877,242
Materials and supplies	183,564,709	154,893,123
Purchased services	36,509,545	32,997,614
Insurance	9,737,001	5,250,112
Interest	5,936,852	5,633,223
Depreciation and amortization	24,279,158	23,867,546
Other	<u>39,646,596</u>	<u>36,628,227</u>
Total expenses	<u>619,802,317</u>	<u>555,806,786</u>
Income from operations	<u>31,532,863</u>	<u>8,338,668</u>
Nonoperating income (loss):		
Investment income	7,753,413	7,481,422
Unrealized gain on trading securities	7,022,745	-
Recognized gains on transferred securities	18,703,583	-
Change in fair value of derivative instruments	( 173,987)	220,167
Net periodic pension cost	61,393	( 628,535)
Other nonoperating losses	<u>( 784,673)</u>	<u>-</u>
Nonoperating income, net	<u>32,582,474</u>	<u>7,073,054</u>
Revenues and gains in excess of expenses and losses	64,115,337	15,411,722
Net loss attributable to noncontrolling interest in SJ/C Urgent Care	<u>111,874</u>	<u>-</u>
Revenues and gains in excess of expenses and losses after noncontrolling interest	64,227,211	15,411,722

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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, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Net assets without donor restrictions:		
Changes in beneficial interest in net assets of Foundations	\$ 505,856	\$ 334,015
Contributions for property	772,674	610,469
Changes in net unrealized gains and losses on investments other than trading securities	-	4,707,777
Reclassification of unrealized gains on transferred securities	( 18,703,583)	-
Change in actuarial loss on defined benefit pension plan	( 8,910,082)	( 663,026)
Amortization of actuarial loss on defined benefit pension plan	3,313,050	3,358,096
Amortization of prior service cost on defined benefit pension plan	( 830,112)	( 830,112)
Increase in net assets without donor restrictions	40,375,014	22,928,941
Net assets with donor restrictions:		
Change in beneficial interest in net assets of Foundations, net	( 3,872)	1,458,073
Increase in St. Joseph's/Candler Health System, Inc. net assets	40,371,142	24,387,014
Net assets, beginning of year	<u>295,227,017</u>	<u>270,840,003</u>
Net assets, end of year	\$ <u>335,598,159</u>	\$ <u>295,227,017</u>
Noncontrolling interest in SJ/C Urgent Care:		
Net loss	\$( 111,874)	\$ -
Purchase of noncontrolling interest	4,214,000	-
Contributions from partners	<u>786,181</u>	<u>-</u>
	4,888,307	-
Increase in noncontrolling interest in net assets at beginning of year	<u>-</u>	<u>-</u>
Noncontrolling interest in SJ/C Urgent Care at end of year	\$ <u>4,888,307</u>	\$ <u>-</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, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities:		
Increase in net assets including noncontrolling interest	\$ 45,259,449	\$ 24,387,014
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Change in fair value of derivative instruments	173,987	( 220,167)
Beneficial interest in net assets of Foundations, net	( 501,984)	( 1,792,088)
Net realized and unrealized gains on investments, net of reclassification adjustment	( 7,369,184)	( 6,696,975)
Depreciation and amortization	24,279,158	23,867,546
Loss on disposal of property	787,874	-
Contributions/purchase of noncontrolling interest	( 5,000,181)	-
Contributions for property	( 772,674)	( 610,469)
Changes in:		
Patient accounts receivable	( 5,372,665)	5,747,746
Other receivables	( 1,006,129)	( 1,072,419)
Inventories	( 272,298)	( 1,823,435)
Prepaid expenses	( 458,540)	( 437,957)
Accounts payable	3,968,612	3,646,474
Accrued liabilities	4,737,784	( 1,916,275)
Estimated third-party payor settlements	164,787	( 497,086)
Accrued self-insurance claims	4,385,496	( 567,294)
Accrued pension costs	2,365,757	( 5,236,423)
Deferred compensation payable	<u>91,102</u>	<u>298,603</u>
Net cash provided by operating activities	<u>65,460,351</u>	<u>37,076,795</u>
Cash flows from investing activities:		
Purchases of property and equipment	(55,398,330)	( 25,337,682)
Proceeds from sale of assets limited as to use	68,699,101	125,377,643
Purchases of assets limited as to use	(54,793,959)	(124,354,358)
Proceeds (payments) on pledged collateral for swaps	-	620,000
Purchase of SJ/C Urgent Care	( 8,600,000)	-
Sales (purchases) of long-term investments, net	<u>( 552,824)</u>	<u>( 240,153)</u>
Net cash used by investing activities	<u>(50,646,012)</u>	<u>( 23,934,550)</u>

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

COMBINED STATEMENTS OF CASH FLOWS, Continued  
for the years ended June 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Cash flows from financing activities:		
Repayment of long-term debt	\$( 8,149,056)	\$( 20,162,537)
Proceeds from issuance of long-term debt	-	11,910,270
Repayment of short-term debt	-	( 9,000,000)
Proceeds from issuance of short-term debt	-	5,000,000
Contributions for property	772,674	610,469
Contributions/purchase from partners	<u>5,000,181</u>	<u>-</u>
Net cash used by financing activities	( <u>2,376,201</u> )	( <u>11,641,798</u> )
Net increase in cash and cash equivalents	12,438,138	1,500,447
Cash and cash equivalents, beginning of year	<u>9,617,973</u>	<u>8,117,526</u>
Cash and cash equivalents, end of year	\$ <u>22,056,111</u>	\$ <u>9,617,973</u>
Supplemental disclosures of cash flow information:		
Cash paid during the year for interest	\$ <u>7,028,054</u>	\$ <u>6,864,166</u>

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

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

NOTES TO COMBINED FINANCIAL STATEMENTS

June 30, 2019 and 2018

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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 331-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 305-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.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2019 and 2018

1. Summary of Significant Accounting Policies, Continued

Organization, Continued

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. In the accompanying combining information, the wholly owned subsidiaries of SJCVC are presented separately.

SJC Medical Group, Inc. (SJCMSG) 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. 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.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2019 and 2018

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1. Summary of Significant Accounting Policies, Continued

Organization, Continued

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.

*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.

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NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

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1. Summary of Significant Accounting Policies, Continued

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.

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the combined balance sheets. Investments without a readily determinable fair value are evaluated for the applicability of the cost or equity method. 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 gains and

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2019 and 2018

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1. Summary of Significant Accounting Policies, Continued

Investments, Continued

losses on investments, interest and dividends) is included in excess revenues unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from excess revenues unless the investments are trading securities. The System transferred all of its investments into the trading category effective July 1, 2018.

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, 2019 and 2018.

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. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. 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, 2019 and 2018

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, 2019 and 2018, the System had goodwill of \$56,577,257 and \$48,484,352, respectively. The System has elected June 30<sup>th</sup> 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 2019.

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.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2019 and 2018

1. Summary of Significant Accounting Policies, Continued

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.

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 unrealized gains and losses on investments other than trading securities, 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.

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1. Summary of Significant Accounting Policies, Continued

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.

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, 2019 and 2018 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, 2019, NOL carryforwards

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

1. Summary of Significant Accounting Policies, Continued

Income Taxes, Continued

expiring through 2037 amounted to approximately \$92,743,000 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, 2019 and 2018.

Fair 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.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

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1. Summary of Significant Accounting Policies, Continued

Recently Adopted Accounting Pronouncements

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. This comprehensive standard provides guidance on net asset classification and required disclosures on liquidity and availability of resources, requires expanded disclosure about expense and investment returns, and eliminates the requirement to present or disclose the indirect method reconciliation if using the direct method when presenting cash flows. The standard is effective for annual periods beginning after December 15, 2017. The System has adjusted the presentation of these combined financial statements for all periods presented, except for the disclosures around liquidity and availability of resources and analysis of expenses by nature and function. Those disclosures have been presented for 2019 only, as allowed by ASU No. 2016-14.

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which is a new comprehensive revenue recognition standard. The core principle of the revenue model is that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The System adopted ASU No. 2014-09 on July 1, 2018 using the full retrospective method of transition with practical expedients in FASB ASC 606-10-65-1(f) with no significant impact. The System performed an analysis of revenue streams and transactions under ASU No. 2014-09. In particular, for net patient service revenue, the System performed an analysis into the application of the portfolio approach as a practical expedient to group patient contracts with similar characteristics, such that revenue for a given portfolio would not be materially different than if it were evaluated on a contract-by-contract basis. Upon adoption, the majority of what was previously classified as provision for bad debts (representing approximately \$35 million) for the year ended June 30, 2018 and presented as a reduction to net patient service revenue on the statements of operations and changes in net assets is now treated as a price concession that reduces the transaction price, which is reported as net patient service revenue. Changes in credit issues not assessed at the date of service, are recognized as bad debt expense and included as a component of operating expenses on the statement of operations and changes in net assets. The new standard also requires enhanced disclosures related to the disaggregation of revenue and significant judgments made in measurement and recognition. The adoption of this guidance did not materially impact total operating revenues, excess revenues (expenses), or net assets.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

1. Summary of Significant Accounting Policies, Continued

Accounting Pronouncements Not Yet Adopted

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 standard is effective for annual periods beginning after December 15, 2018. The System expects to adopt the new guidance for the year ending June 30, 2020 and is continuing to evaluate the impact the guidance will have on the combined financial statements.

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. The new guidance, including subsequent amendments, is effective for the System as of July 1, 2019. The System is continuing to evaluate the impact the guidance will have on the combined financial statements, with preliminary indications suggesting that the amounts recognized under the new standard will exceed those disclosed as noncancelable leases in Note 18 due to the additional clarification of the lease definition. As of July 1, 2019, management has estimated that the recognized right-of-use assets, and related lease liability, will total approximately \$20 million.

Prior Year Reclassifications

Certain reclassifications have been made to the fiscal year 2018 combined financial statements to conform to the fiscal year 2019 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 24, 2019, the date the combined financial statements were issued.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

2. Investments

Assets Limited as to Use

The composition of assets limited as to use at June 30, 2019 and 2018 is set forth in the following table. Investments are stated at fair value and are considered trading during 2019 and other than trading during 2018. The transfer between categories was at fair value and the portion of unrealized gain excluded from excess revenues was reclassified and recognized in earnings.

	<u>2019</u>	<u>2018</u>
Held in trust under bond indenture:		
Cash and cash equivalents	\$ 2,210,655	\$ 3,072,749
Mutual funds – fixed income	-	25,595,554
Interest receivable	<u>2,178</u>	<u>1,144</u>
Total	<u>2,212,833</u>	<u>28,669,447</u>
Interest rate swap agreement and deferred compensation agreement:		
Cash and cash equivalents	850,000	850,000
Mutual funds – equity	<u>4,190,522</u>	<u>3,999,588</u>
Total	<u>5,040,522</u>	<u>4,849,588</u>
Board designated:		
Cash and cash equivalents	2,284,770	1,609,858
U.S. Government and agency obligations	1,991,216	2,131,340
Municipal obligations	646,368	546,646
Corporate bonds	4,343,523	3,820,887
Mortgage backed securities	2,984,902	3,154,491
Mutual funds – fixed income	45,262,625	39,539,231
Mutual funds – balanced	13,203,942	13,036,733
Mutual funds – equity	71,067,209	62,165,678
Mutual funds – international equity	36,368,131	33,284,341
Equity securities – common stock	20,105,833	17,988,771

Continued



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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

2. Investments, Continued

Assets Limited as to Use, Continued

	<u>2019</u>	<u>2018</u>
Board designated, continued:		
Equity securities – international	\$ 1,061,047	\$ 1,060,408
Equity securities – preferred stock	8,885,775	6,906,315
Interest receivable	<u>136,549</u>	<u>84,264</u>
Total	<u>208,341,890</u>	<u>185,328,963</u>
Total assets limited as to use	215,595,245	218,847,998
Less amounts required for current liabilities	<u>2,202,486</u>	<u>2,182,796</u>
Total	\$ <u>213,392,759</u>	\$ <u>216,665,202</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, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Income:		
Interest income and dividends	\$ 7,406,974	\$ 5,492,231
Realized gain on sales of securities	<u>346,439</u>	<u>1,989,191</u>
Total investment income net of investment expense	\$ <u>7,753,413</u>	\$ <u>7,481,422</u>
Unrealized gain on trading securities	\$ <u>7,022,745</u>	\$ <u>-</u>
Recognized gains on transferred securities	\$ <u>18,703,583</u>	\$ <u>-</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

2. Investments, Continued

Assets Limited as to Use, Continued

The following table outlines fair value and gross unrealized losses, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position, at June 30, 2018. During 2019, the System changed its accounting policy to treat all investments as trading.

Description of <u>Securities</u>	June 30, 2018					
	<u>Less Than 12 Months</u>		<u>12 Months or More</u>		<u>Total</u>	
	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>
U.S. Government and Agency obligations	\$ 367,063	\$( 10,952)	\$ 1,045,053	\$( 25,035)	\$ 1,412,116	\$( 35,987)
Municipal obligations	88,092	( 1,374)	337,563	( 18,607)	425,655	( 19,981)
Corporate bonds	1,196,813	( 53,328)	1,903,079	( 457,306)	3,099,892	( 510,634)
Mortgage backed securities	78,280	( 1,955)	753,550	( 35,692)	831,830	( 37,647)
Mutual funds – fixed income	-	-	37,697,834	(2,479,624)	37,697,834	(2,479,624)
Mutual funds – balanced	-	-	9,000,393	(4,358,045)	9,000,393	(4,358,045)
Mutual funds – equity	-	-	889,287	( 11,307)	889,287	( 11,307)
Mutual funds – international equity	-	-	3,895,509	( 478,244)	3,895,509	( 478,244)
Equity securities - common stock	766,343	(167,444)	305,141	( 115,625)	1,071,484	( 283,069)
Equity securities – international	<u>452,370</u>	<u>( 34,988)</u>	<u>-</u>	<u>-</u>	<u>452,370</u>	<u>( 34,988)</u>
Total	\$ <u>2,948,961</u>	\$ <u>(270,041)</u>	\$ <u>55,827,409</u>	\$ <u>(7,979,485)</u>	\$ <u>58,776,370</u>	\$ <u>(8,249,526)</u>

- *U.S. Government and agency obligations, Municipal obligations, Mortgage backed securities, and Corporate bonds:* The unrealized losses on these investments were primarily caused by interest rate increases. The contractual terms of these investments do not permit the issuer to settle the securities at a price less than the amortized cost or face value of the obligations. Because the System has the ability and intent to hold these investments until a market price recovery or maturity, these investments are not considered other-than-temporarily impaired.
- *Mutual funds and Equity securities:* For all of these securities with an unrealized loss, such unrealized loss in total was approximately 14% in 2018 of the System's carrying value of the securities in a loss position. The System considers various factors when determining if a decline in the fair value of an equity is other-than-temporary including,

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

2. Investments, Continued

Assets Limited as to Use, Continued

- *Mutual funds and Equity securities, continued:* but not limited to, the length of time and magnitude of the unrealized loss; the volatility of the investment; analyst recommendations and price targets; opinions of the System's external investment managers; market liquidity; and the System's intentions to sell or ability to hold the investments. Based on an evaluation of these factors, the System has concluded that the declines in fair values of the System's mutual funds and equity investments at June 30, 2018 are temporary.

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, 2019 and 2018 follows:

	<u>2019</u>	<u>2018</u>
Land	\$ 15,719,931	\$ 14,438,661
Land improvements	9,482,088	8,764,177
Building and fixed equipment	350,911,668	318,534,770
Major movable equipment	<u>319,434,261</u>	<u>300,757,419</u>
	695,547,948	642,495,027
Less accumulated depreciation	<u>476,038,228</u>	<u>452,279,677</u>
	219,509,720	190,215,350
Construction in progress	<u>7,067,970</u>	<u>9,191,955</u>
Property and equipment, net	\$ <u>226,577,690</u>	\$ <u>199,407,305</u>

Depreciation expense for the years ended June 30, 2019 and 2018 amounted to approximately \$24,022,000 and \$23,498,000, respectively.

Contracts exist for construction of an offsite outpatient cancer center campus of CH. At June 30, 2019, the remaining commitment on these contracts approximated \$16 million.

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

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.

The changes in the carrying amount of goodwill for the years ended June 30, 2019 and 2018, are as follows:

	<u>2019</u>	<u>2018</u>
Balance at beginning of year:		
Goodwill	\$ 60,142,497	\$ 60,260,816
Accumulated impairment losses	<u>(11,658,145)</u>	<u>(11,658,145)</u>
	<u>48,484,352</u>	<u>48,602,671</u>
Goodwill acquired during the year	8,092,905	-
Goodwill disposal	<u>-</u>	<u>( 118,319)</u>
Balance at end of the year:		
Goodwill	68,235,402	60,142,497
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>\$ 48,484,352</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 financial statements from that date forward. The operating agreement was made for the purpose of acquiring and operating a portfolio of urgent care centers.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2019 and 2018

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

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 Organization

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 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 non-current asset in the combined balance sheets.

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

6. Related Organization, Continued

Candler Foundation, Inc.

	<u>2019</u>	<u>2018</u>
Assets:		
Cash	\$ 21,966	\$ 231,176
Investments	9,059,085	8,289,049
Other assets	<u>750,821</u>	<u>861,952</u>
Total assets	<u>\$ 9,831,872</u>	<u>\$ 9,382,177</u>
Liabilities:		
Accounts payable and accrued expenses	\$ 1,278	\$ 8,342
Due to related parties	<u>130,267</u>	<u>22,351</u>
Total liabilities	<u>131,545</u>	<u>30,693</u>
Net assets:		
Without donor restrictions	1,672,122	1,289,982
With donor restrictions:		
Purpose restrictions	7,093,205	7,126,502
Perpetual in nature	<u>935,000</u>	<u>935,000</u>
Total net assets	<u>9,700,327</u>	<u>9,351,484</u>
Total liabilities and net assets	<u>\$ 9,831,872</u>	<u>\$ 9,382,177</u>
Revenue and support	\$ 3,097,727	\$ 2,742,148
Expenses	<u>1,881,940</u>	<u>1,226,333</u>
Excess revenue	1,215,787	1,515,815
Other changes in net assets	( 866,944)	( 1,380)
Net assets, beginning of year	<u>9,351,484</u>	<u>7,837,049</u>
Net assets, end of year	<u>\$ 9,700,327</u>	<u>\$ 9,351,484</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

6. Related Organization, Continued

St. Joseph Foundation of Savannah, Inc.

	<u>2019</u>	<u>2018</u>
Assets:		
Cash	\$ 35,954	\$ 12,773
Investments	2,034,776	1,959,309
Other assets	<u>232,120</u>	<u>231,176</u>
Total assets	\$ <u>2,302,850</u>	\$ <u>2,203,258</u>
Liabilities:		
Accounts payable and accrued expenses	\$ 2,072	\$ 3,164
Due to related parties	<u>-</u>	<u>52,456</u>
Total liabilities	<u>2,072</u>	<u>55,620</u>
Net assets:		
Without donor restrictions	777,793	654,078
With donor restrictions:		
Purpose restrictions	1,422,985	1,393,560
Perpetual in nature	<u>100,000</u>	<u>100,000</u>
Total net assets	<u>2,300,778</u>	<u>2,147,638</u>
Total liabilities and net assets	\$ <u>2,302,850</u>	\$ <u>2,203,258</u>
Revenue and support	\$ 1,219,421	\$ 1,197,044
Expenses	<u>774,570</u>	<u>997,840</u>
Excess revenue	444,851	199,204
Other changes in net assets	( 291,711)	78,450
Net assets, beginning of year	<u>2,147,638</u>	<u>1,869,984</u>
Net assets, end of year	\$ <u>2,300,778</u>	\$ <u>2,147,638</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2019 and 2018

7. Long-Term Debt

The Hospital Authority of Savannah (Authority) issued three series of bonds pursuant to a Bond Trust Indenture dated September 1, 1998, by and between the Authority and the bond trustee, Wachovia Bank, N.A. (formerly known as First Union National Bank). The series are as follows: \$38,875,000 principal amount Series A (St. Joseph's Hospital), \$75,585,000 principal amount Series B (Candler Hospital), and \$25,000,000 principal amount Series C (Taxable) (SJC Properties). The Authority simultaneously entered into a Loan Agreement dated September 1, 1998 by and between the Authority and the System, CH and SJH (Obligated Group). The Obligated Group has used the proceeds (1) to refund the Authority's Revenue Refunding and Improvement Bonds (Candler Hospital) Series 1992 and the Authority's Revenue Bonds (St. Joseph's Hospital Project) Series 1993; (2) to finance the acquisition of equipment and certain existing office buildings and a parking deck, routine capital expenditures for CH and SJH for a 24-month period, and other capital projects; and (3) to pay costs of issuance of the Series 1998 bonds. Series A and B were paid off with the issuance of the 2010 and 2011 Revenue Bonds. In November 2013, Series C was refunded with the issuance of the 2013 Series B Revenue Bonds.

The Authority issued a \$45,000,000 principal bond Series 2003 pursuant to a Bond Trust Indenture dated December 1, 2003, by and between the Authority and the bond trustee, Wachovia Bank, N.A. (formerly known as First Union National Bank). The Authority simultaneously entered into a Loan Agreement dated December 1, 2003 by and between the Authority and the Obligated Group. The Obligated Group has used the proceeds (1) to finance the construction of a parking deck and the costs of routine capital expenditures for CH and SJH for a 24-month period, and other capital projects; (2) to pay costs of issuance of the Series 2003 bonds; and (3) to fund the Debt Service Reserve Fund in an amount equal to the reserve requirement. In November 2013, Series 2003 was refunded with the issuance of the 2013 Series A Revenue Bonds.

The Authority issued a \$27,640,000 principal bond Series 2010 pursuant to a Bond Trust Indenture dated December 1, 2010, by and between the Authority and the bond trustee, Regions Bank. The Authority simultaneously entered into a Loan Agreement dated December 1, 2010 by and between the Authority and the System. The System has used the proceeds to pay the costs of current refunding of certain outstanding maturities of the Series 1998A and 1998B Revenue Bonds. In November 2013, the Series 2013D Master Note was issued to satisfy, discharge, and replace Series 2010. In July 2016, the Series 2013D Master Note was satisfied and discharged.

The Authority issued a \$31,505,000 principal bond Series 2011-1 pursuant to a Bond Trust Indenture dated December 1, 2011, by and between the Authority and the bond trustee, Regions Bank. The Authority simultaneously entered into a Loan Agreement dated

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

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7. Long-Term Debt, Continued

December 1, 2011 by and between the Authority and the System. In November 2013, the Series 2013E Master Note was issued to satisfy, discharge, and replace Series 2011-1. In July 2016, the Series 2013E Master Note was refunded with the issuance of the Series 2016A Revenue Bonds.

The Authority issued a \$16,000,000 principal bond Series 2011-2 pursuant to a Bond Trust Indenture dated December 1, 2011, by and between the Authority and the bond trustee, TD Bank, N.A. The Authority simultaneously entered into a Loan Agreement dated December 1, 2011 by and between the Authority and the System. In November 2013, the Series 2013F Master Note was issued to satisfy, discharge, and replace Series 2011-2. In July 2016, the Series 2013F Master Note was refunded with the issuance of the Series 2016A Revenue Bonds.

Proceeds from the 2011 Revenue Bonds have been used to pay the costs of current refunding of all remaining outstanding maturities of the Authority's outstanding Series 1998A and Series 1998B Revenue Bonds.

CH incurred a \$31,500,000 taxable term loan pursuant to a Loan Agreement dated December 1, 2011 by and between CH and Regions Bank. In November 2013, the Series 2013G Master Note was issued to satisfy, discharge, and replace this taxable term loan. In July 2016, the Series 2013G Master Note was refunded with the issuance of the Series 2016B Master Note.

CH incurred a \$16,000,000 taxable term loan pursuant to a Loan Agreement dated December 1, 2011 by and between CH and TD Bank, N.A. In November 2013, the Series 2013H Master Note was issued to satisfy, discharge, and replace this taxable term loan. In July 2016, the Series 2013H Master Note was refunded with the issuance of the Series 2016B Master Note.

The 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. 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 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.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

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7. Long-Term Debt, Continued

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.

CH incurred a \$36,000,000 Master Note Series 2016B pursuant to a credit agreement dated July 28, 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.

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.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

7. Long-Term Debt, Continued

A summary of long-term debt at June 30, 2019 and 2018 follows:

	<u>2019</u>	<u>2018</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>75,112,384</u>	\$ <u>75,245,371</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
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>1,537,437</u>	<u>1,665,555</u>
Total	<u>77,747,437</u>	<u>77,875,555</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>11,970,804</u>	<u>11,990,400</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

7. Long-Term Debt, Continued

	<u>2019</u>	<u>2018</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>14,962,153</u>	\$ <u>22,741,289</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>1,335,448</u>	<u>2,066,141</u>
	181,128,226	189,918,756
Less unamortized debt issue costs	<u>1,512,341</u>	<u>1,769,019</u>
	179,615,885	188,149,737
Less current maturities	<u>8,374,374</u>	<u>8,431,742</u>
Total long-term debt	\$ <u>171,241,511</u>	\$ <u>179,717,995</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, 2019 and 2018, the System recognized approximately \$292,000 and \$52,000, 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, 2019 and 2018

7. Long-Term Debt, Continued

Scheduled principal repayments on long-term debt for the next five years are as follows:

<u>Year Ending June 30</u>	<u>Amount</u>
2020	\$ 8,246,265
2021	7,713,123
2022	7,912,768
2023	8,082,008
2024	1,154,532
Thereafter	<u>146,482,093</u>
Total	\$ <u>179,590,789</u>

Subsequent to June 30, 2019, the System entered into an arrangement to begin the refunding of certain outstanding long-term debt and provide capital financing of new and existing projects with an issuance in 2019. The objectives of the debt restructure include:

- Reimbursement of certain fiscal year 2019 expenditures as well as future projects including a mini-cancer center in South Carolina, hospital campus renovations, and various additional projects to enhance the delivery of patient care
- Refund the 2016A and 2017 Series to re-amortize the balloon payments associated with the debt as well as refund the 2016B Series
- Strengthen balance sheet metrics by providing reduced debt service payments in the upcoming years by taking advantage of current low interest rates and,
- Provide a modernization of the Master Trust Indenture.

The issuance is expected in the final quarter of calendar year 2019, with a par amount of approximately \$169 million and a premium of \$13 million, with approximately \$100 million earmarked for refunding of the 2016A, 2016B, and 2017 Series.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

8. Short-Term Debt

A schedule of changes in the System's short-term debt at June 30, 2019 and 2018 follows:

	<u>Balance</u> <u>June 30, 2018</u>	<u>Additions</u>	<u>Reductions</u>	<u>Balance</u> <u>June 30, 2019</u>
Line-of-credit:				
Regions Bank	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
	<u>Balance</u> <u>June 30, 2017</u>	<u>Additions</u>	<u>Reductions</u>	<u>Balance</u> <u>June 30, 2018</u>
Line-of-credit:				
Regions Bank	\$ <u>4,000,000</u>	\$ <u>5,000,000</u>	\$( <u>9,000,000</u> )	\$ <u>-</u>

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 terms of the System's line-of-credit during 2019 follows:

- Regions Bank – \$15,000,000 line-of-credit with a maturity date of September 21, 2019. 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 20, 2020.

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. The critical terms of the swaps are as follows:

	<u>1998A and 1998B Swap Agreement – Variable to Fixed</u>	
	<u>June 30, 2019</u>	<u>June 30, 2018</u>
Notional amount	\$ 35,485,000	\$ 41,635,000
Fair market swap	\$( 334,000)	\$ 352,000
Life remaining on swap	4 Years	5 Years

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

9. Derivative Financial Instruments, Continued

<u>1998C and 2003 Swap Agreement – Variable to Variable</u>		
	<u>June 30, 2019</u>	<u>June 30, 2018</u>
Notional amount	\$ 30,685,000	\$ 34,255,000
Fair market swap	\$ 775,000	\$ 262,000
Life remaining on swap	14 Years	15 Years

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 LIBOR, resulted in reporting a net asset in 2019 and 2018.

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, 2019 and 2018, this earnings impact totaled \$(173,987) and \$220,167, 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 \$850,000 of the counterparty's assets at June 30, 2019 and 2018, 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.

10. Net Assets with Donor Restrictions

A summary of the net assets with donor restrictions at June 30, 2019 and 2018 follows:

	<u>2019</u>	<u>2018</u>
Net assets with donor restrictions that are subject to expenditure for a specified purpose:		
Candler Foundation, Inc.	\$ 7,093,205	\$ 7,126,502
St. Joseph's Foundation of Savannah, Inc.	<u>1,422,985</u>	<u>1,393,560</u>
Total	<u>\$ 8,516,190</u>	<u>\$ 8,520,062</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2019 and 2018

10. Net Assets with Donor Restrictions, Continued

	<u>2019</u>	<u>2018</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 patients receiving inpatient acute care 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.

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.

Continued



11. Patient Service Revenue, Continued

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, 2019 and 2018

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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 2015 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.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

11. Patient Service Revenue, Continued

• Medicaid, Continued

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 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 \$6,737,000 and \$6,247,000 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, 2019 and 2018, 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.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

11. Patient Service Revenue, Continued

• 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 (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 2019 or 2018.

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, 2019 and 2018. 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, 2019 and 2018 was not significant.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

11. Patient Service Revenue, Continued

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, 2019 and 2018 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>
2019	\$ <u>260,702,796</u>	\$ <u>32,112,061</u>	\$ <u>316,860,844</u>	\$( <u>14,333,008</u> )	\$ <u>595,342,693</u>
2018	\$ <u>225,840,953</u>	\$ <u>21,102,019</u>	\$ <u>259,292,187</u>	\$ <u>9,195,462</u>	\$ <u>515,430,621</u>

<u>Net Patient Service Revenue</u>		
	<u>2019</u>	<u>2018</u>
Candler Hospital	\$ 315,260,214	\$ 272,399,046
St. Joseph's Hospital	245,091,798	214,224,175
SJC Home Health	8,546,366	9,084,159
SJC Medical Group	18,094,115	16,904,153
SJC Health Services	5,007,293	-
Georgia Infirmary	<u>3,342,907</u>	<u>2,819,088</u>
Timing of revenue and recognition:		
Services transferred over time	\$ <u>595,342,693</u>	\$ <u>515,430,621</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2019 and 2018

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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 \$155,000,000 and \$142,000,000 for 2019 and 2018, respectively. The cost of charity and indigent services provided during 2019 and 2018 was approximately \$37,000,000 and \$55,200,000, respectively, computed by applying a total cost factor to the charges foregone for uninsured claims and an estimated unreimbursed cost for insured claims.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

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 2019 and 2018.

	<u>2019</u>	<u>2018</u>
Gross patient charges	\$ <u>2,708,919,865</u>	\$ <u>2,336,936,231</u>
Uncompensated services:		
Charity and indigent care	154,911,135	141,774,209
Medicare	1,134,465,293	972,011,104
Medicaid	183,489,554	155,153,785
Other third-party payors	607,960,193	517,884,449
Price concessions	<u>32,750,997</u>	<u>34,682,063</u>
Total uncompensated care	<u>2,113,577,172</u>	<u>1,821,505,610</u>
Net patient service revenue	\$ <u><u>595,342,693</u></u>	\$ <u><u>515,430,621</u></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 1<sup>st</sup>. The disclosures are based on projections of actuarial information and actual plan assets as of June 30<sup>th</sup>.

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.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

13. Pension Plans, Continued

The following table sets forth the Plan's funded status and amounts recognized in the combined financial statements at June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Plan assets at fair value as of June 30	\$ 95,009,214	\$ 89,360,520
Projected benefit obligation as of June 30	<u>123,421,302</u>	<u>115,406,851</u>
Funded status	\$( <u>28,412,088</u> )	\$( <u>26,046,331</u> )
Amounts recognized only in net assets without donor restrictions:		
Unrecognized net loss from past experience different from that assumed	\$( 61,167,653 )	\$( 55,570,622 )
Prior service cost not yet recognized in net periodic pension cost	<u>3,461,576</u>	<u>4,291,688</u>
Deferred pension cost	\$( <u>57,706,077</u> )	\$( <u>51,278,934</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, 2019 and 2018, were as follows:

	<u>2019</u>	<u>2018</u>
Discount rate	Segment Rates of 1.89%, 3.66% and 4.46%	Segment Rates of 1.62%, 3.80% and 4.75%
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.

Continued



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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

13. Pension Plans, Continued

The actuarially computed net periodic pension cost for the Plan for the years ended June 30, 2019 and 2018 included the following components:

	<u>2019</u>	<u>2018</u>
Interest cost on projected benefit obligation	\$ 4,547,885	\$ 4,693,555
Expected return on plan assets	( 7,092,210)	( 6,593,004)
Amortization of actuarial loss	3,313,050	3,358,096
Amortization of prior service cost	( 830,112)	( 830,112)
Net periodic pension cost	( 61,387)	628,535
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:		
Change in net actuarial loss	8,910,082	663,026
Amortization of net actuarial loss	( 3,313,050)	( 3,358,096)
Amortization of prior service cost	830,112	830,112
Total recognized in net assets without donor restrictions	6,427,144	( 1,864,958)
Total recognized in net periodic pension cost and net assets without donor restrictions	\$ 6,365,757	\$( 1,236,423)

The change in projected benefit obligation for the Plan for the years ended June 30, 2019 and 2018 included the following components:

	<u>2019</u>	<u>2018</u>
Projected benefit obligation, beginning of year	\$ 115,406,851	\$ 114,127,752
Interest cost	4,547,885	4,693,555
Actuarial loss	9,111,915	2,001,347
Benefits paid	( 5,645,349)	( 5,415,803)
Projected benefit obligation, end of year	\$ 123,421,302	\$ 115,406,851
Accumulated benefit obligation	\$ 123,421,302	\$ 115,406,851

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

13. Pension Plans, Continued

The change in plan assets for the Plan for the years ended June 30, 2019 and 2018 included the following components:

	<u>2019</u>	<u>2018</u>
Plan assets at fair value, beginning of year	\$ 89,360,520	\$ 82,844,998
Actual return on assets	7,294,043	7,931,325
Employer contributions	4,000,000	4,000,000
Benefits paid	( 5,645,349)	( 5,415,803)
 Plan assets at fair value, end of year	 \$ <u>95,009,214</u>	 \$ <u>89,360,520</u>

The actuarial loss and prior service cost to be recognized during the next 12 months beginning July 1, 2019 is as follows:

Recognized net actuarial loss (approximately)	\$ 3,500,000
Amortization of prior year service costs – SJC	( 830,112)
 Total	 \$ <u>2,669,888</u>

Estimated Contributions

The System plans to contribute approximately \$4,000,000 to this plan during fiscal year 2020.

Estimated Future Benefit Payments

The following benefit payments are expected to be paid:

<u>Year Ending June 30</u>	<u>Pension Benefits</u>
2020	\$ 6,282,242
2021	\$ 6,498,183
2022	\$ 6,583,602
2023	\$ 6,631,499
2024	\$ 6,769,618
2025 – 2029	\$ 35,103,857

The expected benefits to be paid are based on the same assumptions used to measure the System's benefit obligation at June 30, 2019.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

13. Pension Plans, Continued

Plan Assets

The composition of plan assets at June 30, 2019 and 2018 is as follows:

	2019		2018	
	<u>Amount</u>	<u>Percentage</u>	<u>Amount</u>	<u>Percentage</u>
Cash and cash equivalents	\$ 1,982,969	2%	\$ 3,348,811	4%
Mutual funds – fixed income	11,282,779	12%	10,778,948	12%
Mutual funds – balanced	5,744,896	6%	7,951,659	9%
Mutual funds – equity	27,249,860	29%	22,619,900	25%
Mutual funds – international equity	20,767,429	22%	19,470,024	22%
Equity securities	<u>27,981,281</u>	<u>29%</u>	<u>25,191,178</u>	<u>28%</u>
Total plan assets, at fair value	<u>\$ 95,009,214</u>	<u>100%</u>	<u>\$ 89,360,520</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 68% equity, 29% 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, 2019 and 2018

13. Pension Plans, Continued

Plan Assets, Continued

The fair values of the plan assets at June 30, 2019 and 2018, by asset category are as follows:

Fair Value Measurements at June 30, 2019				
<u>Asset Category</u>	<u>Fair Value</u>	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>
Fair Value Measurements at June 30, 2018				
<u>Asset Category</u>	<u>Fair Value</u>	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	\$ 3,348,811	\$ 3,348,811	\$ -	\$ -
Mutual funds – fixed income	10,778,948	10,778,948	-	-
Mutual funds – balanced	7,951,659	7,951,659	-	-
Mutual funds – equity	22,619,900	22,619,900	-	-
Mutual funds – international equity	19,470,024	19,470,024	-	-
Equity securities	<u>25,191,178</u>	<u>25,191,178</u>	<u>-</u>	<u>-</u>
Total	\$ <u>89,360,520</u>	\$ <u>89,360,520</u>	\$ <u>-</u>	\$ <u>-</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

13. Pension Plans, Continued

Plan Assets, Continued

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, 2019 and 2018 totaled approximately \$3,500,000 and \$3,400,000, respectively. Discretionary contribution expense for the years ended June 30, 2019 and 2018 totaled approximately \$5,060,000 and \$2,463,000, respectively.

The System maintains an unfunded Supplemental Executive Retirement Plan (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 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, 2019, 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, 2019 and 2018, and in management's opinion, provide an adequate reserve for loss contingencies. The estimate of these potential claims is approximately \$23,000,000 and \$19,000,000 at June 30, 2019 and 2018, respectfully, 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, 2019.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2019 and 2018

14. Self-Insurance Claims, Continued

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, 2019.

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 \$19,370,000 and \$18,400,000 during the fiscal years ended June 30, 2019 and 2018, respectively.

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, 2019 and 2018 was as follows:

	<u>2019</u>	<u>2018</u>
Medicare	32%	34%
Medicaid	6%	7%
Managed care	35%	31%
Commercial and other	17%	14%
Patients	<u>10%</u>	<u>14%</u>
Total	<u>100%</u>	<u>100%</u>

At June 30, 2019, 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.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

16. Functional Expenses

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

	<u>Health Care Services</u>	<u>General and Administrative</u>	<u>Total</u>	<u>Eliminations</u>	<u>Combined Total</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>

For 2018, the System incurred expenses of \$430,842,996 and \$124,963,790 for health care services and general and administrative services, respectively.

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.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

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, short-term debt, and estimated third-party payor settlements:* 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.
- *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, 2019 and 2018 are as follows:

	2019		2018	
	<u>Carrying Amount</u>	<u>Fair Value</u>	<u>Carrying Amount</u>	<u>Fair Value</u>
Long-term debt	\$ <u>181,128,226</u>	\$ <u>190,236,809</u>	\$ <u>189,918,756</u>	\$ <u>195,516,906</u>

Continued



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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2019 and 2018

17. Fair Values of Financial Instruments

Fair values of assets measured on a recurring basis at June 30, 2019 and 2018 are as follows:

	<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>
<u>Fair Value Measurements at June 30, 2018</u>				
	<u>Fair Value</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	\$ 5,618,015	\$ 3,349,811	\$ 2,268,204	\$ -
U.S. Government and Agency obligations	2,131,340	635,712	1,495,628	-
Municipal obligations	546,646	-	546,646	-
Corporate bonds	3,820,887	-	3,820,887	-
Mortgage backed securities	3,154,491	-	3,154,491	-
Mutual funds – fixed income	65,134,785	64,077,152	1,057,633	-
Mutual funds – balanced	13,036,733	13,036,733	-	-
Mutual funds – equity	66,165,266	62,165,678	3,999,588	-
Mutual funds – international equity	33,284,341	33,284,341	-	-
Equity securities – common stock	17,988,771	17,988,771	-	-
Equity securities – international	1,060,408	1,060,408	-	-
Equity securities – preferred stock	6,906,315	6,906,315	-	-
Derivatives	<u>614,553</u>	<u>-</u>	<u>614,553</u>	<u>-</u>
Total assets	\$ <u>219,462,551</u>	\$ <u>202,504,921</u>	\$ <u>16,957,630</u>	\$ <u>-</u>

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

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17. Fair Values of Financial Instruments, Continued

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, 2019 and 2018.

- *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.
- *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.

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.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

18. Commitments and Contingencies

The System leases buildings and equipment under lease agreements which do not meet the criteria for capitalization. Total rental expense under such leases with nonaffiliates was approximately \$5,300,000 and \$5,000,000 for the years ended June 30, 2019 and 2018, respectively. Minimum future rentals on existing noncancelable leases for building and equipment from nonaffiliates as of June 30, 2019 are estimated to be as follows:

<u>Year Ending June 30</u>	<u>Amount</u>
2020	\$ 4,865,000
2021	2,995,000
2022	1,050,000
2023	787,000
2024	383,000
Thereafter	<u>134,000</u>
Total	\$ <u>10,214,000</u>

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

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
June 30, 2019 and 2018

18. Commitments and Contingencies, Continued

Litigation

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, 2019, the System has working capital of approximately \$64,821,000.

Financial assets available for general expenditures within one year of the balance sheet date consist of the following at June 30, 2019:

Cash and cash equivalents	\$ 22,056,111
Patient accounts receivable, net	75,504,344
Other receivables	13,126,744
Estimated third-party payor settlements	2,990,703
Assets limited as to use – board designated	<u>208,341,890</u>
Total financial assets available	\$ <u>322,019,792</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. However, certain board designated funds could be made available, if necessary. 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.



## 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, 2019 and 2018, and our report thereon dated October 24, 2019, 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 58 through 77, 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 24, 2019

Let's Think Together.

## 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>
<b>Assets</b>					
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
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
Estimated third-party payor settlements	<u>-</u>	<u>1,822,233</u>	<u>1,101,252</u>	<u>-</u>	<u>67,218</u>
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>
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>
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>
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>
Derivative financial instruments	<u>774,868</u>	<u>( 220,028)</u>	<u>( 114,274)</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
Goodwill on long-term investments	-	48,323,352	-	-	161,000
Beneficial interest in net assets of Foundations	<u>-</u>	<u>9,700,327</u>	<u>2,300,778</u>	<u>-</u>	<u>-</u>
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>
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>SJC Properties</u>	<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>
\$ -	\$ 267,341	\$ 470,289	\$ 2,406,641	\$ -	\$ 22,056,111	\$ -	\$ 22,056,111
-	-	-	-	-	2,202,486	-	2,202,486
-	1,250,393	446,163	-	-	75,504,344	-	75,504,344
28,760	1,272,731	28,006	-	-	13,126,744	-	13,126,744
-	-	-	-	-	19,186,991	( 19,186,991)	-
-	735,172	-	-	-	15,543,594	-	15,543,594
19,023	24,281	-	-	-	6,341,473	-	6,341,473
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,990,703</u>	<u>-</u>	<u>2,990,703</u>
<u>47,783</u>	<u>3,549,918</u>	<u>944,458</u>	<u>2,406,641</u>	<u>-</u>	<u>156,952,446</u>	<u>( 19,186,991)</u>	<u>137,765,455</u>
-	-	-	-	-	10,347	-	10,347
-	-	-	-	-	5,040,522	-	5,040,522
<u>-</u>	<u>-</u>	<u>1,146,785</u>	<u>46,554,431</u>	<u>-</u>	<u>208,341,890</u>	<u>-</u>	<u>208,341,890</u>
<u>-</u>	<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>
<u>4,929,714</u>	<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>
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>440,566</u>	<u>-</u>	<u>440,566</u>
-	-	-	-	-	393,888,815	(393,888,815)	-
200	1,348	-	-	-	2,609,784	-	2,609,784
-	8,092,905	-	-	-	56,577,257	-	56,577,257
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>12,001,105</u>	<u>-</u>	<u>12,001,105</u>
<u>200</u>	<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>
<u>\$ 4,977,697</u>	<u>\$ 12,362,501</u>	<u>\$ 5,339,763</u>	<u>\$ 48,961,072</u>	<u>\$ -</u>	<u>\$ 1,062,440,422</u>	<u>\$(413,075,806)</u>	<u>\$ 649,364,616</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>
<b>Liabilities and Net Assets</b>					
Current liabilities:					
Current maturities of long-term debt	\$ 8,374,374	\$ -	\$ -	\$ -	\$ -
Accounts payable	4,432,908	14,134,848	12,473,987	157,364	710,818
Accrued employee related expenses	15,373,561	4,555,491	3,507,156	334,062	556,065
Other accrued expenses	3,836,034	1,704,675	1,012,468	-	645,019
Due to affiliates	<u>19,134,110</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total current liabilities	51,150,987	20,395,014	16,993,611	491,426	1,911,902
Long-term debt, excluding current maturities					
	171,241,511	-	-	-	-
Accrued self-insurance claims	2,294,539	-	-	-	-
Accrued pension cost	28,412,088	-	-	-	-
Deferred compensation payable	-	793,275	3,397,247	-	6,027,524
Collateral held under interest rate swap agreement	<u>850,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
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>
Net assets:					
St. Joseph's/Candler Health System, Inc. net assets:					
Common stock	-	-	-	-	500
Without donor restrictions – undesignated	337,355,573	175,552,903	154,256,145	111,968	10,011,986
With donor restrictions:					
Purpose restrictions	-	7,093,205	1,422,985	-	-
Perpetual in nature	<u>-</u>	<u>935,000</u>	<u>100,000</u>	<u>-</u>	<u>-</u>
Total St. Joseph's/Candler Health System, Inc. net assets	337,355,573	183,581,108	155,779,130	111,968	10,012,486
Noncontrolling interest in SJ/C Urgent Care					
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
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>
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>SJC Properties</u>	<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>
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,374,374	\$ -	\$ 8,374,374
35,495	200,353	135,059	102,522	-	32,383,354	-	32,383,354
5,675	237,578	117,201	-	-	24,686,789	-	24,686,789
34,175	189,037	-	78,453	-	7,499,861	-	7,499,861
<u>-</u>	<u>-</u>	<u>-</u>	<u>52,881</u>	<u>-</u>	<u>19,186,991</u>	<u>( 19,186,991)</u>	<u>-</u>
75,345	626,968	252,260	233,856	-	92,131,369	( 19,186,991)	72,944,378
-	-	-	-	-	171,241,511	-	171,241,511
-	-	-	22,917,588	-	25,212,127	-	25,212,127
-	-	-	-	-	28,412,088	-	28,412,088
-	-	-	-	-	10,218,046	-	10,218,046
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>850,000</u>	<u>-</u>	<u>850,000</u>
<u>75,345</u>	<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>
500	165,000	-	120,000	-	286,000	( 286,000)	-
4,901,852	6,682,226	5,087,503	25,689,628	-	719,649,784	(393,602,815)	326,046,969
-	-	-	-	-	8,516,190	-	8,516,190
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,035,000</u>	<u>-</u>	<u>1,035,000</u>
4,902,352	6,847,226	5,087,503	25,809,628	-	729,486,974	(393,888,815)	335,598,159
<u>-</u>	<u>4,888,307</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>4,888,307</u>	<u>-</u>	<u>4,888,307</u>
<u>4,902,352</u>	<u>11,735,533</u>	<u>5,087,503</u>	<u>25,809,628</u>	<u>-</u>	<u>734,375,281</u>	<u>(393,888,815)</u>	<u>340,486,466</u>
<u>\$ 4,977,697</u>	<u>\$ 12,362,501</u>	<u>\$ 5,339,763</u>	<u>\$ 48,961,072</u>	<u>\$ -</u>	<u>\$ 1,062,440,422</u>	<u>\$(413,075,806)</u>	<u>\$ 649,364,616</u>

See accompanying independent auditor's report on combining information.

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

COMBINING BALANCE SHEETS

June 30, 2018

	<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>
<b>Assets</b>					
Current assets:					
Cash and cash equivalents	\$ 5,763,092	\$ 98,607	\$ 104,964	\$ 102,359	\$ 136,563
Assets limited as to use required for current liabilities	2,182,796	-	-	-	-
Patient accounts receivable, net	-	37,791,897	29,873,049	427,408	1,752,152
Other receivables	3,436,180	3,807,548	3,931,729	-	178,980
Due from affiliates	-	-	24,732,166	-	-
Inventories	12,062	6,473,018	7,983,000	-	-
Prepaid expenses	4,021,038	1,094,982	543,285	29,223	187,557
Estimated third-party payor settlements	<u>-</u>	<u>1,736,849</u>	<u>1,379,351</u>	<u>-</u>	<u>39,290</u>
Total current assets	<u>15,415,168</u>	<u>51,002,901</u>	<u>68,547,544</u>	<u>558,990</u>	<u>2,294,542</u>
Assets limited as to use:					
Held in trust under bond indenture	26,486,651	-	-	-	-
Restricted under interest rate swap and deferred compensation agreements	850,000	739,792	3,259,796	-	-
Board designated	<u>133,115,831</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8,031,711</u>
Total assets limited as to use	<u>160,452,482</u>	<u>739,792</u>	<u>3,259,796</u>	<u>-</u>	<u>8,031,711</u>
Property and equipment, net	<u>23,907,835</u>	<u>73,141,516</u>	<u>87,259,241</u>	<u>143,964</u>	<u>6,007,295</u>
Derivative financial instruments	<u>262,416</u>	<u>231,765</u>	<u>120,372</u>	<u>-</u>	<u>-</u>
Other assets:					
Investments in affiliates	333,402,119	-	-	-	-
Long-term investments	-	1,974,188	51,668	6,510	23,040
Goodwill on long-term investments	-	48,323,352	-	-	161,000
Beneficial interest in net assets of Foundations	<u>-</u>	<u>9,351,484</u>	<u>2,147,637</u>	<u>-</u>	<u>-</u>
Total other assets	<u>333,402,119</u>	<u>59,649,024</u>	<u>2,199,305</u>	<u>6,510</u>	<u>184,040</u>
Total assets	<u>\$ 533,440,020</u>	<u>\$ 184,764,998</u>	<u>\$ 161,386,258</u>	<u>\$ 709,464</u>	<u>\$ 16,517,588</u>

<u>SJC Properties</u>	<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>
\$ -	\$ 203	\$ 403,807	\$ 3,008,378	\$ -	\$ 9,617,973	\$ -	\$ 9,617,973
-	-	-	-	-	2,182,796	-	2,182,796
-	-	287,171	-	-	70,131,677	-	70,131,677
27,911	716,120	22,148	-	-	12,120,616	-	12,120,616
-	-	-	-	-	24,732,166	( 24,732,166)	-
-	803,217	-	-	-	15,271,297	-	15,271,297
6,847	-	-	-	-	5,882,932	-	5,882,932
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,155,490</u>	<u>-</u>	<u>3,155,490</u>
<u>34,758</u>	<u>1,519,540</u>	<u>713,126</u>	<u>3,008,378</u>	<u>-</u>	<u>143,094,947</u>	<u>( 24,732,166)</u>	<u>118,362,781</u>
-	-	-	-	-	26,486,651	-	26,486,651
-	-	-	-	-	4,849,588	-	4,849,588
<u>-</u>	<u>-</u>	<u>1,080,254</u>	<u>43,101,167</u>	<u>-</u>	<u>185,328,963</u>	<u>-</u>	<u>185,328,963</u>
<u>-</u>	<u>-</u>	<u>1,080,254</u>	<u>43,101,167</u>	<u>-</u>	<u>216,665,202</u>	<u>-</u>	<u>216,665,202</u>
<u>4,605,652</u>	<u>139,834</u>	<u>3,273,495</u>	<u>-</u>	<u>928,473</u>	<u>199,407,305</u>	<u>-</u>	<u>199,407,305</u>
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>614,553</u>	<u>-</u>	<u>614,553</u>
-	-	-	-	-	333,402,119	(333,402,119)	-
200	1,348	-	-	-	2,056,954	-	2,056,954
-	-	-	-	-	48,484,352	-	48,484,352
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>11,499,121</u>	<u>-</u>	<u>11,499,121</u>
<u>200</u>	<u>1,348</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>395,442,546</u>	<u>(333,402,119)</u>	<u>62,040,427</u>
<u>\$ 4,640,610</u>	<u>\$ 1,660,722</u>	<u>\$ 5,066,875</u>	<u>\$ 46,109,545</u>	<u>\$ 928,473</u>	<u>\$ 955,224,553</u>	<u>\$(358,134,285)</u>	<u>\$ 597,090,268</u>

Continued

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

COMBINING BALANCE SHEETS, Continued  
June 30, 2018

	<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>
<b>Liabilities and Net Assets</b>					
Current liabilities:					
Current maturities of long-term debt	\$ 8,431,742	\$ -	\$ -	\$ -	\$ -
Accounts payable	5,309,729	11,197,982	10,145,842	306,329	941,929
Accrued employee related expenses	11,029,801	4,221,002	3,168,704	329,752	428,503
Other accrued expenses	4,385,481	1,842,051	1,087,001	-	585,920
Due to affiliates	<u>66,036</u>	<u>24,253,768</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total current liabilities	29,222,789	41,514,803	14,401,547	636,081	1,956,352
Long-term debt, excluding current maturities					
	179,717,995	-	-	-	-
Accrued self-insurance claims	1,605,144	-	-	-	-
Accrued pension cost	26,046,331	-	-	-	-
Deferred compensation payable	-	739,792	3,259,796	-	6,127,356
Collateral held under interest rate swap agreement	<u>850,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>237,442,259</u>	<u>42,254,595</u>	<u>17,661,343</u>	<u>636,081</u>	<u>8,083,708</u>
Net assets:					
St. Joseph's/Candler Health System, Inc. net assets:					
Common stock	-	-	-	-	500
Without donor restrictions – undesignated	295,997,761	134,448,901	142,231,355	73,383	8,433,380
With donor restrictions:					
Purpose restrictions	-	7,126,502	1,393,560	-	-
Perpetual in nature	<u>-</u>	<u>935,000</u>	<u>100,000</u>	<u>-</u>	<u>-</u>
Total St. Joseph's/Candler Health System, Inc. net assets	295,997,761	142,510,403	143,724,915	73,383	8,433,880
Noncontrolling interest in SJ/C Urgent Care					
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total net assets	<u>295,997,761</u>	<u>142,510,403</u>	<u>143,724,915</u>	<u>73,383</u>	<u>8,433,880</u>
Total liabilities and net assets	<u>\$ 533,440,020</u>	<u>\$ 184,764,998</u>	<u>\$ 161,386,258</u>	<u>\$ 709,464</u>	<u>\$ 16,517,588</u>

<u>SJC Properties</u>	<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>
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,431,742	\$ -	\$ 8,431,742
32,569	199,998	128,907	99,598	51,859	28,414,742	-	28,414,742
2,909	45,812	98,594	-	67,627	19,392,704	-	19,392,704
39,011	16,283	-	65,327	35,088	8,056,162	-	8,056,162
<u>-</u>	<u>-</u>	<u>-</u>	<u>412,362</u>	<u>-</u>	<u>24,732,166</u>	<u>( 24,732,166)</u>	<u>-</u>
74,489	262,093	227,501	577,287	154,574	89,027,516	( 24,732,166)	64,295,350
-	-	-	-	-	179,717,995	-	179,717,995
-	-	-	19,221,487	-	20,826,631	-	20,826,631
-	-	-	-	-	26,046,331	-	26,046,331
-	-	-	-	-	10,126,944	-	10,126,944
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>850,000</u>	<u>-</u>	<u>850,000</u>
<u>74,489</u>	<u>262,093</u>	<u>227,501</u>	<u>19,798,774</u>	<u>154,574</u>	<u>326,595,417</u>	<u>( 24,732,166)</u>	<u>301,863,251</u>
500	165,000	-	120,000	-	286,000	( 286,000)	-
4,565,621	1,233,629	4,839,374	26,190,771	773,899	618,788,074	(333,116,119)	285,671,955
-	-	-	-	-	8,520,062	-	8,520,062
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,035,000</u>	<u>-</u>	<u>1,035,000</u>
4,566,121	1,398,629	4,839,374	26,310,771	773,899	628,629,136	(333,402,119)	295,227,017
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>4,566,121</u>	<u>1,398,629</u>	<u>4,839,374</u>	<u>26,310,771</u>	<u>773,899</u>	<u>628,629,136</u>	<u>(333,402,119)</u>	<u>295,227,017</u>
<u>\$ 4,640,610</u>	<u>\$ 1,660,722</u>	<u>\$ 5,066,875</u>	<u>\$ 46,109,545</u>	<u>\$ 928,473</u>	<u>\$ 955,224,553</u>	<u>\$(358,134,285)</u>	<u>\$ 597,090,268</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
Revenues, gains and other support:					
Net patient service revenue	\$ -	\$ 315,260,214	\$ 245,091,798	\$ 8,546,366	\$ 18,094,115
Other revenue	<u>-</u>	<u>38,741,923</u>	<u>14,058,178</u>	<u>-</u>	<u>1,093,231</u>
Total revenues, gains and other support	<u>-</u>	<u>354,002,137</u>	<u>259,149,976</u>	<u>8,546,366</u>	<u>19,187,346</u>
Expenses:					
Salaries and wages	-	110,080,154	87,943,012	6,324,746	13,807,375
Employee benefits	-	23,766,273	18,590,533	1,017,079	2,225,040
Physician and professional fees	-	28,122,728	17,413,697	24,598	4,006,372
Materials and supplies	-	90,200,921	86,044,624	299,543	2,140,884
Purchased services	-	27,505,946	11,894,296	13,696	787,968
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
Other	<u>-</u>	<u>20,676,367</u>	<u>14,344,962</u>	<u>959,843</u>	<u>2,893,043</u>
Total expenses	<u>-</u>	<u>320,090,287</u>	<u>251,081,291</u>	<u>8,728,778</u>	<u>26,703,982</u>
Income (loss) from operations	<u>-</u>	<u>33,911,850</u>	<u>8,068,685</u>	<u>( 182,412)</u>	<u>( 7,516,636)</u>
Nonoperating income (loss):					
Investment income	-	3,576,923	1,908,790	-	400,329
Unrealized gain on trading securities	-	2,985,279	2,161,746	-	236,165
Recognized gains on transferred securities	-	7,367,005	5,334,736	-	476,148
Change 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 gains (losses)	<u>-</u>	<u>3,200</u>	<u>-</u>	<u>-</u>	<u>-</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>
Revenues and gains in excess (deficient) of expenses and losses	64,115,333	47,725,294	17,480,326	( 182,412)	( 6,403,994)
Net loss attributable to noncontrolling interest in SJ/C Urgent Care	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
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>

SJC Properties	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Advocate Health Network	Totals	Eliminations	Combined Totals
\$ -	\$ 5,007,293	\$ 3,342,907	\$ -	\$ -	\$ 595,342,693	\$ -	\$ 595,342,693
<u>1,596,000</u>	<u>5,247,039</u>	<u>316,077</u>	<u>4,400,472</u>	<u>-</u>	<u>65,452,920</u>	<u>( 9,460,433)</u>	<u>55,992,487</u>
<u>1,596,000</u>	<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>
141,097	2,541,938	1,867,683	-	418,578	223,124,583	-	223,124,583
12,858	383,216	435,062	-	83,697	46,513,758	-	46,513,758
19,950	168,610	381,438	138,951	213,771	50,490,115	-	50,490,115
3,409	4,742,398	130,934	-	1,996	183,564,709	-	183,564,709
63,654	168,549	46,965	-	6,373	40,487,447	( 3,977,902)	36,509,545
-	32,983	-	8,213,914	-	14,137,473	( 4,400,472)	9,737,001
-	-	-	-	-	5,936,852	-	5,936,852
290,787	32,823	169,314	-	93,024	24,279,158	-	24,279,158
<u>865,083</u>	<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>
<u>1,396,838</u>	<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>
<u>199,162</u>	<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>
-	( 13,242)	17,779	1,862,834	-	7,753,413	-	7,753,413
-	-	48,753	1,590,802	-	7,022,745	-	7,022,745
-	-	157,806	5,367,888	-	18,703,583	-	18,703,583
-	-	-	-	-	( 173,987)	-	( 173,987)
-	-	-	-	-	64,115,333	(64,115,333)	-
-	-	-	-	-	61,393	-	61,393
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>( 787,873)</u>	<u>( 784,673)</u>	<u>-</u>	<u>( 784,673)</u>
<u>-</u>	<u>( 13,242)</u>	<u>224,338</u>	<u>8,821,524</u>	<u>( 787,873)</u>	<u>96,697,807</u>	<u>(64,115,333)</u>	<u>32,582,474</u>
199,162	1,601,635	498,286	4,866,746	(1,669,706)	128,230,670	(64,115,333)	64,115,337
<u>-</u>	<u>111,874</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>111,874</u>	<u>-</u>	<u>111,874</u>
\$ <u>199,162</u>	\$ <u>1,713,509</u>	\$ <u>498,286</u>	\$ <u>4,866,746</u>	\$ <u>(1,669,706)</u>	\$ <u>128,342,544</u>	\$ <u>(64,115,333)</u>	\$ <u>64,227,211</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, 2018

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group
Revenues, gains and other support:					
Net patient service revenue	\$ -	\$ 272,399,046	\$ 214,224,175	\$ 9,084,159	\$ 16,904,153
Other revenue	<u>-</u>	<u>31,713,199</u>	<u>13,517,791</u>	<u>-</u>	<u>751,068</u>
Total revenues, gains and other support	<u>-</u>	<u>304,112,245</u>	<u>227,741,966</u>	<u>9,084,159</u>	<u>17,655,221</u>
Expenses:					
Salaries and wages	-	100,874,576	78,434,857	6,623,261	12,422,343
Employee benefits	-	20,942,563	16,250,119	1,121,321	1,949,231
Physician and professional fees	-	28,242,704	20,222,222	16,806	4,010,851
Materials and supplies	-	75,648,141	74,715,225	295,798	2,009,135
Purchased services	-	25,550,520	10,509,287	20,351	606,215
Insurance	-	2,716,150	2,110,360	-	223,602
Interest	-	3,267,269	2,365,954	-	-
Depreciation and amortization	-	13,629,968	9,009,309	115,668	475,654
Other	<u>-</u>	<u>19,509,304</u>	<u>12,718,367</u>	<u>1,030,303</u>	<u>2,666,687</u>
Total expenses	<u>-</u>	<u>290,381,195</u>	<u>226,335,700</u>	<u>9,223,508</u>	<u>24,363,718</u>
Income (loss) from operations	<u>-</u>	<u>13,731,050</u>	<u>1,406,266</u>	<u>( 139,349)</u>	<u>( 6,708,497)</u>
Nonoperating income (loss):					
Investment income	-	3,410,273	1,895,655	-	364,936
Change in fair value of derivative instruments	-	170,716	49,451	-	-
Gain on investments in affiliates	15,411,723	-	-	-	-
Net periodic pension cost	<u>-</u>	<u>( 364,550)</u>	<u>( 263,985)</u>	<u>-</u>	<u>-</u>
Nonoperating income (loss), net	<u>15,411,723</u>	<u>3,216,439</u>	<u>1,681,121</u>	<u>-</u>	<u>364,936</u>
Revenues and gains in excess (deficient) of expenses and losses	15,411,723	16,947,489	3,087,387	( 139,349)	( 6,343,561)
Net loss attributable to noncontrolling interest in SJ/C Urgent Care	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Revenues and gains in excess (deficient) of expenses and losses after noncontrolling interest	<u>\$ 15,411,723</u>	<u>\$ 16,947,489</u>	<u>\$ 3,087,387</u>	<u>\$ ( 139,349)</u>	<u>\$ ( 6,343,561)</u>



<u>SJC Properties</u>	<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>
\$ -	\$ -	\$ 2,819,088	\$ -	\$ -	\$ 515,430,621	\$ -	\$ 515,430,621
<u>1,486,706</u>	<u>5,657,230</u>	<u>282,900</u>	<u>3,657,967</u>	<u>-</u>	<u>57,066,861</u>	<u>( 8,352,028)</u>	<u>48,714,833</u>
<u>1,486,706</u>	<u>5,657,230</u>	<u>3,101,988</u>	<u>3,657,967</u>	<u>-</u>	<u>572,497,482</u>	<u>( 8,352,028)</u>	<u>564,145,454</u>
87,602	821,926	1,514,577	-	909,042	201,688,184	-	201,688,184
8,476	149,997	393,593	-	156,215	40,971,515	-	40,971,515
54,541	344,662	389,328	120,902	475,226	53,877,242	-	53,877,242
852	2,100,242	113,379	-	10,351	154,893,123	-	154,893,123
67,630	26,954	51,633	-	7,983	36,840,573	( 3,842,959)	32,997,614
-	-	-	3,857,967	-	8,908,079	( 3,657,967)	5,250,112
-	-	-	-	-	5,633,223	-	5,633,223
317,288	4,415	150,757	-	164,487	23,867,546	-	23,867,546
<u>769,594</u>	<u>117,626</u>	<u>321,896</u>	<u>1,638</u>	<u>343,914</u>	<u>37,479,329</u>	<u>( 851,102)</u>	<u>36,628,227</u>
<u>1,305,983</u>	<u>3,565,822</u>	<u>2,935,163</u>	<u>3,980,507</u>	<u>2,067,218</u>	<u>564,158,814</u>	<u>( 8,352,028)</u>	<u>555,806,786</u>
<u>180,723</u>	<u>2,091,408</u>	<u>166,825</u>	<u>( 322,540)</u>	<u>(2,067,218)</u>	<u>8,338,668</u>	<u>-</u>	<u>8,338,668</u>
-	-	11,906	1,798,652	-	7,481,422	-	7,481,422
-	-	-	-	-	220,167	-	220,167
-	-	-	-	-	15,411,723	(15,411,723)	-
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>( 628,535)</u>	<u>-</u>	<u>( 628,535)</u>
<u>-</u>	<u>-</u>	<u>11,906</u>	<u>1,798,652</u>	<u>-</u>	<u>22,484,777</u>	<u>(15,411,723)</u>	<u>7,073,054</u>
180,723	2,091,408	178,731	1,476,112	(2,067,218)	30,823,445	(15,411,723)	15,411,722
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
\$ <u>180,723</u>	\$ <u>2,091,408</u>	\$ <u>178,731</u>	\$ <u>1,476,112</u>	\$ <u>(2,067,218)</u>	\$ <u>30,823,445</u>	\$ <u>(15,411,723)</u>	\$ <u>15,411,722</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

	<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>
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
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
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)
Inventories	( 2,125)	( 380,521)	42,303	-	-
Prepaid expenses	( 254,491)	( 96,331)	( 37,760)	9,467	( 42,968)
Accounts payable	( 876,821)	2,936,866	2,328,145	(148,965)	( 231,111)
Accrued liabilities	3,794,313	197,113	263,919	4,310	186,661
Estimated third-party payor settlements	-	( 85,384)	278,099	-	( 27,928)
Accrued self-insurance claims	689,395	-	-	-	-
Accrued pension costs, net	2,365,757	-	-	-	-
Deferred compensation payable	<u>-</u>	<u>53,483</u>	<u>137,451</u>	<u>-</u>	<u>( 99,832)</u>
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>SJC Properties</u>	<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>
\$ 336,231	\$ 10,336,904	\$ 248,129	\$( 501,143)	\$(773,899)	\$ 105,746,145	\$(60,486,696)	\$ 45,259,449
-	-	-	-	-	173,987	-	173,987
-	-	-	-	-	( 501,984)	-	( 501,984)
-	-	( 48,753)	(1,861,159)	-	( 7,369,184)	-	( 7,369,184)
290,787	32,823	169,314	-	93,024	24,279,158	-	24,279,158
-	-	-	-	787,874	787,874	-	787,874
-	( 5,000,181)	-	-	-	( 5,000,181)	-	( 5,000,181)
-	-	-	-	-	( 772,674)	-	( 772,674)
-	( 1,250,393)	(158,992)	-	-	( 5,372,665)	-	( 5,372,665)
( 849)	( 556,611)	( 5,858)	-	-	( 1,006,129)	-	( 1,006,129)
-	68,045	-	-	-	( 272,298)	-	( 272,298)
( 12,176)	( 24,281)	-	-	-	( 458,540)	-	( 458,540)
2,926	355	6,152	2,924	( 51,859)	3,968,612	-	3,968,612
( 2,070)	364,520	18,607	13,126	(102,715)	4,737,784	-	4,737,784
-	-	-	-	-	164,787	-	164,787
-	-	-	3,696,101	-	4,385,496	-	4,385,496
-	-	-	-	-	2,365,757	-	2,365,757
-	-	-	-	-	<u>91,102</u>	-	<u>91,102</u>
<u>614,849</u>	<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>

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>
Cash flows from investing activities:					
Purchases of property and equipment	\$( 141,039)	\$(14,832,670)	\$(38,476,652)	\$(122,445)	\$( 962,112)
Proceeds from sale of assets limited as to use	61,411,563	-	-	-	2,397,610
Purchases of assets limited as to use	(45,325,623)	( 53,489)	( 137,452)	-	(2,777,584)
Purchase of SJ/C Urgent Care	-	-	-	-	-
Investment in affiliates	(60,486,696)	-	-	-	-
Sales (purchases) of long-term investments, net	<u>-</u>	<u>( 550,102)</u>	<u>( 2,972)</u>	<u>-</u>	<u>250</u>
Net cash provided by (used in) investing activities	<u>(44,541,795)</u>	<u>(15,436,261)</u>	<u>(38,617,076)</u>	<u>(122,445)</u>	<u>(1,341,836)</u>
Cash flows from financing activities:					
Repayment of long-term debt	( 8,149,056)	-	-	-	-
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>
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>
Net increase (decrease) in cash and cash equivalents	12,914,519	( 53,741)	( 41,728)	( 5,016)	( 107,779)
Cash and cash equivalents, beginning of year	<u>5,763,092</u>	<u>98,607</u>	<u>104,964</u>	<u>102,359</u>	<u>136,563</u>
Cash and cash equivalents, end of year	<u>\$ 18,677,611</u>	<u>\$ 44,866</u>	<u>\$ 63,236</u>	<u>\$ 97,343</u>	<u>\$ 28,784</u>

<u>SJC Properties</u>	<u>SJC Health Services</u>	<u>Georgia Infirmiry</u>	<u>Geechee Reinsurance</u>	<u>Advocate Health Network</u>	<u>Totals</u>	<u>Eliminations</u>	<u>Combined Totals</u>
\$(614,849)	\$( 104,224)	\$(144,339)	\$ -	\$ -	\$( 55,398,330)	\$ -	\$(55,398,330)
-	-	5,368	4,884,560	-	68,699,101	-	68,699,101
-	-	( 23,146)	(6,476,665)	-	( 54,793,959)	-	(54,793,959)
-	(8,600,000)	-	-	-	( 8,600,000)	-	( 8,600,000)
-	-	-	-	-	( 60,486,696)	60,486,696	-
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>( 552,824)</u>	<u>-</u>	<u>( 552,824)</u>
<u>(614,849)</u>	<u>(8,704,224)</u>	<u>(162,117)</u>	<u>(1,592,105)</u>	<u>-</u>	<u>(111,132,708)</u>	<u>60,486,696</u>	<u>(50,646,012)</u>
-	-	-	-	-	( 8,149,056)	-	( 8,149,056)
-	-	-	-	-	772,674	-	772,674
-	5,000,181	-	-	-	5,000,181	-	5,000,181
-	-	-	-	47,575	-	-	-
<u>-</u>	<u>-</u>	<u>-</u>	<u>( 359,481)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>-</u>	<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>
-	267,138	66,482	( 601,737)	-	12,438,138	-	12,438,138
<u>-</u>	<u>203</u>	<u>403,807</u>	<u>3,008,378</u>	<u>-</u>	<u>9,617,973</u>	<u>-</u>	<u>9,617,973</u>
<u>\$ -</u>	<u>\$ 267,341</u>	<u>\$ 470,289</u>	<u>\$ 2,406,641</u>	<u>\$ -</u>	<u>\$ 22,056,111</u>	<u>\$ -</u>	<u>\$ 22,056,111</u>

See accompanying independent auditor's report on combining information.

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

COMBINING STATEMENTS OF CASH FLOWS  
June 30, 2018

	<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>
Cash flows from operating activities:					
Increase (decrease) in net assets including noncontrolling interest	\$ 24,355,915	\$ 14,729,236	\$ 819,302	\$(230,693)	\$ 941,019
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:					
Change in fair value of derivative instruments	330,146	( 362,201)	( 188,112)	-	-
Beneficial interest in net assets of Foundations, net	-	( 1,514,435)	( 277,653)	-	-
Net realized and unrealized (gains) losses on investments	( 4,107,002)	-	-	-	( 403,971)
Depreciation and amortization	-	13,629,968	9,009,309	115,668	475,654
Contributions for property	-	( 244,833)	( 334,536)	-	-
Changes in:					
Patient accounts receivable	-	4,436,829	1,405,166	225,794	( 274,701)
Other receivables	465,534	( 268,206)	(1,370,094)	-	( 80,158)
Inventories	( 12,062)	( 1,108,447)	( 566,018)	-	-
Prepaid expenses	( 301,717)	( 3,420)	( 92,791)	( 8,113)	( 42,541)
Accounts payable	680,901	3,088,803	( 418,382)	17,299	228,201
Accrued liabilities	457,274	( 1,625,277)	(1,101,065)	( 55,261)	349,511
Estimated third-party payor settlements	-	( 407,837)	( 107,197)	-	17,948
Accrued self-insurance claims	( 665,396)	-	-	-	-
Accrued pension costs, net	( 5,236,423)	-	-	-	-
Deferred compensation payable	<u>-</u>	<u>91,594</u>	<u>313,429</u>	<u>-</u>	<u>( 106,420)</u>
Net cash provided by (used in) operating activities	<u>15,967,170</u>	<u>30,441,774</u>	<u>7,091,358</u>	<u>64,694</u>	<u>1,104,542</u>

<u>SJC Properties</u>	<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>
\$(197,873)	\$( 34,052)	\$ 151,711	\$ 2,858,194	\$ 376,425	\$ 43,769,184	\$(19,382,170)	\$ 24,387,014
-	-	-	-	-	( 220,167)	-	( 220,167)
-	-	-	-	-	( 1,792,088)	-	( 1,792,088)
-	-	( 77,364)	(2,108,638)	-	( 6,696,975)	-	( 6,696,975)
317,288	4,415	150,757	-	164,487	23,867,546	-	23,867,546
-	-	( 31,100)	-	-	( 610,469)	-	( 610,469)
-	-	( 45,342)	-	-	5,747,746	-	5,747,746
( 15,370)	182,505	13,370	-	-	( 1,072,419)	-	( 1,072,419)
-	(136,908)	-	-	-	( 1,823,435)	-	( 1,823,435)
9,025	-	1,600	-	-	( 437,957)	-	( 437,957)
( 1,320)	96,442	( 24,515)	99,598	(120,553)	3,646,474	-	3,646,474
18,244	( 4,855)	( 44,235)	( 297)	89,686	( 1,916,275)	-	( 1,916,275)
-	-	-	-	-	( 497,086)	-	( 497,086)
-	-	-	98,102	-	( 567,294)	-	( 567,294)
-	-	-	-	-	( 5,236,423)	-	( 5,236,423)
-	-	-	-	-	298,603	-	298,603
<u>129,994</u>	<u>107,547</u>	<u>94,882</u>	<u>946,959</u>	<u>510,045</u>	<u>56,458,965</u>	<u>(19,382,170)</u>	<u>37,076,795</u>

Continued

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

COMBINING STATEMENTS OF CASH FLOWS, Continued  
June 30, 2018

	<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>
Cash flows from investing activities:					
Purchases of property and equipment	\$ -	\$( 6,505,352)	\$(16,951,223)	\$( 2,205)	\$( 975,488)
Proceeds from sale of assets limited as to use	97,837,929	-	-	-	2,378
Purchases of assets limited as to use	(95,164,793)	( 91,594)	( 313,429)	-	( 149,211)
Proceeds (payments) on pledged collateral	620,000	-	-	-	-
Investment in affiliates	(19,382,170)	-	-	-	-
Sales (purchases) of long-term investments, net	<u>-</u>	<u>( 247,656)</u>	<u>10,939</u>	<u>-</u>	<u>( 3,436)</u>
Net cash provided by (used in) investing activities	<u>(16,089,034)</u>	<u>( 6,844,602)</u>	<u>(17,253,713)</u>	<u>( 2,205)</u>	<u>(1,125,757)</u>
Cash flows from financing activities:					
Repayment of long-term debt	(20,162,537)	-	-	-	-
Proceeds from issuance of long-term debt	11,910,270	-	-	-	-
Repayment of short-term debt	( 9,000,000)	-	-	-	-
Proceeds from issuance of short-term debt	5,000,000	-	-	-	-
Contributions for property	-	244,833	334,536	-	-
Transfers to (from) affiliates, net	<u>13,568,652</u>	<u>(23,793,611)</u>	<u>9,853,629</u>	<u>-</u>	<u>-</u>
Net cash provided by (used in) financing activities	<u>1,316,385</u>	<u>(23,548,778)</u>	<u>10,188,165</u>	<u>-</u>	<u>-</u>
Net increase (decrease) in cash and cash equivalents	1,194,521	48,394	25,810	62,489	( 21,215)
Cash and cash equivalents, beginning of year	<u>4,568,571</u>	<u>50,213</u>	<u>79,154</u>	<u>39,870</u>	<u>157,778</u>
Cash and cash equivalents, end of year	<u>\$ 5,763,092</u>	<u>\$ 98,607</u>	<u>\$ 104,964</u>	<u>\$ 102,359</u>	<u>\$ 136,563</u>



<u>SJC Properties</u>	<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>
\$(129,994)	\$(109,622)	\$(153,753)	\$ -	\$(510,045)	\$( 25,337,682)	\$ -	\$( 25,337,682)
-	-	5,192	27,532,144	-	125,377,643	-	125,377,643
-	-	( 17,099)	(28,618,232)	-	(124,354,358)	-	(124,354,358)
-	-	-	-	-	620,000	-	620,000
-	-	-	-	-	( 19,382,170)	19,382,170	-
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>( 240,153)</u>	<u>-</u>	<u>( 240,153)</u>
(129,994)	(109,622)	(165,660)	( 1,086,088)	(510,045)	( 43,316,720)	19,382,170	( 23,934,550)
-	-	-	-	-	( 20,162,537)	-	( 20,162,537)
-	-	-	-	-	11,910,270	-	11,910,270
-	-	-	-	-	( 9,000,000)	-	( 9,000,000)
-	-	-	-	-	5,000,000	-	5,000,000
-	-	31,100	-	-	610,469	-	610,469
<u>-</u>	<u>-</u>	<u>-</u>	<u>371,330</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>-</u>	<u>-</u>	<u>31,100</u>	<u>371,330</u>	<u>-</u>	<u>(11,641,798)</u>	<u>-</u>	<u>(11,641,798)</u>
-	( 2,075)	( 39,678)	232,201	-	1,500,447	-	1,500,447
<u>-</u>	<u>2,278</u>	<u>443,485</u>	<u>2,776,177</u>	<u>-</u>	<u>8,117,526</u>	<u>-</u>	<u>8,117,526</u>
\$ <u>-</u>	\$ <u>203</u>	\$ <u>403,807</u>	\$ <u>3,008,378</u>	\$ <u>-</u>	\$ <u>9,617,973</u>	\$ <u>-</u>	\$ <u>9,617,973</u>

See accompanying independent auditor's report on combining information.

**Latest IRS Form 990 Parent Company:  
Fiscal Year-End 2019  
St. Joseph's/Candler Health System, Inc.**

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**

<b>B</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	<b>C</b> Name of organization <b>St. Joseph's/Candler Health System, Inc.</b>		<b>D</b> Employer identification number 58-2288758
	Doing business as		<b>E</b> Telephone number 912-819-6162
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5353 Reynolds Street		<b>G</b> Gross receipts \$ 846
	City or town, state or province, country, and ZIP or foreign postal code Savannah GA 31405-6015		
<b>F</b> Name and address of principal officer: Paul P. Hinchey 5353 Reynolds Street Savannah GA 31405-6015			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>www.sjchs.org</b>	<b>H(c)</b> Group exemption number <b>u</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>1996</b>	<b>M</b> State of legal domicile: <b>GA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: See Schedule O			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	18	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0	
	<b>6</b>	Total number of volunteers (estimate if necessary)	0	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	846	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	0		
<b>Revenue</b>			Prior Year	Current Year
	<b>8</b>	Contributions and grants (Part VIII, line 1h)		0
	<b>9</b>	Program service revenue (Part VIII, line 2g)		0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,920	846
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-4,920	846	
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	0	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-4,920	846	
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year
	<b>20</b>	Total assets (Part X, line 16)	534,871,817	591,927,003
	<b>21</b>	Total liabilities (Part X, line 26)	238,874,055	254,571,428
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	295,997,762	337,355,575	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	Gregory J. Schaack CFO				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Jacqueline G. Atkins				P00861721
	Firm's name } Draffin & Tucker LLP	Firm's EIN } 58-0914992			
Firm's address } 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 \$ 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 in Schedule O.)

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

**4e** Total program service expenses **u**

**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	<b>Section 501(c)(3) organizations.</b> 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 temporarily restricted endowments, permanent endowments, or 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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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		
1b	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?		

1a	578
1b	0

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

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>u</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18	
	Enter the number of voting members included in line 1a, above, who are independent	17	
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, or 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	
b	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:		
a	The governing body?	X	
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 in 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11b			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
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	
12c			
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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16a			
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	
16b			

**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 in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **u**  
 Gregory J. Schaack  
 5353 Reynolds St  
 Savannah



**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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Paul P. Hinchey ..... President & CEO	1.00 ..... 44.00	X		X				0	820,835	48,935
(2) John C. Albert ..... Chairman	1.00 ..... 0.00	X		X				0	0	0
(3) Sr. Frances DeMarco, RSM ..... Trustee	1.00 ..... 0.00	X						0	0	0
(4) James F. Bass ..... Trustee	1.00 ..... 0.00	X						0	0	0
(5) Frank Brown ..... Trustee	1.00 ..... 0.00	X						0	0	0
(6) Sr. Helen Marie Buttimer, RSM ..... Trustee	1.00 ..... 1.00	X						0	0	0
(7) Robert E. James ..... Vice Chairman	1.00 ..... 0.00	X		X				0	0	0
(8) James Carr, MD ..... Trustee	1.00 ..... 0.00	X						0	0	0
(9) John C. Coleman ..... Trustee	1.00 ..... 0.00	X						0	0	0
(10) Ana Concepcion, MD ..... Trustee	1.00 ..... 1.00	X						0	0	0
(11) Sally Lufburrow ..... Trustee	1.00 ..... 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Sr. Mary Karen McNally, RSM Trustee	1.00 0.00	X						0	0	0
(13) Henry H. Minis Trustee	1.00 1.00	X						0	0	0
(14) Richard D. Moore Trustee	1.00 0.00	X						0	0	0
(15) Richard McInerow, DO Trustee	1.00 1.00	X						0	0	0
(16) John W. Odom, M.D. Trustee	1.00 0.00	X						0	0	0
(17) Cindy Murphy Trustee	1.00 2.00	X						0	0	0
(18) Barry Schlafstein, M.D. Trustee	1.00 0.00	X						0	0	0
(19) Gregory J. Schaack CFO	1.00 44.00			X				0	487,924	65,859
<b>1b Sub-total</b>									1,308,759	114,794
<b>c Total from continuation sheets to Part VII, Section A</b>									2,436,393	372,632
<b>d Total (add lines 1b and 1c)</b>									3,745,152	487,426

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, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>				
	<b>Program Service Revenue</b>	<b>2a</b>	<b>Busn. Code</b>			
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		<b>u</b>				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>			
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)	<b>u</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>				
<b>11a</b> Plains All American Pipeline	525990		846		846	
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		846		846	
<b>12 Total revenue.</b> See instructions.	<b>u</b>		846	0	846	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 (non-employees):				
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 in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	0	0	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) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	5,763,092	1	18,677,611
	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 current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	12,064	8	14,187
	9	Prepaid expenses and deferred charges	4,021,038	9	4,275,530
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 76,962,356		
	b	Less: accumulated depreciation	10b 59,551,401	10c	17,410,955
	11	Investments—publicly traded securities	162,635,278	11	155,035,302
	12	Investments—other securities. See Part IV, line 11	333,402,118	12	393,888,815
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	1,769,019	14	1,512,341
	15	Other assets. See Part IV, line 11	3,361,373	15	1,112,262
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	534,871,817	16	591,927,003	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	20,725,010	17	23,642,499
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	135,086,328	20	134,805,625
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	54,832,428	23	46,322,603
	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	28,230,289	25	49,800,701
	26	<b>Total liabilities.</b> Add lines 17 through 25	238,874,055	26	254,571,428
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	295,997,762	27	337,355,575
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	295,997,762	33	337,355,575	
34	<b>Total liabilities and net assets/fund balances</b>	534,871,817	34	591,927,003	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	846
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	846
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	295,997,762
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-17,605,035
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	58,962,002
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	337,355,575

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	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
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Kyle L. McCann COO	1.00 40.00			X				0 431,112	51,245	
(21) Sr. Margie Beatty VP	1.00 41.00			X				0 212,546	9,121	
(22) Lenny Panzitta, Esq. Board Secretary	1.00 1.00			X				0 0	0	
(23) Sherry A. Danello VP	1.00 40.00				X			0 317,805	84,336	
(24) Nolan D. Hennessee VP	1.00 40.00				X			0 265,148	47,128	
(25) Thomas S. Pound VP	1.00 40.00				X			0 249,649	50,447	
(26) Bradley R. Trower VP	1.00 40.00				X			0 223,492	34,883	
(27) Gregory A. Menke VP	1.00 40.00				X			0 198,710	33,195	
<b>1b Sub-total</b>									<b>1,898,462</b>	<b>310,355</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> 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>		
<b>5</b> 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 (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) Julia L. Mikell, M.D. ..... VP	1.00 40.00				X			0	192,648	12,041
(29) Paul E. Carpenter ..... Pharmacy Director	1.00 40.00				X			0	183,119	44,465
(30) Mary M. Strand ..... VP	1.00 40.00				X			0	162,164	5,771
<b>1b Sub-total</b> .....								<b>u</b>	537,931	62,277
<b>c Total from continuation sheets to Part VII, Section A</b> .....								<b>u</b>		
<b>d Total (add lines 1b and 1c)</b> .....								<b>u</b>		

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> 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> .....		
<b>5</b> 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

**2018**

**Open to Public Inspection**

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](http://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 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)						
<b>Total</b>					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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2017 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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
3b	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>		
3c	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
4b	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>		
4c	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
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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
9b	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
9c	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
10b	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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		X
<b>b</b> A family member of a person described in (a) above?		X
<b>11b</b>		X
<b>c</b> 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.		X
<b>11c</b>		X

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		X
<b>2</b> 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).		
<b>2</b>	X	
<b>3</b> 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.		
<b>3</b>	X	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>2a</b>		
<b>b</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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>3a</b>	X	
<b>b</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.		
<b>3b</b>	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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 .....			
b From 2014 .....			
c From 2015 .....			
d From 2016 .....			
e From 2017 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 .....			
b Excess from 2015 .....			
c Excess from 2016 .....			
d Excess from 2017 .....			
e Excess from 2018 .....			

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

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. (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 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

2018

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: 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... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring... Yes No, 6 Staff and volunteer hours devoted to monitoring... u, 7 Amount of expenses incurred in monitoring... u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements... Yes No, 9 In Part XIII, describe how the organization reports 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, u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report... 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report... (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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  Yes  No

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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** Temporarily restricted 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**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
<b>1a</b> Land				
<b>b</b> Buildings		2,691,837	1,935,908	755,929
<b>c</b> Leasehold improvements		562,682	514,619	48,063
<b>d</b> Equipment		73,508,887	57,100,874	16,408,013
<b>e</b> Other		198,950		198,950
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	17,410,955

**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	393,888,815	Market
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>	393,888,815	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**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) Defined Benefit Plan	28,412,088
(3) Due to Affiliates	19,018,942
(4) Accrued Workers Compensation	2,294,539
(5) Interest Rate Swap	75,132
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	49,800,701

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	64,115,333
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	64,115,333	
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	64,115,333
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	846	
c	Add lines 4a and 4b		4c	846
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	846

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

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

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

**Part XIII Supplemental Information.**

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

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, 2019 and 2018 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, 2019, NOL carryforwards expiring through 2037 amounted to approximately \$92,743,000 and are available for the offset of future taxable income. No asset has been recognized related to this NOL carryforward due to continued operating



**Part XIII Supplemental Information** (continued)

losses.

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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 Infirmery, Inc.

Geechee - Geechee Reinsurance Company, LLC

SJCV - SJC Ventures, Inc.

SJCMG - SJC Medical Group, Inc.

Properties - SJC Properties, Inc.

Health Services - SJC Health Services, Inc.

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

Partnership K-1 UBI	\$	846
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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

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**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	0	0	0	0	0
	(ii)	801,353	0	19,482	0	48,935	869,770
2 Gregory J. Schaack CFO	(i)	0	0	0	0	0	0
	(ii)	462,944	23,000	1,980	18,500	47,359	553,783
3 Kyle L. McCann COO	(i)	0	0	0	0	0	0
	(ii)	430,422	0	690	18,500	32,745	482,357
4 Sr. Margie Beatty VP	(i)	0	0	0	0	0	0
	(ii)	0	0	212,546	0	9,121	221,667
5 Sherry A. Danello VP	(i)	0	0	0	0	0	0
	(ii)	313,995	0	3,810	18,500	65,836	402,141
6 Nolan D. Hennessee VP	(i)	0	0	0	0	0	0
	(ii)	264,458	0	690	16,650	30,478	312,276
7 Thomas S. Pound VP	(i)	0	0	0	0	0	0
	(ii)	248,959	0	690	18,500	31,947	300,096
8 Bradley R. Trower VP	(i)	0	0	0	0	0	0
	(ii)	223,042	0	450	14,245	20,638	258,375
9 Gregory A. Menke VP	(i)	0	0	0	0	0	0
	(ii)	196,730	0	1,980	13,135	20,060	231,905
10 Julia L. Mikell, M.D. VP	(i)	0	0	0	0	0	0
	(ii)	189,576	0	3,072	0	12,041	204,689
11 Paul E. Carpenter Pharmacy Director	(i)	0	0	0	0	0	0
	(ii)	179,344	0	3,775	0	44,465	227,584
12 Mary M. Strand VP	(i)	0	0	0	0	0	0
	(ii)	158,127	0	4,037	0	5,771	167,935
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**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	18,500	0
Kyle L. McCann	0	18,500	0
Sherry A. Danello	0	18,500	0
Nolan D. Hennessee	0	16,650	0
Thomas S. Pound	0	18,500	0
Bradley R. Trower	0	14,245	0
Gregory A. Menke	0	13,135	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 (SERP), which provides retirement benefits to certain officers and select

**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.

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 2018 was \$221,667.

**SCHEDULE K  
(Form 990)****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.

OMB No. 1545-0047

**2018**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Serviceu Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://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 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
<b>A</b> Hospital Authority of Savannah	58-1792535	804833EX5	11/01/13	46,185,000	Refund 2003 Bonds; c		X		X		X
<b>B</b> Hospital Authority of Savannah	58-1792535	nonenonen	07/28/16	87,505,000	Construction; refund		X		X		X
<b>C</b> Hospital Authority of Savannah	58-1792535	nonenonen	12/27/17	12,000,000	Construction of addi		X		X		X
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired .....			12,392,616		29,196			
<b>2</b> Amount of bonds legally defeased .....								
<b>3</b> Total proceeds of issue .....	46,185,000		87,505,000		12,000,000			
<b>4</b> Gross proceeds in reserve funds .....								
<b>5</b> Capitalized interest from proceeds .....								
<b>6</b> Proceeds in refunding escrows .....			47,505,000					
<b>7</b> Issuance costs from proceeds .....	704,461							
<b>8</b> Credit enhancement from proceeds .....								
<b>9</b> Working capital expenditures from proceeds .....								
<b>10</b> Capital expenditures from proceeds .....	15,412,271		40,000,000		12,000,000			
<b>11</b> Other spent proceeds .....	30,068,268							
<b>12</b> Other unspent proceeds .....								
<b>13</b> Year of substantial completion .....	2015							
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> 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			X		
<b>15</b> 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		X		
<b>16</b> Has the final allocation of proceeds been made? .....	X			X		X		
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X		X			

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

Schedule K (Form 990) 2018

**Part III Private Business Use**

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

**Part IV Arbitrage**

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

**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		X		
b Name of provider .....	Public Inspection Copy							
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		X		
b Name of provider .....	Public Inspection Copy							
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6 Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X			

**Part V Procedures To Undertake Corrective Action**

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

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

Schedule K - Date Rebate Computation Performed

Hospital Authority of Savannah 03/21/18  
 Hospital Authority of Savannah 03/21/18  
 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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****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

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

St. Joseph's/Candler Health System,

Employer identification number

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	\$	772,674
Increase in beneficial interest in Foundations	\$	501,984
Equity in Subsidiary earnings	\$	64,115,333
Book to tax difference K1 earnings	\$	-846
Change in deferred pension liability	\$	-6,427,143
Total	\$	58,962,002

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)**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**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	4,866,746	48,961,072	System
(2) St. Josephs/Candler Advocate Hlth Nt 5353 Reynolds Street Savannah GA 31405 81-2726324	Healthcare	GA	-1,669,706		System
(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	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**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 Savannah GA 31405-6015 58-1905195	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) Dispro- portionate 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	-391,980	32,880		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	-4,491,323	35,292,110	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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)	X	
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> 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	19,018,942	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))

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19

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).

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 591,927,003; D Employer identification number 58-2288758; E Unrelated business activity code 525990; F Group exemption number; G Check organization type 501(c) corporation.

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here Investment in partnerships. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 5 Income (loss) from partnership and S corporation (846), 13 Total (846).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 14 Compensation of officers, directors, and trustees, 21 Depreciation, 22 Less depreciation claimed, 30 Unrelated business taxable income before net operating loss deduction (846), 32 Unrelated business taxable income (846).

**Federal Statements****Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
Plains All American Pipeline	\$ 846	\$	\$ 846
Total	\$ 846	\$ 0	\$ 846

**Latest IRS Form 990 Hospitals:  
Fiscal Year-End 2019**

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

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

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

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**

<b>B</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	<b>C</b> Name of organization Saint Joseph's Hospital, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11705 Mercy Boulevard City or town, state or province, country, and ZIP or foreign postal code Savannah GA 31419-1711	<b>D</b> Employer identification number 58-0568702 <b>E</b> Telephone number 912-819-6162 <b>G</b> Gross receipts \$ 261,480,890
<b>F</b> Name and address of principal officer: Paul P. Hinchey 5353 Reynolds Street Savannah GA 31405-6015		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b> 0928
<b>J</b> Website: <b>u</b> <a href="http://www.sjchs.org">www.sjchs.org</a>		<b>L</b> Year of formation: 1946 <b>M</b> State of legal domicile: GA
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: See Schedule O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	2
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	1638
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	99
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	182,141
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	454,314	282,045
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	223,136,759	254,187,543
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,895,655	1,908,786
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,485,420	4,710,387
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	229,972,148 261,088,761	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	94,111,862	104,769,440
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	132,487,813	146,286,066
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	226,599,675	251,055,506
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,372,473	10,033,255	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	161,265,887	176,284,258
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	17,540,981	20,505,139
		143,724,906	155,779,119

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer Gregory J. Schaack	Date CFO		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	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		

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

**For Paperwork Reduction Act Notice, see the separate instructions.**



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 \$ 213,278,607 including grants of \$ ) (Revenue \$ 257,240,337 )

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 in Schedule O.)

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

4e Total program service expenses u 213,278,607

**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	<b>Section 501(c)(3) organizations.</b> 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 temporarily restricted endowments, permanent endowments, or 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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>2a</b>	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		
	<b>2a</b> 1638		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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	
<b>16a</b>	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	
<b>b</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, 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kyle L. McCann	20.00									
Trustee/COO	20.00	X		X			181,067	250,045	51,245	
(2) Sherry A. Danello	20.00									
Trustee/VP	20.00	X		X			133,478	184,327	84,336	
(3) Sr. Margie Beatty RSM	20.00									
Trustee/VP	21.00	X		X			101,212	111,334	9,121	
(4) Julia Mikell, MD	20.00									
Trustee/Physician	21.00	X					80,912	111,736	12,041	
(5) Richard McIncrow, MD	1.00									
Trustee	1.00	X					0	0	0	
(6) Paul P. Hinchey	20.00									
President & CEO	25.00			X			344,750	476,085	48,935	
(7) Gregory J. Schaack	20.00									
CFO	25.00			X			204,928	282,996	65,859	
(8) Thomas S. Pound	20.00									
VP	20.00			X			104,853	144,796	50,447	
(9) Mary M. Strand	20.00									
VP	20.00			X			68,109	94,055	5,771	
(10) Nolan D. Hennessee	20.00									
VP	20.00				X		111,362	153,786	47,128	
(11) Bradley R. Trower	20.00									
VP	20.00				X		93,867	129,625	34,883	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Gregory A. Menke ..... VP	20.00 ..... 22.00				X			83,459	115,251	33,195
(13) Robert E. Jones, MD ..... Surgeon	40.00 ..... 0.00					X		992,655	0	26,180
(14) Jeremy E. London, MD ..... Surgeon	40.00 ..... 0.00					X		974,789	0	21,243
(15) Brian M. Bailey ..... Surgeon	40.00 ..... 0.00					X		763,148	0	13,217
(16) Norman Yates III, MD ..... Surgeon	40.00 ..... 0.00					X		582,624	0	26,733
(17) Kristy M. Wiebke ..... Surgeon	40.00 ..... 0.00					X		471,710	0	11,891
<b>1b Sub-total</b> .....							<b>u</b>	5,292,923	2,054,036	542,225
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>	5,292,923	2,054,036	542,225

**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** 99

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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 Savannah GA 31419	11700 Mercy Blvd Plaza D #6 RVU Production	5,552,203
Chatham Hospitalist, LLC Savannah GA 31405	5354 Reynolds Street, Ste. 424 Consulting	2,398,589
American Anesthesia Associates Savannah GA 31406	400 Mall Blvd Anesthesia	1,533,099
Bio-Medical Applications of GA Chicago IL 60693	16343 Collection Center Dr Dialysis	1,356,406
Savannah Perfusion, LLC Savannah GA 31406	39 Myrtlewood Drive Perfusion	1,163,695

**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**

40

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	282,045				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total. Add lines 1a-1f</b>	<b>u</b>	282,045				
	<b>Program Service Revenue</b>		<b>Busn. Code</b>				
<b>2a</b> Program Service Revenue		624100	252,294,956	252,294,956			
<b>b</b> Lab Revenue - Related		621500	1,892,587	1,892,587			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total. Add lines 2a-2f</b>		<b>u</b>	254,187,543				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	2,300,915			2,300,915	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
			195,355				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)		195,355				
	<b>d</b> Net rental income or (loss)	<b>u</b>	195,355			195,355	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis & sales exps.		392,129			
		<b>c</b> Gain or (loss)		-392,129			
	<b>d</b> Net gain or (loss)	<b>u</b>	-392,129			-392,129	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> Other Operating Revenue	624100	2,338,484	2,338,484				
<b>b</b> Cafeteria	722513	1,352,151			1,352,151		
<b>c</b> Intercompany Laundry	621500	642,136	642,136				
<b>d</b> All other revenue	621500	182,261	120	182,141			
<b>e Total. Add lines 11a-11d</b>	<b>u</b>	4,515,032					
<b>12 Total revenue. See instructions.</b>	<b>u</b>	261,088,761	257,168,283	182,141	3,456,292		



**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	1,702,383		1,702,383	
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	84,696,694	69,949,659	14,747,035	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,032,195	877,786	154,409	
9 Other employee benefits	12,329,603	10,122,200	2,207,403	
10 Payroll taxes	5,008,565	4,064,134	944,431	
11 Fees for services (non-employees):				
a Management				
b Legal	696,944		696,944	
c Accounting	158,725		158,725	
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.)	29,060,028	19,579,765	9,480,263	
12 Advertising and promotion	1,046,176	1,046,176		
13 Office expenses	5,769,659	4,111,253	1,658,406	
14 Information technology	164,657	164,657		
15 Royalties				
16 Occupancy	6,087,232	6,015,929	71,303	
17 Travel	130,012	123,626	6,386	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	88,681	88,005	676	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,942,304	9,825,844	116,460	
23 Insurance	2,414,385	283,186	2,131,199	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	81,804,709	81,804,709		
b Repairs & Maintenance	8,764,012	5,064,174	3,699,838	
c Dues & Subscriptions	145,032	144,147	885	
d Recruiting	20,460	20,460		
e All other expenses	-6,950	-7,103	153	
25 Total functional expenses. Add lines 1 through 24e	251,055,506	213,278,607	37,776,899	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) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	104,964	1	63,236
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	29,873,049	4	32,638,587
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	7,983,000	8	7,940,693
	9	Prepaid expenses and deferred charges	543,286	9	581,045
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 291,159,676		
	b	Less: accumulated depreciation	10b 172,348,601	10c	118,811,075
	11	Investments—publicly traded securities	3,259,796	11	3,397,247
	12	Investments—other securities. See Part IV, line 11	51,668	12	54,640
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	32,190,883	15	12,797,735
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	161,265,887	16	176,284,258	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	14,401,557	17	16,993,618
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,139,424	25	3,511,521
	26	<b>Total liabilities.</b> Add lines 17 through 25	17,540,981	26	20,505,139
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	142,231,346	27	154,256,134
	28	Temporarily restricted net assets	1,393,560	28	1,422,985
	29	Permanently restricted net assets	100,000	29	100,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	143,724,906	33	155,779,119	
34	<b>Total liabilities and net assets/fund balances</b>	161,265,887	34	176,284,258	

**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	261,088,761
2	Total expenses (must equal Part IX, column (A), line 25)	2	251,055,506
3	Revenue less expenses. Subtract line 2 from line 1	3	10,033,255
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	143,724,906
5	Net unrealized gains (losses) on investments	5	7,496,482
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,475,524
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	155,779,119

**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 in 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 in 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**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)						
<b>Total</b>						

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 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2017 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; 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.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2018; 16 Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2018; 18 Investment income percentage from 2017 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b>	Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 .....			
b From 2014 .....			
c From 2015 .....			
d From 2016 .....			
e From 2017 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 .....			
b Excess from 2015 .....			
c Excess from 2016 .....			
d Excess from 2017 .....			
e Excess from 2018 .....			

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

Public Inspection Copy

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors****u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

Name of the organization

Employer identification number

Saint Joseph's Hospital, Inc.

58-0568702

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 foundationCheck 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 33
- <sup>1/3</sup>
- % 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

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

**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	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 167,877</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
2	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 114,168</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ .....</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ .....</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ .....</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ .....</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

**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

**2018**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is described below.  Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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) 2018

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

(a) Filing organization's totals (b) Affiliated group totals

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

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

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....  
**h** Subtract line 1g from line 1a. If zero or less, enter -0- .....  
**i** Subtract line 1f from line 1c. If zero or less, enter -0- .....  
**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		79,741
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		33,083
<b>j</b> Total. Add lines 1c through 1i			112,824
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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

2018

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 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: 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 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 u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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  Yes  No

**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
<b>1a</b> Beginning of year balance	1,493,560	1,251,779	1,415,719	1,413,995	1,325,442
<b>b</b> Contributions	535,648	972,755	389,909	418,614	784,837
<b>c</b> Net investment earnings, gains, and losses	12,941	23,794	28,859	-689	8,472
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	519,162	754,768	582,707	415,482	704,756
<b>f</b> Administrative expenses				720	
<b>g</b> End of year balance	1,522,985	1,493,560	1,251,779	1,415,718	1,413,995

- 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** 6.57 %
  - c** Temporarily restricted endowment **u** 93.43 %
- 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 |
|------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations |     | X  |
| <b>(ii)</b> related organizations  | X   |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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
<b>1a</b> Land		6,465,404		6,465,404
<b>b</b> Buildings		151,561,315	75,291,618	76,269,697
<b>c</b> Leasehold improvements		4,185,932	2,558,366	1,627,566
<b>d</b> Equipment		128,278,918	94,498,617	33,780,301
<b>e</b> Other		668,107		668,107
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	118,811,075

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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	5,309,017
(2) Other Receivables	4,086,688
(3) Beneficial Interest in Foundation	2,300,778
(4) Third Party Settlements	1,101,252
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	12,797,735

**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) Deferred Compensation Payable	3,397,247
(3) Swap valuation	114,274
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	3,511,521

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	268,561,612
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	7,496,482	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-19,416	
e	Add lines 2a through 2d	2e	7,477,066	
3	Subtract line 2e from line 1	3	261,084,546	
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	4,215	
c	Add lines 4a and 4b	4c	4,215	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	261,088,761	

**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	251,081,291
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	251,081,291	
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	-25,785	
c	Add lines 4a and 4b	4c	-25,785	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	251,055,506	

**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, 2019 and 2018 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

**Part XIII Supplemental Information** (continued)

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, 2019, NOL carryforwards expiring through 2037 amounted to approximately \$92,743,000 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.

## 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

SJCV - SJC Ventures, Inc.

SJCMG - SJC Medical Group, Inc.

Properties - SJC Properties, Inc.

Health Services - SJC Health Services, Inc.

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

Unrealized change in derivatives	\$ 215,230
----------------------------------	------------

Unrealized Rate Swap Valuation	\$ -234,646
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## Part XI, Line 4b - Revenue Amounts Included on Return - Other

Capital contributions	\$ 30,000
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**Part XIII Supplemental Information** (continued)

Pension cost \$ -25,785

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

Pension Cost \$ -25,785

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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>b</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"/>	
<b>c</b> 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.		
<b>4</b> 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"/>	
<b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<b>c</b> 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"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</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
<b>a</b> Financial Assistance at cost (from Worksheet 1)			14,824,649		14,824,649	5.90
<b>b</b> Medicaid (from Worksheet 3, column a)			15,115,190	11,512,717	3,602,473	1.43
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			29,939,839	11,512,717	18,427,122	7.34
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,162,463	139,763	1,022,700	0.41
<b>f</b> Health professions education (from Worksheet 5)			118,214		118,214	0.05
<b>g</b> Subsidized health services (from Worksheet 6)			590,739	118,209	472,530	0.19
<b>h</b> Research (from Worksheet 7)					0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			348,678		348,678	0.14
<b>j Total.</b> Other Benefits			2,220,094	257,972	1,962,122	0.78
<b>k Total.</b> Add lines 7d and 7j			32,159,933	11,770,689	20,389,244	8.12

**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		37,361	3,976	33,385	0.01
3	Community support		40,827	1,090	39,737	0.02
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		31,435	3,976	27,459	0.01
8	Workforce development		129,883	13,018	116,865	0.05
9	Other				0	0.00
10	<b>Total</b>		239,506	22,060	217,446	0.09

**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	9,210,468
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	3,684,187
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	124,339,931
6 Enter Medicare allowable costs of care relating to payments on line 5	6	147,123,737
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-22,783,806
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

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

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

1 Saint Joseph's Hospital, Inc.
11705 Mercy Boulevard
Savannah GA 31419-1711
www.sjchs.org
025-009

Table with columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , , , X, SNF, .



**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 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: 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? 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: 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? \$		

**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:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.sjchs.org</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.sjchs.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.sjchs.org</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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.

	Yes	No
<p><b>17</b> 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?</p>	X	
<p><b>18</b> 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:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> 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:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p><b>20</b> 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):</p> <p><b>a</b> <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)</p> <p><b>b</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)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> 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? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	X	
--	---	--

**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
<b>22</b>	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.		
	<b>a</b> <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>b</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		
	<b>c</b> <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		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method			
<b>23</b>	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? .....		X
	If "Yes," explain in Section C.		
<b>24</b>	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? .....		X
	If "Yes," explain in Section C.		

**Part V Facility Information** (continued)

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

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



**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.

(28%) web surveys and 1,156 (72%) paper surveys. Total response rate was 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

**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.

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](https://www.sjchs.org/docs/default-source/default-document-library/sjc_chna_2019.pdf) and [https://www.sjchs.org/docs/default-source/default-document-library/sjc\\_2019\\_implementation\\_plan1.pdf?sfvrsn=6686340c\\_2](https://www.sjchs.org/docs/default-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

**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.

Public Inspection Copy

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 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.



**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

**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.

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 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 40%) 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 page 40 for the discussion of uninsured patients and bad debts within

**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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the Patient Service Revenue footnote in the audited financial statements attached.

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



**Part VI Supplemental Information**

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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 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.

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Part VI, Line 2 - Needs Assessment

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

**Part VI Supplemental Information**

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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 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

Part VI Supplemental Information

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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

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

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contact information in the event the patient has difficulty paying the balance due.

Part VI, Line 4 - Community Information

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

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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.

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.

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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 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

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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.

Georgia Infirmary's housing management services operates subsidized housing for elderly and disabled persons to recognize that community-based health



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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, South Central Community, Inc. (SMASC) 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:

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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, SJC Oncology Services - South Carolina, LLC in Hilton Head, South Carolina, Candler Medical Oncology Practice, LLC, and Candler ENT Practice, 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 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, and St. Joseph's Vascular Group, LLC, all of which are single member LLC's that provide specialized physician services.

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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.

SJC Ventures, Inc. (SJCVC) is a for-profit corporation and wholly owned

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

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

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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.

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

Georgia

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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

**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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**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 Kyle L. McCann Trustee/COO	(i) 180,777	0	290	7,770	13,753	202,590	0
	(ii) 249,645	0	400	10,730	18,992	279,767	0
2 Sherry A. Danello Trustee/VP	(i) 131,878	0	1,600	7,770	27,651	168,899	0
	(ii) 182,117	0	2,210	10,730	38,185	233,242	0
3 Sr. Margie Beatty RSM Trustee/VP	(i) 0	0	101,212	0	4,343	105,555	0
	(ii) 0	0	111,334	0	4,778	116,112	0
4 Julia Mikell, MD Trustee/Physician	(i) 79,622	0	1,290	0	5,057	85,969	0
	(ii) 109,954	0	1,782	0	6,984	118,720	0
5 Paul P. Hinchey President & CEO	(i) 336,568	0	8,182	0	28,382	373,132	0
	(ii) 464,785	0	11,300	0	20,553	496,638	0
6 Gregory J. Schaack CFO	(i) 194,436	9,660	832	7,770	19,891	232,589	0
	(ii) 268,508	13,340	1,148	10,730	27,468	321,194	0
7 Thomas S. Pound VP	(i) 104,563	0	290	7,770	13,418	126,041	0
	(ii) 144,396	0	400	10,730	18,529	174,055	0
8 Mary M. Strand VP	(i) 66,413	0	1,696	0	2,424	70,533	0
	(ii) 91,714	0	2,341	0	3,347	97,402	0
9 Nolan D. Hennessee VP	(i) 111,072	0	290	6,993	12,801	131,156	0
	(ii) 153,386	0	400	9,657	17,677	181,120	0
10 Bradley R. Trower VP	(i) 93,678	0	189	5,983	8,668	108,518	0
	(ii) 129,364	0	261	8,262	11,970	149,857	0
11 Gregory A. Menke VP	(i) 82,627	0	832	5,517	8,425	97,401	0
	(ii) 114,103	0	1,148	7,618	11,635	134,504	0
12 Robert E. Jones, MD Surgeon	(i) 920,942	69,733	1,980	0	26,180	1,018,835	0
	(ii) 0	0	0	0	0	0	0
13 Jeremy E. London, MD Surgeon	(i) 794,099	55,000	125,690	0	21,243	996,032	0
	(ii) 0	0	0	0	0	0	0
14 Brian M. Bailey Surgeon	(i) 664,152	41,667	57,329	0	13,217	776,365	0
	(ii) 0	0	0	0	0	0	0
15 Norman Yates III, MD Surgeon	(i) 544,280	37,894	450	0	26,733	609,357	0
	(ii) 0	0	0	0	0	0	0
16 Kristy M. Wiebke Surgeon	(i) 471,440	0	270	0	11,891	483,601	0
	(ii) 0	0	0	0	0	0	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
Kyle L. McCann	0	18,500	0
Sherry A. Danello	0	18,500	0
Gregory J. Schaack	0	18,500	0
Thomas S. Pound	0	18,500	0
Nolan D. Hennessee	0	16,650	0
Bradley R. Trower	0	14,245	0
Gregory A. Menke	0	13,135	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 (SERP), which provides retirement benefits to certain officers and select



**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.

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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 compensation to The Sisters of Mercy (SOM) for her services. Total amount

**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.

paid to SOM in calendar year 2018 was \$221,667.

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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.

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

**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

Saint Joseph's Hospital, Inc.

Employer identification number

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, 2019, the Hospital served the following: 55,073 acute care patient days and 11,035 discharges; 5,205 rehab days with 474 discharges; and 3,271 skilled nursing days with 339 discharges. Emergency room visits totaled 49,972. The Hospital also provided services for 98,486 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

Saint Joseph's Hospital, Inc.

Employer identification number

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

Saint Joseph's Hospital, Inc.

Employer identification number

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

Employer identification number

Saint Joseph's Hospital, Inc.

58-0568702

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

Saint Joseph's Hospital, Inc.

Employer identification number

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	\$ 1,417,202	\$ 345,613	\$ 0
Professional fees	\$ 8,963,872	\$ 6,776,927	\$ 0
Purchased services	\$ 7,483,275	\$ 2,357,723	\$ 0
OR Perfusionist Fees	\$ 1,223,918	\$ 0	\$ 0
Consulting fees	\$ 157,014	\$ 0	\$ 0
Other fees			



Name of the organization Saint Joseph's Hospital, Inc.	Employer identification number 58-0568702
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\$ 334,484                      \$ 0                      \$ 0

Total

\$ 19,579,765                      \$ 9,480,263                      \$ 0

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

Increase in beneficial interest in Foundation                      \$ 153,141

Equity transfers out                      \$ -5,609,249

Change in fair value of derivatives                      \$ -19,416

Total                      \$ -5,475,524

The change in net assets is attributable to various noncash transactions detailed above.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

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 Savannah GA 31405 46-1173148	Physicians	GA			SJH
(2) St. Joseph's Vascular Group, LLC 5353 Reynolds Street Savannah GA 31405 47-2252880	Physicians	GA			SJH
(3) St. Joseph's Cardiology Group, LLC 5353 Reynolds Street Savannah GA 31405 46-1549445	Physicians	GA			SJH
(4) SJC Electrophysiology, LLC 5353 Reynolds Street Savannah GA 31405 47-5642016	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 Savannah GA 31405-6015 58-1905195	Foundation	GA	501c3	12b	System		X
(2) Candler Hospital, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-0593388	Acute Care	GA	501c3	3	System		X
(3) St. Joseph's/Candler Health System 5353 Reynolds Street Savannah GA 31405-6015 58-2288758	Mngmt	GA	501c3	12c	N/A		X
(4) Georgia Infirmary, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-0668614	Clinic	GA	501c3	10	System		X
(5) SJC Home Health Services, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1329042	Home Hlth	GA	501c3	10	System		X

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**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](http://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 GA 31405-6015 46-0748220	Management	GA	N/A	Excluded	190,881	809,557		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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)	X	
<b>s</b> 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.

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Form **990-T**

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

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19

Go to [www.irs.gov/Form990T](http://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><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <u>176,284,258</u></p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) <b>Print</b> <u>Saint Joseph's Hospital, Inc.</u></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>Type</b> <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><b>F</b> Group exemption number (See instructions.) <u>0928</u></p> <p><b>G</b> 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>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <u>58-0568702</u></p> <p><b>E</b> Unrelated business activity code (See instructions.) <u>812300</u></p>
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**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 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			
<b>c</b> Balance <u>u</u>		<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
4a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from partnership and S corporation (attach statement) <u>See Stmt 2</u>	<b>5</b>	72,054	72,054
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See instructions; attach schedule) <u>See Stmt 3</u>	<b>12</b>	110,087	110,087
13	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	182,141	182,141

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.)			
14	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
15	Salaries and wages	<b>15</b>	55,477
16	Repairs and maintenance	<b>16</b>	8,171
17	Bad debts	<b>17</b>	
18	Interest (attach schedule) (see instructions) <u>See Statement 4</u>	<b>18</b>	4,438
19	Taxes and licenses	<b>19</b>	4,434
20	Charitable contributions (See instructions for limitation rules)	<b>20</b>	
21	Depreciation (attach Form 4562)	<b>21</b>	7,080
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
		<b>22b</b>	7,080
23	Depletion	<b>23</b>	
24	Contributions to deferred compensation plans	<b>24</b>	
25	Employee benefit programs	<b>25</b>	11,930
26	Excess exempt expenses (Schedule I)	<b>26</b>	
27	Excess readership costs (Schedule J)	<b>27</b>	
28	Other deductions (attach schedule) <u>See Statement 5</u>	<b>28</b>	63,686
29	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	155,216
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	26,925
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
32	Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	26,925



**Part III Total Unrelated Business Taxable income**

<b>33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>33</b>	26,925
<b>34</b>	Amounts paid for disallowed fringes	<b>34</b>	
<b>35</b>	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>35</b>	26,925
<b>36</b>	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	<b>36</b>	0
<b>37</b>	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b>	1,000
<b>38</b>	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	<b>38</b>	0

**Part IV Tax Computation**

<b>39</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	<b>39</b>	
<b>40</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>40</b>	
<b>41</b>	<b>Proxy tax.</b> See instructions	<b>41</b>	
<b>42</b>	Alternative minimum tax (trusts only)	<b>42</b>	
<b>43</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>43</b>	
<b>44</b>	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>44</b>	0

**Part V Tax and Payments**

<b>45a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>45a</b>	
<b>b</b>	Other credits (see instructions)	<b>45b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>45c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>45d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 45a through 45d	<b>45e</b>	
<b>46</b>	Subtract line 45e from line 44	<b>46</b>	
<b>47</b>	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.)	<b>47</b>	
<b>48</b>	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	<b>48</b>	0
<b>49</b>	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	<b>49</b>	
<b>50a</b>	Payments: A 2017 overpayment credited to 2018	<b>50a</b>	
<b>b</b>	2018 estimated tax payments	<b>50b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>50c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>50d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>50e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>50f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <b>u</b>	<b>50g</b>	
<b>51</b>	<b>Total payments.</b> Add lines 50a through 50g	<b>51</b>	
<b>52</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <b>u</b> <input type="checkbox"/>	<b>52</b>	
<b>53</b>	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed <b>u</b>	<b>53</b>	0
<b>54</b>	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid <b>u</b>	<b>54</b>	
<b>55</b>	Enter the amount of line 54 you want: Credited to 2019 estimated tax <b>u</b> Refunded <b>u</b>	<b>55</b>	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

<b>56</b>	At any time during the 2018 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 <b>u</b>	Yes	No
<b>57</b>	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
<b>58</b>	Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$		

**Sign Here**

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.

**u** \_\_\_\_\_ **u** CFO  
Signature of officer Date Title

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

<b>Paid Preparer Use Only</b>	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**

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

**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)		
<b>Total</b>	<b>Total</b>	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>

**(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)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8			<b>u</b>	<b>u</b>

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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. Row 1 contains 'N/A'.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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. Rows 1-4 are empty.

Totals row for Schedule F with instructions: 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)

Table with 5 columns: 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). Row 1 contains 'N/A'.

Totals row for Schedule G with instructions: 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)

Table with 7 columns: 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, 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). Row 1 contains 'N/A'.

Totals row for Schedule I with instructions: 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 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 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). Row 1 contains 'N/A'.

Totals row for Schedule J with instruction: 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)						
<b>Totals from Part I</b> ..... <b>u</b>						
	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 27.
<b>Totals, Part II (lines 1-5)</b> ..... <b>u</b>						

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>u</b>

**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**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
Premier Healthcare Alliance,	\$ 72,054	\$	\$ 72,054
Total	\$ 72,054	\$ 0	\$ 72,054

**Statement 3 - Form 990-T, Part I, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
Laundry Services	\$ 110,087
Total	\$ 110,087

**Statement 4 - Form 990-T, Part II, Line 18 - Interest**

<u>Description</u>	<u>Amount</u>
Interest	\$ 4,438
Total	\$ 4,438

**Statement 5 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
Materials and Supplies	\$ 35,996
Purchased Services	18,931
Utilities	4,454
Insurance	4,297
Miscellaneous	8
Total	\$ 63,686

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

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

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**

<b>B</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	<b>C</b> 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	<b>D</b> Employer identification number 58-0593388 <b>E</b> Telephone number 912-819-6162 <b>G</b> Gross receipts \$ 358,471,026
<b>F</b> Name and address of principal officer: Paul P. Hinchey 5353 Reynolds Street Savannah GA 31405-6015		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u</b> <a href="http://www.sjchs.org">www.sjchs.org</a>		<b>L</b> Year of formation: 1934 <b>M</b> State of legal domicile: GA
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	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)	<b>3</b>	5		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	1		
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	2272		
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	99		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,526,678		
b Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0			
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year		
	9 Program service revenue (Part VIII, line 2g)	662,673	1,418,145		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	292,870,309	343,188,749		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,402,204	3,580,123		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,028,789	10,284,009		
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	307,963,975	358,471,026		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	196,634	146,062		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	120,022,037	131,548,226		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		
	b Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>		0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	170,723,698	188,506,476		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	290,942,369	320,200,764		
19 Revenue less expenses. Subtract line 18 from line 12	17,021,606	38,270,262			
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year		
	21 Total liabilities (Part X, line 26)	184,764,999	204,769,401		
	22 Net assets or fund balances. Subtract line 21 from line 20	42,254,602	21,188,293		

**Part II Signature Block**

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

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

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

**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 \$ 262,984,305 including grants of \$ 146,062 ) (Revenue \$ 348,824,563 )

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 in Schedule O.)

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

**4e** Total program service expenses **u** 262,984,305

**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	<b>Section 501(c)(3) organizations.</b> 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 temporarily restricted endowments, permanent endowments, or 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?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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
<b>2a</b>	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		
	<b>2a</b> 2272		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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	
<b>16a</b>	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	
<b>b</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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**  
 Gregory J. Schaack  
 5353 Reynolds Street  
 Savannah

**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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gregory J. Schaack	21.00									
Trustee/CFO	25.00	X		X			282,996	204,928	65,859	
(2) Sherry A. Danello	20.00									
Trustee/VP	20.00	X		X			184,327	133,478	84,336	
(3) Thomas S. Pound	20.00									
Chairman/VP	20.00	X		X			144,796	104,853	50,447	
(4) Julia Mikell, MD	20.00									
Trustee/Physician	21.00	X					111,736	80,912	12,041	
(5) Ana Concepcion, MD	1.00									
Trustee	1.00	X					0	0	0	
(6) Paul P. Hinchey	20.00									
President & CEO	25.00			X			476,085	344,750	48,935	
(7) Kyle L. McCann	20.00									
COO	20.00			X			250,045	181,067	51,245	
(8) Sr. Margie Beatty, RSM	20.00									
VP	21.00			X			111,334	101,212	9,121	
(9) Mary M. Strand	20.00									
VP	21.00			X			94,055	68,109	5,771	
(10) Nolan D. Hennessee	20.00									
VP	20.00				X		153,786	111,362	47,128	
(11) Bradley Trower	20.00									
VP	20.00				X		129,625	93,867	34,883	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Gregory A. Menke VP	20.00 22.00				X			115,251	83,459	33,195
(13) John Pablo Director-Oncology	40.00 0.00					X		946,058	0	30,182
(14) William E. Richards Radiation Oncologist	40.00 0.00					X		944,227	0	29,612
(15) Joshua T. McKenzie Radiation Oncologist	40.00 0.00					X		744,277	0	30,494
(16) John L. Mikell Radiation Oncologist	40.00 0.00					X		633,688	0	25,911
(17) Howard A. Zaren MedDirector-Oncology	40.00 0.00					X		601,691	0	41,080
<b>1b Sub-total</b>								5,923,977	1,507,997	600,240
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>								5,923,977	1,507,997	600,240

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 110**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
South Coast Medical Group Savannah GA 31406	1326 Eisenhower Drive Bldg 2 RVU Prod/Mgmt	5,503,715
Summit Cancer Care, P.C. Savannah GA 31405	225 Candler Drive, Suite 300 Oncology Svcs	2,781,374
Chatham Hospitalist, LLC Savannah GA 31405	5354 Reynolds Street, STE. 424 Consulting	2,398,589
American Anesthesia Associates Savannah GA 31406	400 Mall Blvd Anesthesia	1,533,099
Andrew Tucker, MD, PC Savannah GA 31405	5354 Reynolds Street, Ste 315 RVU Production	1,285,652

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 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns <b>1a</b>					
	<b>b</b> Membership dues <b>1b</b>					
	<b>c</b> Fundraising events <b>1c</b>					
	<b>d</b> Related organizations <b>1d</b>	1,320,430				
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	97,715				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b> <b>u</b>	1,418,145				
	<b>Program Service Revenue</b>	<b>2a</b> Net Patient Revenue <b>Busn. Code</b>	624100	334,958,576	334,958,576	
<b>b</b> Prescription Center Related <b>Busn. Code</b>		624100	6,347,073	6,347,073		
<b>c</b> Reference Lab Related <b>Busn. Code</b>		621500	1,883,100	1,883,100		
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total. Add lines 2a-2f</b> <b>u</b>			343,188,749			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) <b>u</b>		3,576,923		3,576,923
	<b>4</b> Income from investment of tax-exempt bond proceeds <b>u</b>					
	<b>5</b> Royalties <b>u</b>					
	<b>6a</b> Gross rents	(i) Real	2,812,158			
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)	2,812,158				
	<b>d Net rental income or (loss)</b> <b>u</b>		2,812,158		2,812,158	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		3,200		
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)		3,200			
	<b>d Net gain or (loss)</b> <b>u</b>		3,200		3,200	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 <b>a</b>					
	<b>b</b> Less: direct expenses <b>b</b>					
<b>c Net income or (loss) from fundraising events</b> <b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 <b>a</b>						
<b>b</b> Less: direct expenses <b>b</b>						
<b>c Net income or (loss) from gaming activities</b> <b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances <b>a</b>						
<b>b</b> Less: cost of goods sold <b>b</b>						
<b>c Net income or (loss) from sales of inventory</b> <b>u</b>						
Miscellaneous Revenue <b>Busn. Code</b>						
<b>11a</b> Other Operating Revenue <b>Busn. Code</b>	621990	5,635,814	5,635,814			
<b>b</b> Wellness Center <b>Busn. Code</b>	713940	643,373		643,373		
<b>c</b> Childrens House <b>Busn. Code</b>	624410	530,931		530,931		
<b>d</b> All other revenue <b>Busn. Code</b>	621400	661,733		352,374	309,359	
<b>e Total. Add lines 11a-11d</b> <b>u</b>		7,471,851				
<b>12 Total revenue. See instructions.</b> <b>u</b>		358,471,026	348,824,563	1,526,678	6,701,640	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	146,062	146,062		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,310,442		2,310,442	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	105,763,520	83,255,870	22,507,650	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,360,408	1,050,507	309,901	
<b>9</b> Other employee benefits	15,976,037	12,336,696	3,639,341	
<b>10</b> Payroll taxes	6,137,819	4,739,624	1,398,195	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	962,560		962,560	
<b>c</b> Accounting	229,251		229,251	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	55,555,783	46,419,124	9,136,659	
<b>12</b> Advertising and promotion	1,635,558	129,351	1,506,207	
<b>13</b> Office expenses	4,465,500	2,008,439	2,457,061	
<b>14</b> Information technology	377,923	377,923		
<b>15</b> Royalties				
<b>16</b> Occupancy	9,457,021	6,494,250	2,962,771	
<b>17</b> Travel	315,191	256,567	58,624	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	89,906	78,116	11,790	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	13,045,116	12,893,793	151,323	
<b>23</b> Insurance	3,249,410	306,325	2,943,085	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Medical Supplies	86,742,236	86,735,347	6,889	
<b>b</b> Repairs & Maintenance	11,771,804	5,174,816	6,596,988	
<b>c</b> Prescription Center Suppl	374,235	374,235		
<b>d</b> Dues	217,065	189,343	27,722	
<b>e</b> All other expenses	17,917	17,917		
<b>25</b> Total functional expenses. Add lines 1 through 24e	320,200,764	262,984,305	57,216,459	0
<b>26</b> 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) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	98,607	1	49,751
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	43,609,910	4	46,096,032
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6,473,019	8	6,853,543
	9	Prepaid expenses and deferred charges	1,094,982	9	1,191,313
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 302,397,925		
	b	Less: accumulated depreciation	10b 227,468,853	10c	74,929,072
	11	Investments—publicly traded securities	739,792	11	793,275
	12	Investments—other securities. See Part IV, line 11	1,974,188	12	2,519,411
	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	9,309,633	15	24,013,652
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	184,764,999	16	204,769,401	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	17,261,042	17	20,395,018
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,993,560	25	793,275
	26	<b>Total liabilities.</b> Add lines 17 through 25	42,254,602	26	21,188,293
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	134,448,895	27	175,552,903
	28	Temporarily restricted net assets	7,126,502	28	7,093,205
	29	Permanently restricted net assets	935,000	29	935,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	142,510,397	33	183,581,108	
34	<b>Total liabilities and net assets/fund balances</b>	184,764,999	34	204,769,401	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	358,471,026
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	320,200,764
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	38,270,262
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	142,510,397
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,985,279
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-184,830
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	183,581,108

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	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
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

**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)						
<b>Total</b>						

**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) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %

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

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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>		
9b	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>		
9c	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>		
10b	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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 .....			
b From 2014 .....			
c From 2015 .....			
d From 2016 .....			
e From 2017 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 .....			
b Excess from 2015 .....			
c Excess from 2016 .....			
d Excess from 2017 .....			
e Excess from 2018 .....			



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

Public Inspection Copy

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors****u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

Name of the organization

Employer identification number

Candler Hospital, Inc.

58-0593388

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 foundationCheck 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 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % 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

**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	..... ..... .....	\$ 1,267,979	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 52,451	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 97,715	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

**2018**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://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

**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) 2018

**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

<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> <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> </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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		79,741
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		33,083
<b>j</b> Total. Add lines 1c through 1i			112,824
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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.

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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

2018

Open to Public Inspection

Name of the organization

Candler Hospital, Inc.

Employer identification number

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: 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 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 u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X



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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance	8,061,502	6,845,214	5,994,751	5,622,398	5,238,564
<b>b</b> Contributions	1,416,770	1,810,454	1,919,111	1,133,368	1,260,174
<b>c</b> Net investment earnings, gains, and losses	65,307	105,071	136,156	-6,892	33,592
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	1,515,374	699,237	1,202,504	754,123	834,932
<b>f</b> Administrative expenses			2,300		75,000
<b>g</b> End of year balance	8,028,205	8,061,502	6,845,214	5,994,751	5,622,398

**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** 11.65 %
- c** Temporarily restricted endowment **u** 88.35 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>	X	
<b>3b</b>	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
<b>1a</b> Land		4,994,832		4,994,832
<b>b</b> Buildings		149,867,307	107,838,661	42,028,646
<b>c</b> Leasehold improvements		3,893,735	3,469,732	424,003
<b>d</b> Equipment		137,598,171	116,160,460	21,437,711
<b>e</b> Other		6,043,880		6,043,880
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	74,929,072

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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	13,877,974
(2) Beneficial Interest in Foundation	9,700,327
(3) Third party settlements	1,822,233
(4) Interest Rate Swap Valuation	-220,028
(5) Other Receivables	-1,166,854
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	24,013,652

**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) Deferred Compensation Payable	793,275
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	793,275

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	367,815,611
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,985,279	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	7,212,434	
e	Add lines 2a through 2d		2e	10,197,713
3	Subtract line 2e from line 1		3	357,617,898
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	853,128	
c	Add lines 4a and 4b		4c	853,128
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	358,471,026

**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	320,090,310
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	320,090,310
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	110,454	
c	Add lines 4a and 4b		4c	110,454
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	320,200,764

**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

**Part XIII Supplemental Information** *(continued)*

as a single member LLC owned by System and is treated as a disregarded entity for tax purposes.

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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, 2019 and 2018 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

**Part XIII Supplemental Information** (continued)

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, 2019, NOL carryforwards expiring through 2037 amounted to approximately \$92,743,000 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.

## 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 Infirmery, Inc.

Geechee - Geechee Reinsurance Company, LLC

SJCV - SJC Ventures, Inc.

SJCMG - SJC Medical Group, Inc.

Properties - SJC Properties, Inc.

Health Services - SJC Health Services

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

Unrealized change in derivatives	\$ 297,222
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Unrealized Rate Swap Valuation Gain	\$ -451,793
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Change in accounting pronouncement	\$ 7,367,005
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## Part XI, Line 4b - Revenue Amounts Included on Return - Other

Capital contributions	\$ 742,674
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**Part XIII Supplemental Information** (continued)

Foundation contributions for pt assistance \$ 146,062

Pension Costs \$ -35,608

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

Foundation contributions for pt assistance \$ 146,062

Pension costs \$ -35,608

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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> %	X	
<b>b</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> %	X	
<b>c</b> 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.		
<b>4</b> 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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> 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?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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
<b>a</b> Financial Assistance at cost (from Worksheet 1)			18,281,926		18,281,926	5.71
<b>b</b> Medicaid (from Worksheet 3, column a)			36,080,510	26,003,250	10,077,260	3.15
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			54,362,436	26,003,250	28,359,186	8.86
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,162,463	139,763	1,022,700	0.32
<b>f</b> Health professions education (from Worksheet 5)			118,214		118,214	0.04
<b>g</b> Subsidized health services (from Worksheet 6)			590,739	118,209	472,530	0.15
<b>h</b> Research (from Worksheet 7)					0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			348,678		348,678	0.11
<b>j Total.</b> Other Benefits			2,220,094	257,972	1,962,122	0.61
<b>k Total.</b> Add lines 7d and 7j			56,582,530	26,261,222	30,321,308	9.47

**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		37,360	3,976	33,384	0.01
3	Community support		40,826	1,090	39,736	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		31,435	3,975	27,460	0.01
8	Workforce development		129,882	13,018	116,864	0.04
9	Other				0	0.00
10	<b>Total</b>		239,503	22,059	217,444	0.07

**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?	<input checked="" type="checkbox"/>	
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		
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		
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.		

2	21,961,790
3	8,784,716

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	5	130,611,319
6 Enter Medicare allowable costs of care relating to payments on line 5	6	134,658,467
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,047,148
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

**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

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

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

1 Candler Hospital, Inc.
5353 Reynolds Street
Savannah GA 31405-6015
www.sjchs.org
025-532

Table with columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, SNF.

**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

**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? .....
- 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 .....
- 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):
  - a  A definition of the community served by the hospital facility
  - b  Demographics of the community
  - c  Existing health care facilities and resources within the community that are available to respond to the health needs of the community
  - d  How data was obtained
  - e  The significant health needs of the community
  - f  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
  - g  The process for identifying and prioritizing community health needs and services to meet the community health needs
  - h  The process for consulting with persons representing the community's interests
  - i  The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
  - j  Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19
- 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....
- 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 .....
- b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....
- 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):
  - a  Hospital facility's website (list url): www.sjchs.org
  - b  Other website (list url): \_\_\_\_\_
  - c  Made a paper copy available for public inspection without charge at the hospital facility
  - d  Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....
- a If "Yes," (list url): https://www.sjchs.org/why-sjchs/commun
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....
- 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)? .....
- 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? \$

	Yes	No
1		X
2		X
3	X	
5	X	
6a	X	
6b	X	
7	X	
8	X	
10	X	
10b		X
12a		X
12b		

**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:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.sjchs.org</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.sjchs.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.sjchs.org</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<p><b>17</b> 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?</p>	X	
<p><b>18</b> 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:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> 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:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p><b>20</b> 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):</p> <p><b>a</b> <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)</p> <p><b>b</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)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> 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? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	X	
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**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.

		Yes	No
<b>22</b>	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.		
	<b>a</b> <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>b</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		
	<b>c</b> <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		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method			
<b>23</b>	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? .....		X
	If "Yes," explain in Section C.		
<b>24</b>	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? .....		X
	If "Yes," explain in Section C.		

**Part V Facility Information** (continued)

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

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

**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.

(28%) web surveys and 1,156 (72%) paper surveys. Total response rate was 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

**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.

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](https://www.sjchs.org/docs/default-source/default-document-library/sjc_chna_2019.pdf) and [https://www.sjchs.org/docs/default-source/default-document-library/sjc\\_2019\\_implementation\\_plan1.pdf?sfvrsn=6686340c\\_2](https://www.sjchs.org/docs/default-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



**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.

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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 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.



**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

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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

**Part VI Supplemental Information**

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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 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 40%) 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 page 40 for the discussion of uninsured patients and bad debts within

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the Patient Service Revenue footnote in the audited financial statements attached.

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

**Part VI Supplemental Information**

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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 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 Supplemental Information**

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Part VI, Line 2 - Needs Assessment

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



**Part VI Supplemental Information**

Provide the following 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.

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 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

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.
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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

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

Part VI Supplemental Information

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contact information in the event the patient has difficulty paying the balance due.

Part VI, Line 4 - Community Information

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

Part VI Supplemental Information

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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.

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.

**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.
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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 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

Part VI Supplemental Information

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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.

Georgia Infirmary's housing management services operates subsidized housing for elderly and disabled persons to recognize that community-based health

**Part VI Supplemental Information**

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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, South Central Community, Inc. (SMASC) 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:

**Part VI Supplemental Information**

Provide the following information.

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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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- 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.

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, SJC Oncology Services - South Carolina, LLC in Hilton Head, South Carolina, Candler Medical Oncology Practice, LLC, and Candler ENT Practice, 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 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, and St. Joseph's Vascular Group, LLC, all of which are single member LLC's that provide specialized physician services.



**Part VI Supplemental Information**

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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.

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.

SJC Ventures, Inc. (SJCVC) is a for-profit corporation and wholly owned

**Part VI Supplemental Information**

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

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

Geechee Reinsurance Company, LLC (Geechee) is a captive insurance company formed under the laws of the State of South Carolina to insure the general

**Part VI Supplemental Information**

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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.

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

Georgia

**SCHEDULE I  
(Form 990)**

**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.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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) (2018)**

**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 Pharmacy Scholarship	38	67,763			
2 Mammography indigent prog	623	78,299			
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

Supplemental Information

SCHEDULE I  
(Form 990)

For calendar year 2018, or tax year beginning 07/01/18, and ending 06/30/19

2018

Name of the organization

Candler Hospital, Inc.

Employer identification number

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

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**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 Gregory J. Schaack Trustee/CFO	(i) 268,508	13,340	1,148	10,730	27,468	321,194	0
	(ii) 194,436	9,660	832	7,770	19,891	232,589	0
2 Sherry A. Danello Trustee/VP	(i) 182,117	0	2,210	10,730	38,185	233,242	0
	(ii) 131,878	0	1,600	7,770	27,651	168,899	0
3 Thomas S. Pound Chairman/VP	(i) 144,396	0	400	10,730	18,529	174,055	0
	(ii) 104,563	0	290	7,770	13,418	126,041	0
4 Julia Mikell, MD Trustee/Physician	(i) 109,954	0	1,782	0	6,984	118,720	0
	(ii) 79,622	0	1,290	0	5,057	85,969	0
5 Paul P. Hinchey President & CEO	(i) 464,785	0	11,300	0	28,382	504,467	0
	(ii) 336,568	0	8,182	0	20,553	365,303	0
6 Kyle L. McCann COO	(i) 249,645	0	400	10,730	18,992	279,767	0
	(ii) 180,777	0	290	7,770	13,753	202,590	0
7 Sr. Margie Beatty, RSM VP	(i) 0	0	111,334	0	4,778	116,112	0
	(ii) 0	0	101,212	0	4,343	105,555	0
8 Mary M. Strand VP	(i) 91,714	0	2,341	0	3,347	97,402	0
	(ii) 66,413	0	1,696	0	2,424	70,533	0
9 Nolan D. Hennessee VP	(i) 153,386	0	400	9,657	17,677	181,120	0
	(ii) 111,072	0	290	6,993	12,801	131,156	0
10 Bradley Trower VP	(i) 129,364	0	261	8,262	11,970	149,857	0
	(ii) 93,678	0	189	5,983	8,668	108,518	0
11 Gregory A. Menke VP	(i) 114,103	0	1,148	7,618	11,635	134,504	0
	(ii) 82,627	0	832	5,517	8,425	97,401	0
12 John Pablo Director-Oncology	(i) 736,208	209,400	450	0	30,182	976,240	0
	(ii) 0	0	0	0	0	0	0
13 William E. Richards Radiation Oncologist	(i) 692,937	0	251,290	0	29,612	973,839	0
	(ii) 0	0	0	0	0	0	0
14 Joshua T. McKenzie Radiation Oncologist	(i) 644,007	100,000	270	0	30,494	774,771	0
	(ii) 0	0	0	0	0	0	0
15 John L. Mikell Radiation Oncologist	(i) 522,073	111,375	240	0	25,911	659,599	0
	(ii) 0	0	0	0	0	0	0
16 Howard A. Zaren MedDirector-Oncology	(i) 595,511	0	6,180	0	41,080	642,771	0
	(ii) 0	0	0	0	0	0	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	18,500	0
Sherry A. Danello	0	18,500	0
Thomas S. Pound	0	18,500	0
Kyle L. McCann	0	18,500	0
Nolan D. Hennessee	0	16,650	0
Bradley Trower	0	14,245	0
Gregory A. Menke	0	13,135	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 (SERP), which provides retirement benefits to certain officers and select

**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.

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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 compensation to The Sisters of Mercy (SOM) for her services. Total amount

**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.

paid to SOM in calendar year 2018 was \$221,667.

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

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Candler Hospital, Inc.

**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.

(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.

(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	659,599	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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**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, 2019, the Hospital served the following: 59,842 acute care patient days and 13,232 discharges including newborn; 4,476 rehab days with 370 discharges; and 3,165 skilled nursing days with 265 discharges. Emergency room visits totaled 63,233. The Hospital also provided services for 295,262 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

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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

Candler Hospital, Inc.

Employer identification number

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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

Employer identification number

Candler Hospital, Inc.

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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

Candler Hospital, Inc.

Employer identification number

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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	\$ 19,184,242	\$ 4,278,179	\$ 0
Professional fees	\$ 20,704,937	\$ 4,339,987	\$ 0
Outside lab fees	\$ 2,073,101	\$ 0	\$ 0
Consulting fees	\$ 162,102	\$ 332,822	\$ 0
Temporary labor	\$ 2,076,942	\$ 185,651	\$ 0
Other fees	\$ 2,217,800	\$ 20	\$ 0

Name of the organization

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Candler Hospital, Inc.

58-0593388

Total

\$ 46,419,124 \$ 9,136,659 \$ 0

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

Interest in Foundations \$ 348,843

Recognized gains on transferred securities \$ 7,367,005

Equity transfers out \$ -7,746,107

Unrealized change in derivatives \$ -154,571

Total \$ -184,830

Changes in net assets are the result of noncash transactions as detailed above.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

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Candler Hospital, Inc.

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**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 Savannah GA 31405-6015 58-1690520	Radiology	GA			CH
(2) SJC Oncology Services-SC, LLC 5353 Reynolds Street Savannah GA 31405-6015 58-1894698	Oncology	GA			CH
(3) Candler ENT Practice LLC 5353 Reynolds Street Savannah GA 31405-6015 46-5647244	ENT	GA			CH
(4) Candler Medical Oncology Practice L 5353 Reynolds Street Savannah GA 31405-6015 46-5633323	Oncology	GA			CH
(5) SJ/SC Cardiology LLC 5353 Reynolds Street Savannah GA 31405-6015 81-2136129	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 Savannah GA 31405-6015 58-2288758	Mgmnt	GA	501c 3	12c	N/A		X
(2) St. Joseph's Hospital, Inc. 11705 Mercy Blvd. Savannah GA 31419-1711 58-0568702	Acute Care	GA	501c 3	3	System		X
(3) SJC Home Health Services, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1329042	Home Hlth	GA	501c 3	10	System		X
(4) Georgia Infirmary, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-0668614	Clinic	GA	501c 3	10	System		X
(5) Candler Foundation, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1553254	Foundation	GA	501c 3	12b	System		X

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

Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

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 Savannah GA 31405-6015 82-2647012	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 Savannah GA 31405-6015 58-1905195	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 GA 31405-6015 46-0748220	Imaging	GA	N/A	Excluded	190,881	809,540		X	N/A		X	25.00
(2) The Listening Center, LLC 5356 Reynolds Street Savannah GA 31405 45-4044301	ENT	GA	N/A	Excluded	76,894	32,405		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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)	X	
<b>s</b> 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.

Public Inspection Copy

Form **990-T**

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

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19

Go to [www.irs.gov/Form990T](http://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><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a)</p> <p><b>C</b> Book value of all assets at end of year <u>204,769,401</u></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>Print</b> <u>Candler Hospital, Inc.</u> <b>or</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>Type</b> <u>5353 Reynolds Street</u> City or town, state or province, country, and ZIP or foreign postal code <u>Savannah GA 31405-6015</u></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <u>58-0593388</u></p> <p><b>E</b> Unrelated business activity code (See instructions.) <u>713940   624410</u></p>
<p><b>F</b> Group exemption number (See instructions.) <u>u</u></p> <p><b>G</b> Check organization type <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</p>		

**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. 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 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.  
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			
<b>c Balance</b> <u>u</u>		<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
4a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from partnership and S corporation (attach statement)	<b>5</b>		
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See instructions; attach schedule) <u>See Stmt 2</u>	<b>12</b> 352,374		352,374
13	<b>Total.</b> Combine lines 3 through 12	<b>13</b> 352,374		352,374

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.)			
14	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
15	Salaries and wages	<b>15</b>	87,155
16	Repairs and maintenance	<b>16</b>	9,690
17	Bad debts	<b>17</b>	
18	Interest (attach schedule) (see instructions)	<b>18</b>	
19	Taxes and licenses	<b>19</b>	
20	Charitable contributions (See instructions for limitation rules)	<b>20</b>	
21	Depreciation (attach Form 4562)	<b>21</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
23	Depletion	<b>23</b>	
24	Contributions to deferred compensation plans	<b>24</b>	
25	Employee benefit programs	<b>25</b>	25
26	Excess exempt expenses (Schedule I)	<b>26</b>	
27	Excess readership costs (Schedule J)	<b>27</b>	
28	Other deductions (attach schedule) <u>See Statement 3</u>	<b>28</b>	159,522
29	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	256,392
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	95,982
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
32	Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	95,982

Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Rows include 33 (Total of unrelated business taxable income), 34 (Amounts paid for disallowed fringes), 35 (Deductions for net operating loss), 36 (Total of unrelated business taxable income before specific deduction), 37 (Specific deduction), and 38 (Unrelated business taxable income).

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include 39 (Organizations Taxable as Corporations), 40 (Trusts Taxable at Trust Rates), 41 (Proxy tax), 42 (Alternative minimum tax), 43 (Tax on Noncompliant Facility Income), and 44 (Total).

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include 45a-e (Credits), 46 (Subtract line 45e from line 44), 47 (Other taxes), 48 (Total tax), 49 (2018 net 965 tax liability), 50a-g (Payments), 51 (Total payments), 52 (Estimated tax penalty), 53 (Tax due), 54 (Overpayment), and 55 (Enter the amount of line 54).

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Rows include 56 (Interest in foreign account), 57 (Distribution from foreign trust), and 58 (Tax-exempt interest received).

Sign Here: 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. Signature of officer: Jacqueline G. Atkins, Date: [blank], Title: Trustee/CFO.

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

Table with 3 columns: Field, Value, and Field. Fields include Print/Type preparer's name (Jacqueline G. Atkins), Preparer's signature, Date, Check self-employed, PTIN (P00861721), Firm's name (Draffin & Tucker LLP), Firm's EIN (58-0914992), Firm's address (Albany, GA 31708-1309), and Phone no. (229-883-7878).

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

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

**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)		
<b>Total</b>	<b>Total</b>	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>

(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)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8			<b>u</b>	<b>u</b>

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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. Row 1 contains 'N/A'.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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. Rows 1-4 are empty.

Totals row for Schedule F with instructions: 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)

Table with 5 columns: 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). Row 1 contains 'N/A'.

Totals row for Schedule G with instructions: 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)

Table with 7 columns: 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, 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). Row 1 contains 'N/A'.

Totals row for Schedule I with instructions: 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 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4). Row 1 contains 'N/A'.

Totals row for Schedule J with instruction: 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)						
<b>Totals from Part I</b> .....	<b>u</b>					
<b>Totals, Part II (lines 1-5)</b> .....	<b>u</b>	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 27.

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14		<b>u</b>	

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

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19

**Go to [www.irs.gov/Form990T](http://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

Candler Hospital, Inc.

Employer identification number  
58-0593388

Unrelated business activity code (see instructions) 624410

Describe the unrelated trade or business u Childrens House

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances				
<b>c</b> Balance	<b>u</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <u>See Stmt 1</u>		<b>12</b> 530,931		530,931
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 530,931		530,931

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b>		
<b>21</b> Depreciation (reported on Form 4562)		<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>		<b>22b</b> 0
<b>23</b> Depletion		<b>23</b>		
<b>24</b> Contributions to deferred compensation plans		<b>24</b>		
<b>25</b> Employee benefit programs		<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>		
<b>28</b> Other deductions (attach schedule) <u>See Statement 2</u>		<b>28</b>		581,041
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>		581,041
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>		-50,110
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>		
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b>		-50,110

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



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

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19

**Go to [www.irs.gov/Form990T](http://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

Candler Hospital, Inc.

Employer identification number  
58-0593388

Unrelated business activity code (see instructions) 713940

Describe the unrelated trade or business Wellness Center

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances				
<b>c</b> Balance	<b>1c</b>			
<b>2</b> Cost of goods sold (Schedule A line 7)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from partnership and S corporation (attach statement)	<b>5</b>			
<b>6</b> Rent income (Schedule C)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>			
<b>11</b> Advertising income (Schedule J)	<b>11</b>			
<b>12</b> Other income (See instructions; attach schedule) <u>See Stmt 3</u>	<b>12</b>	643,373		643,373
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	643,373		643,373

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		654,756
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (reported on Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b> 0
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule) <u>See Statement 4</u>	<b>28</b>		335,365
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		990,121
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		-346,748
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>		
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>		-346,748

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form **990-T****Schedule M Charitable Contribution and Loss Calculation****2018**Description **Childrens House**

Name

**Candler Hospital, Inc.**

Taxpayer Identification Number

**58-0593388**

Unincorporated Business Income Tax Code:

**624410**

Activity:

**Child day care services****Public Inspection Copy****Worksheet 1 Activity Charitable Contribution Deduction**

<b>1</b>	Activity Income (Schedule M, Line 13, col C)	<b>1</b>	<b>530,931</b>
<b>2</b>	Activity Expense (does not include amount needed for Line 20)	<b>2</b>	<b>581,041</b>
<b>3</b>	Net Income (Line 1 minus Line 2); If less than zero, enter -0-	<b>3</b>	<b>0</b>
<b>4</b>	Current activity contribution limit (Multiplier used is 10 %)	<b>4</b>	
<b>5</b>	Current year contributions	<b>5</b>	<b>0</b>
<b>6</b>	Prior year contributions (corporations only)	<b>6</b>	
<b>7</b>	Total available contributions (Add lines 5 and 6)	<b>7</b>	
<b>8</b>	Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	<b>8</b>	
<b>9</b>	Remaining contributions (subtract line 8 from line 7)	<b>9</b>	
<b>10</b>	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount	<b>10</b>	
<b>11</b>	Remaining contributions (carried forward for corporations only, See Worksheet 3)	<b>11</b>	<b>0</b>

**Worksheet 2 Activity Losses and Carryforward Amounts**

<b>1</b>	Activity losses (do not include amounts before 2018)	<b>1</b>	
<b>2</b>	Amount of loss used in the current year	<b>2</b>	<b>0</b>
<b>3</b>	Prior year losses carried over to next year	<b>3</b>	
<b>4</b>	Losses generated by current year activity	<b>4</b>	<b>50,110</b>
<b>5</b>	Total loss carried forward to 2019	<b>5</b>	<b>50,110</b>

**Worksheet 3 Activity Charitable Contribution Carryforward**

Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 06/30/14					
4th 06/30/15					
3rd 06/30/16					
2nd 06/30/17					
1st 06/30/18					
Charitable Contribution Carryover To Current Year			<b>0</b>		
Current Year Amount	<b>0</b>				<b>0</b>
Charitable Contribution Carryover Available To Next Year					<b>0</b>

Form **990-T****Schedule M Charitable Contribution and Loss Calculation****2018**Description **Wellness Center**

Name

**Candler Hospital, Inc.**

Taxpayer Identification Number

**58-0593388**

Unincorporated Business Income Tax Code:

**713940**

Activity:

**Fitness and recreational sports****Worksheet 1 Activity Charitable Contribution Deduction**

<b>1</b>	Activity Income (Schedule M, Line 13, col C)	<b>1</b>	<b>643,373</b>
<b>2</b>	Activity Expense (does not include amount needed for Line 20)	<b>2</b>	<b>990,121</b>
<b>3</b>	Net Income (Line 1 minus Line 2); If less than zero, enter -0-	<b>3</b>	<b>0</b>
<b>4</b>	Current activity contribution limit (Multiplier used is 10%)	<b>4</b>	
<b>5</b>	Current year contributions	<b>5</b>	<b>0</b>
<b>6</b>	Prior year contributions (corporations only)	<b>6</b>	
<b>7</b>	Total available contributions (Add lines 5 and 6)	<b>7</b>	
<b>8</b>	Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	<b>8</b>	
<b>9</b>	Remaining contributions (subtract line 8 from line 7)	<b>9</b>	
<b>10</b>	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount	<b>10</b>	
<b>11</b>	Remaining contributions (carried forward for corporations only, See Worksheet 3)	<b>11</b>	<b>0</b>

**Worksheet 2 Activity Losses and Carryforward Amounts**

<b>1</b>	Activity losses (do not include amounts before 2018)	<b>1</b>	
<b>2</b>	Amount of loss used in the current year	<b>2</b>	<b>0</b>
<b>3</b>	Prior year losses carried over to next year	<b>3</b>	
<b>4</b>	Losses generated by current year activity	<b>4</b>	<b>346,748</b>
<b>5</b>	Total loss carried forward to 2019	<b>5</b>	<b>346,748</b>

**Worksheet 3 Activity Charitable Contribution Carryforward**

Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 06/30/14					
4th 06/30/15					
3rd 06/30/16					
2nd 06/30/17					
1st 06/30/18					
Charitable Contribution Carryover To Current Year			<b>0</b>		
Current Year Amount			<b>0</b>		<b>0</b>
Charitable Contribution Carryover Available To Next Year					<b>0</b>

**Statement 1 - Form 990-T - Primary Unrelated Business Activity**Description

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	\$ 352,374
Total	\$ <u>352,374</u>

**Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
Medical professional fees	\$ 52,829
Non-medical professional fees	892
Materials and supplies	105,049
Purchased services	487
Utilities	9
Other operating expenses	256
Total	\$ <u>159,522</u>

**Federal Statements****Childrens House****Statement 1 - Form 990-T, Schedule M, Line 12 - Other Income**

Description	Amount
Childrens House	\$ 530,931
Total	\$ 530,931

**Childrens House****Statement 2 - Form 990-T, Schedule M, Line 28 - Other Deductions**

Description	Amount
Other Deductions	\$ 581,041
Total	\$ 581,041

### Federal Statements

**Wellness Center**

**Statement 3 - Form 990-T, Schedule M, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
Wellness Center	\$ <u>643,373</u>
Total	\$ <u><u>643,373</u></u>

**Wellness Center**

**Statement 4 - Form 990-T, Schedule M, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
Other Deductions	\$ <u>335,365</u>
Total	\$ <u><u>335,365</u></u>

**Annual Hospital Questionnaires CY 2019:  
St. Joseph's Hospital, Inc. and Candler Hospital, Inc.**



## 2019 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, 2019 through December 31, 2019.

***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(PH0)

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	8,708	38,312	8,686	38,217
Intensive Care	38	2,147	17,647	2,145	17,640
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	22	477	5,771	474	5,671
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
<b>Total</b>	<b>294</b>	<b>11,332</b>	<b>61,730</b>	<b>11,305</b>	<b>61,528</b>

## **2. Race/Ethnicity**

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal.

<b>Race/Ethnicity</b>	<b>Admissions</b>	<b>Inpatient Days</b>
American Indian/Alaska Native	17	126
Asian	118	744
Black/African American	2,980	17,881
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	9	63
White	8,208	42,916
Multi-Racial	0	0
<b>Total</b>	<b>11,332</b>	<b>61,730</b>

## **3. Gender**

Please report admissions and inpatient days by gender. Exclude newborn and neonatal.

<b>Gender</b>	<b>Admissions</b>	<b>Inpatient Days</b>
Male	5,526	30,776
Female	5,806	30,954
<b>Total</b>	<b>11,332</b>	<b>61,730</b>

## **4. Payment Source**

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal.

<b>Primary Payment Source</b>	<b>Admissions</b>	<b>Inpatient Days</b>
Medicare	7,376	41,814
Medicaid	516	3,568
Peachare	0	0
Third-Party	2,689	12,047
Self-Pay	719	4,192
Other	32	109

## **5. Discharges to Death**

Report the total number of inpatient admissions discharged during the reporting period due to death.

317

## **6. Charges for Selected Services**

Please report the hospital's average charges as of 12-31-2019 (to the nearest whole dollar).

<b>Service</b>	<b>Charge</b>
Private Room Rate	1,192
Semi-Private Room Rate	1,192
Operating Room: Average Charge for the First Hour	5,337
Average Total Charge for an Inpatient Day	10,805

## Part E : Emergency Department and Outpatient Services

### **1. Emergency Visits**

Please report the number of emergency visits only.

50,509

### **2. Inpatient Admissions from ER**

Please report inpatient admissions to the Hospital from the ER for emergency cases ONLY.

7,066

### **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	50,509
	0	0
	0	0
	0	0
	0	0

### **5. Transfers**

Please provide the number of Transfers to another institution from the Emergency Department.

776

### **6. Non-Emergency Visits**

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital.

51,679

### **7. Observation Visits/Cases**

Please provide the total number of Observation visits/cases for the entire report period.

2,599

### **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.

1,416

## 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	87
Number of Dialysis Treatments	2,726
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	47,988
Number of CTS Units (machines)	4
Number of CTS Procedures	34,287
Number of Diagnostic Radioisotope Procedures	6,519
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeutic Radioisotope Procedures	20
Number of Number of MRI Units	2
Number of Number of MRI Procedures	6,051
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	301,012
Number of Occupational Therapy Treatments	59,605
Number of Physical Therapy Treatments	119,419
Number of Speech Pathology Patients	6,257
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	643
Number of HIV/AIDS Patients	615
Number of Ambulance Trips	0
Number of Hospice Patients	70
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	4
Number of Ultrasound/Medical Sonography Procedures	19,111
Number of Treatments, Procedures, or Patients (Other 1)	10,065
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	339	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 12-31-2019. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2019.

Profession	Profession	Profession	Profession
Licensed Physicians	6.42	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	14.00	0.83	0.00
Registered Nurses (RNs-Advanced Practice*)	448.93	0.00	0.00
Licensed Practical Nurses (LPNs)	10.34	0.00	0.00
Pharmacists	10.80	0.04	0.00
Other Health Services Professionals*	552.84	52.86	23.19
Administration and Support	110.86	4.92	0.00
All Other Hospital Personnel (not included above)	400.16	40.21	0.51

### 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)	61-90 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	17
Black/African American	24
Hispanic/Latino	18
Pacific Islander/Hawaiian	0
White	405
Multi-Racial	51

### 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	36	<input checked="" type="checkbox"/>	36	0
General Internal Medicine	47	<input checked="" type="checkbox"/>	44	0
Pediatricians	45	<input type="checkbox"/>	45	0
Other Medical Specialties	117	<input type="checkbox"/>	104	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	26	<input type="checkbox"/>	26	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	5	<input type="checkbox"/>	5	0
Ophthalmology Surgery	18	<input type="checkbox"/>	15	0
Orthopedic Surgery	43	<input type="checkbox"/>	42	0
Plastic Surgery	16	<input type="checkbox"/>	16	0
General Surgery	18	<input type="checkbox"/>	18	0
Thoracic Surgery	3	<input type="checkbox"/>	3	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	31	<input checked="" type="checkbox"/>	31	0
Dermatology	4	<input type="checkbox"/>	2	0
Emergency Medicine	32	<input checked="" type="checkbox"/>	32	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	22	<input checked="" type="checkbox"/>	21	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	14
Podiatrists	10
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	5

**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	9	0	0	0	0	0	0	0	0	0	0	0	1
Appling	141	29	0	0	0	0	0	0	0	0	0	0	6
Atkinson	7	1	0	0	0	0	0	0	0	0	0	0	1
Bacon	17	1	0	0	0	0	0	0	0	0	0	0	0
Baldwin	1	1	0	0	0	0	0	0	0	0	0	0	0
Ben Hill	2	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	0	3	0	0	0	0	0	0	0	0	0	0	0
Bleckley	2	0	0	0	0	0	0	0	0	0	0	0	0
Brantley	15	6	0	0	0	0	0	0	0	0	0	0	1
Bryan	1,132	540	0	0	0	0	0	0	0	0	0	0	38
Bulloch	300	226	0	0	0	0	0	0	0	0	0	0	16
Burke	6	0	0	0	0	0	0	0	0	0	0	0	0
Calhoun	1	1	0	0	0	0	0	0	0	0	0	0	0
Camden	9	5	0	0	0	0	0	0	0	0	0	0	0
Candler	78	28	0	0	0	0	0	0	0	0	0	0	6
Charlton	2	0	0	0	0	0	0	0	0	0	0	0	0
Chatham	5,819	3,404	0	0	0	0	0	0	0	0	0	0	253
Cherokee	2	0	0	0	0	0	0	0	0	0	0	0	0
Clayton	0	1	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	4	0	0	0	0	0	0	0	0	0	0	0	0
Coffee	24	7	0	0	0	0	0	0	0	0	0	0	3
Columbia	2	0	0	0	0	0	0	0	0	0	0	0	0
Cook	1	0	0	0	0	0	0	0	0	0	0	0	0
Coweta	2	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	2	0	0	0	0	0	0	0	0	0	0	0	0
DeKalb	2	2	0	0	0	0	0	0	0	0	0	0	0

Dodge	4	2	0	0	0	0	0	0	0	0	0	0	1
Dooly	1	0	0	0	0	0	0	0	0	0	0	0	0
Dougherty	2	0	0	0	0	0	0	0	0	0	0	0	0
Douglas	2	1	0	0	0	0	0	0	0	0	0	0	0
Effingham	793	578	0	0	0	0	0	0	0	0	0	0	33
Emanuel	41	32	0	0	0	0	0	0	0	0	0	0	1
Evans	128	35	0	0	0	0	0	0	0	0	0	0	10
Fayette	1	0	0	0	0	0	0	0	0	0	0	0	0
Florida	50	16	0	0	0	0	0	0	0	0	0	0	3
Forsyth	1	1	0	0	0	0	0	0	0	0	0	0	0
Fulton	5	1	0	0	0	0	0	0	0	0	0	0	0
Gilmer	1	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	87	57	0	0	0	0	0	0	0	0	0	0	7
Gwinnett	2	2	0	0	0	0	0	0	0	0	0	0	0
Hall	1	0	0	0	0	0	0	0	0	0	0	0	0
Henry	3	2	0	0	0	0	0	0	0	0	0	0	0
Houston	1	1	0	0	0	0	0	0	0	0	0	0	0
Irwin	1	1	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	38	18	0	0	0	0	0	0	0	0	0	0	1
Jefferson	3	0	0	0	0	0	0	0	0	0	0	0	0
Jenkins	5	5	0	0	0	0	0	0	0	0	0	0	0
Johnson	9	3	0	0	0	0	0	0	0	0	0	0	0
Lanier	2	1	0	0	0	0	0	0	0	0	0	0	1
Laurens	4	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	895	441	0	0	0	0	0	0	0	0	0	0	34
Long	116	60	0	0	0	0	0	0	0	0	0	0	5
Lowndes	2	2	0	0	0	0	0	0	0	0	0	0	0
Macon	1	1	0	0	0	0	0	0	0	0	0	0	0
Madison	2	0	0	0	0	0	0	0	0	0	0	0	0
McIntosh	139	44	0	0	0	0	0	0	0	0	0	0	5
Mitchell	2	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	25	10	0	0	0	0	0	0	0	0	0	0	2
Muscogee	1	0	0	0	0	0	0	0	0	0	0	0	0
North Carolina	16	3	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	117	32	0	0	0	0	0	0	0	0	0	0	2
Pierce	34	15	0	0	0	0	0	0	0	0	0	0	2
Polk	1	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	0	1	0	0	0	0	0	0	0	0	0	0	0
Richmond	2	0	0	0	0	0	0	0	0	0	0	0	0
Screven	88	67	0	0	0	0	0	0	0	0	0	0	2
South Carolina	576	355	0	0	0	0	0	0	0	0	0	0	16
Spalding	4	0	0	0	0	0	0	0	0	0	0	0	1

Tattnall	179	49	0	0	0	0	0	0	0	0	0	0	13
Taylor	1	0	0	0	0	0	0	0	0	0	0	0	0
Telfair	4	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	5	8	0	0	0	0	0	0	0	0	0	0	0
Terrell	1	0	0	0	0	0	0	0	0	0	0	0	0
Tift	1	0	0	0	0	0	0	0	0	0	0	0	0
Toombs	69	52	0	0	0	0	0	0	0	0	0	0	2
Towns	0	1	0	0	0	0	0	0	0	0	0	0	0
Treutlen	11	1	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
Ware	34	16	0	0	0	0	0	0	0	0	0	0	1
Washington	1	1	0	0	0	0	0	0	0	0	0	0	0
Wayne	229	72	0	0	0	0	0	0	0	0	0	0	10
Wheeler	6	4	0	0	0	0	0	0	0	0	0	0	0
White	0	1	0	0	0	0	0	0	0	0	0	0	0
Wilcox	2	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	0	1	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>11,332</b>	<b>6,256</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>477</b>

## 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	20
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
	0	0	0
<b>Total</b>	<b>0</b>	<b>2</b>	<b>20</b>

#### 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	1,986	4,468	4,284
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1,986</b>	<b>4,468</b>	<b>4,284</b>

#### 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	1,985	4,072	4,271
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1,985</b>	<b>4,072</b>	<b>4,271</b>

### 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	6
Asian	94
Black/African American	1,695
Hispanic/Latino	0
Pacific Islander/Hawaiian	5
White	4,456
Multi-Racial	0
<b>Total</b>	<b>6,256</b>

## **2. Age Grouping**

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	97
Ages 15-64	3,414
Ages 65-74	1,745
Ages 75-85	864
Ages 85 and Up	136
<b>Total</b>	<b>6,256</b>

## **3. Gender**

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	2,745
Female	3,511
<b>Total</b>	<b>6,256</b>

## **4. Payment Source**

Please report the total number of ambulatory patients by payment source.

Primary Payment Source	Number of Patients
Medicare	3,067
Medicaid	240
Third-Party	2,737
Self-Pay	212

## **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
<b>Total</b>	<b>0</b>	<b>0</b>

## 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
<b>Total</b>	<b>0</b>	<b>0</b>

## 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
<b>Total</b>	<b>0</b>	<b>0</b>

## **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
<b>Total</b>	<b>0</b>	<b>0</b>

## **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
<b>Total</b>	<b>0</b>	<b>0</b>

## **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
<b>Total</b>	<b>0</b>	<b>0</b>

### 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
<b>Total</b>	<b>0</b>	<b>0</b>

### 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
Vietnamese	unknown	0	0	0
Gujarati	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	2	37
Asian	4	61
Black/African American	104	1,316
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	364	4,308
Multi-Racial	3	49

#### 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	196	2,470
Female	281	3,301

#### 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	107	1,283
65-84	305	3,764
85 Up	65	724

### 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	473
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	406
Third Party/Commercial	66
Self Pay	4
Other	1

### **2. Uncompensated Indigent and Charity Care**

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

11

## **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	85
2. Brain Injury	38
3. Amputation	16
4. Spinal Cord	69
5. Fracture of the femur	65
6. Neurological disorders	83
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	28
All Other	89

## **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:** 3/9/2020

**Title:** President and 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 = 1: The Medical/Surgical patients and days include 2 cases involving obstetrics services falling within MSDRG 769 and MSDRG 776. All of these types of cases are covered by Georgia Medicaid. The physicians involved in caring for these patients included OB/GYNs and hospitalists.

-

Part D – 2: SJH no longer designates Hispanic/latino or multi-racial as a distinct race.

-

Part E - 4: SJH does not track patients by visit type. All ED visits, including psych visits, are reported as general ED visits.

-

Part E – 4: The 28 general ED rooms contain 32 general ED beds.

-

Part E – 8 and 9: SJH did not experience a general ambulance diversion in 2019. 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, 2019.

-

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.

-

Georgia Minority Advisory Council Addendum, Q3: SJC does not track information regarding languages spoken by physicians, nurses and other employed staff. The accurate response would be “unknown”.

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## 2019 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, 2019 through December 31, 2019.

***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: N.C.

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(PH0)

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	2,934	7,491	2,910	7,440
Pediatrics (Non ICU)	20	195	595	199	623
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	6,090	33,322	6,065	33,154
Intensive Care	20	1,010	10,464	1,017	10,490
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	23	411	5,094	412	5,096
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
<b>Total</b>	<b>320</b>	<b>10,640</b>	<b>56,966</b>	<b>10,603</b>	<b>56,803</b>

## **2. Race/Ethnicity**

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal.

<b>Race/Ethnicity</b>	<b>Admissions</b>	<b>Inpatient Days</b>
American Indian/Alaska Native	25	153
Asian	156	633
Black/African American	4,387	23,931
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	12	59
White	6,060	32,190
Multi-Racial	0	0
<b>Total</b>	<b>10,640</b>	<b>56,966</b>

## **3. Gender**

Please report admissions and inpatient days by gender. Exclude newborn and neonatal.

<b>Gender</b>	<b>Admissions</b>	<b>Inpatient Days</b>
Male	3,533	23,294
Female	7,107	33,672
<b>Total</b>	<b>10,640</b>	<b>56,966</b>

## **4. Payment Source**

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal.

<b>Primary Payment Source</b>	<b>Admissions</b>	<b>Inpatient Days</b>
Medicare	4,324	30,492
Medicaid	1,785	7,271
Peachare	0	0
Third-Party	3,727	15,047
Self-Pay	791	4,062
Other	13	94

## **5. Discharges to Death**

Report the total number of inpatient admissions discharged during the reporting period due to death.

206

## **6. Charges for Selected Services**

Please report the hospital's average charges as of 12-31-2019 (to the nearest whole dollar).

<b>Service</b>	<b>Charge</b>
Private Room Rate	1,192
Semi-Private Room Rate	1,192
Operating Room: Average Charge for the First Hour	5,337
Average Total Charge for an Inpatient Day	7,008



## Part E : Emergency Department and Outpatient Services

### **1. Emergency Visits**

Please report the number of emergency visits only.

62,802

### **2. Inpatient Admissions from ER**

Please report inpatient admssions to the Hospital from the ER for emergency cases ONLY.

5,442

### **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	62,802
	0	0
	0	0
	0	0
	0	0

### **5. Transfers**

Please provide the number of Transfers to another institution from the Emergency Department.

694

### **6. Non-Emergency Visits**

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital.

247,950

### **7. Observation Visits/Cases**

Please provide the total number of Observation visits/cases for the entire report period.

2,589

### **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.

1,614

## 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	237
Number of Dialysis Treatments	2,227
Number of ESWL Patients	121
Number of ESWL Procedures	128
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	54,236
Number of CTS Units (machines)	4
Number of CTS Procedures	34,028
Number of Diagnostic Radioisotope Procedures	3,175
Number of PET Units (machines)	1
Number of PET Procedures	1,895
Number of Therapeutic Radioisotope Procedures	58
Number of Number of MRI Units	2
Number of Number of MRI Procedures	5,366
Number of Chemotherapy Treatments	17,243
Number of Respiratory Therapy Treatments	205,082
Number of Occupational Therapy Treatments	51,132
Number of Physical Therapy Treatments	116,896
Number of Speech Pathology Patients	4,854
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	5,525
Number of HIV/AIDS Patients	4,775
Number of Ambulance Trips	0
Number of Hospice Patients	91
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	8
Number of Ultrasound/Medical Sonography Procedures	22,127
Number of Treatments, Procedures, or Patients (Other 1)	309
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	1,028	DaVinci

## Part G : Facility Workforce Information

### 1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2019. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2019.

Profession	Profession	Profession	Profession
Licensed Physicians	11.00	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	13.65	0.91	0.00
Registered Nurses (RNs-Advanced Practice*)	510.68	27.61	0.00
Licensed Practical Nurses (LPNs)	16.47	0.00	0.00
Pharmacists	15.10	0.00	0.00
Other Health Services Professionals*	749.88	79.33	33.02
Administration and Support	179.68	25.15	0.00
All Other Hospital Personnel (not included above)	374.69	21.00	1.56

### 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)	61-90 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	16
Black/African American	25
Hispanic/Latino	18
Pacific Islander/Hawaiian	0
White	408
Multi-Racial	50

### 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"/>	37	0
General Internal Medicine	47	<input checked="" type="checkbox"/>	44	0
Pediatricians	45	<input type="checkbox"/>	45	0
Other Medical Specialties	117	<input type="checkbox"/>	104	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	26	<input type="checkbox"/>	26	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	5	<input type="checkbox"/>	5	0
Ophthalmology Surgery	18	<input type="checkbox"/>	15	0
Orthopedic Surgery	43	<input type="checkbox"/>	42	0
Plastic Surgery	16	<input type="checkbox"/>	16	0
General Surgery	19	<input type="checkbox"/>	19	0
Thoracic Surgery	3	<input type="checkbox"/>	3	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	31	<input checked="" type="checkbox"/>	31	0
Dermatology	4	<input type="checkbox"/>	2	0
Emergency Medicine	33	<input checked="" type="checkbox"/>	33	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	21	<input checked="" type="checkbox"/>	21	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	17
Podiatrists	11
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	6	6	1	0	0	0	0	0	0	0	0	0	1
Appling	47	89	1	0	0	0	0	0	0	0	0	0	3
Atkinson	7	7	0	0	0	0	0	0	0	0	0	0	0
Bacon	6	25	0	0	0	0	0	0	0	0	0	0	1
Baldwin	0	1	0	0	0	0	0	0	0	0	0	0	0
Barrow	0	1	0	0	0	0	0	0	0	0	0	0	0
Bartow	1	2	0	0	0	0	0	0	0	0	0	0	0
Ben Hill	5	13	0	0	0	0	0	0	0	0	0	0	0
Berrien	0	1	0	0	0	0	0	0	0	0	0	0	0
Bibb	2	1	1	0	0	0	0	0	0	0	0	0	0
Brantley	12	48	0	0	0	0	0	0	0	0	0	0	0
Bryan	587	973	227	0	0	0	0	0	0	0	0	0	21
Bulloch	246	480	47	0	0	0	0	0	0	0	0	0	11
Burke	3	3	0	0	0	0	0	0	0	0	0	0	0
Camden	8	55	2	0	0	0	0	0	0	0	0	0	0
Candler	33	61	1	0	0	0	0	0	0	0	0	0	1
Charlton	0	11	0	0	0	0	0	0	0	0	0	0	0
Chatham	7,096	5,574	2,080	0	0	0	0	0	0	0	0	0	248
Cherokee	0	1	0	0	0	0	0	0	0	0	0	0	0
Clarke	3	1	2	0	0	0	0	0	0	0	0	0	0
Clayton	3	1	0	0	0	0	0	0	0	0	0	0	0
Clinch	0	1	0	0	0	0	0	0	0	0	0	0	0
Cobb	3	5	1	0	0	0	0	0	0	0	0	0	0
Coffee	69	61	0	0	0	0	0	0	0	0	0	0	1
Colquitt	0	2	0	0	0	0	0	0	0	0	0	0	0
Columbia	2	2	0	0	0	0	0	0	0	0	0	0	0
Coweta	0	2	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
Decatur	1	0	1	0	0	0	0	0	0	0	0	0	0
DeKalb	7	3	0	0	0	0	0	0	0	0	0	0	0
Dodge	0	5	0	0	0	0	0	0	0	0	0	0	0
Dooly	2	2	0	0	0	0	0	0	0	0	0	0	0
Dougherty	0	1	0	0	0	0	0	0	0	0	0	0	0
Douglas	2	0	0	0	0	0	0	0	0	0	0	0	0
Effingham	820	1,168	313	0	0	0	0	0	0	0	0	0	25
Elbert	1	0	0	0	0	0	0	0	0	0	0	0	1
Emanuel	28	86	0	0	0	0	0	0	0	0	0	0	0
Evans	67	119	3	0	0	0	0	0	0	0	0	0	4
Florida	29	23	4	0	0	0	0	0	0	0	0	0	3
Fulton	6	6	0	0	0	0	0	0	0	0	0	0	1
Glynn	47	260	3	0	0	0	0	0	0	0	0	0	9
Gwinnett	7	3	0	0	0	0	0	0	0	0	0	0	0
Hall	1	1	1	0	0	0	0	0	0	0	0	0	0
Hancock	2	0	0	0	0	0	0	0	0	0	0	0	0
Harris	1	0	0	0	0	0	0	0	0	0	0	0	0
Hart	1	0	1	0	0	0	0	0	0	0	0	0	0
Heard	0	0	0	0	0	0	0	0	0	0	0	0	1
Henry	2	3	0	0	0	0	0	0	0	0	0	0	0
Houston	1	2	0	0	0	0	0	0	0	0	0	0	0
Irwin	2	1	0	0	0	0	0	0	0	0	0	0	0
Jackson	0	0	0	0	0	0	0	0	0	0	0	0	1
Jeff Davis	19	40	1	0	0	0	0	0	0	0	0	0	1
Jefferson	1	1	1	0	0	0	0	0	0	0	0	0	0
Jenkins	10	23	1	0	0	0	0	0	0	0	0	0	1
Johnson	4	6	0	0	0	0	0	0	0	0	0	0	1
Jones	1	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	2	0	0	0	0	0	0	0	0	0	0	0	0
Laurens	11	17	0	0	0	0	0	0	0	0	0	0	1
Lee	0	2	0	0	0	0	0	0	0	0	0	0	0
Liberty	439	789	139	0	0	0	0	0	0	0	0	0	23
Long	56	146	13	0	0	0	0	0	0	0	0	0	2
Lowndes	2	5	0	0	0	0	0	0	0	0	0	0	0
McIntosh	53	81	5	0	0	0	0	0	0	0	0	0	4
Montgomery	21	32	2	0	0	0	0	0	0	0	0	0	1
Muscogee	2	2	1	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	6	7	1	0	0	0	0	0	0	0	0	0	0
Oconee	0	1	0	0	0	0	0	0	0	0	0	0	0
Oglethorpe	1	0	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	79	37	12	0	0	0	0	0	0	0	0	0	4
Peach	0	2	0	0	0	0	0	0	0	0	0	0	0

Pierce	15	54	0	0	0	0	0	0	0	0	0	0	1
Pulaski	2	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	1	0	0	0	0	0	0	0	0	0	0	0	0
Richmond	2	2	0	0	0	0	0	0	0	0	0	0	1
Rockdale	0	2	0	0	0	0	0	0	0	0	0	0	0
Screven	107	133	8	0	0	0	0	0	0	0	0	0	7
South Carolina	327	651	37	0	0	0	0	0	0	0	0	0	14
Tattnall	109	234	16	0	0	0	0	0	0	0	0	0	11
Telfair	20	12	0	0	0	0	0	0	0	0	0	0	0
Tennessee	5	6	1	0	0	0	0	0	0	0	0	0	0
Thomas	0	1	0	0	0	0	0	0	0	0	0	0	0
Tift	0	3	0	0	0	0	0	0	0	0	0	0	0
Toombs	50	147	4	0	0	0	0	0	0	0	0	0	0
Treutlen	12	11	1	0	0	0	0	0	0	0	0	0	0
Turner	0	1	0	0	0	0	0	0	0	0	0	0	0
Twiggs	1	0	0	0	0	0	0	0	0	0	0	0	0
Walker	1	0	0	0	0	0	0	0	0	0	0	0	0
Walton	0	1	0	0	0	0	0	0	0	0	0	0	0
Ware	23	37	1	0	0	0	0	0	0	0	0	0	1
Washington	2	3	0	0	0	0	0	0	0	0	0	0	0
Wayne	88	188	1	0	0	0	0	0	0	0	0	0	6
Wheeler	0	11	0	0	0	0	0	0	0	0	0	0	0
White	2	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
Worth	0	1	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>10,640</b>	<b>11,803</b>	<b>2,934</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>411</b>

## 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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>19</b>

#### 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	2,316	11,044
Cystoscopy	0	0	112	799
Endoscopy	0	0	0	0
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2,428</b>	<b>11,843</b>

#### 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	1,998	11,006
Cystoscopy	0	0	103	797
Endoscopy	0	0	0	0
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2,101</b>	<b>11,803</b>

### 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	24
Asian	134
Black/African American	3,283
Hispanic/Latino	0
Pacific Islander/Hawaiian	15
White	8,347
Multi-Racial	0
<b>Total</b>	<b>11,803</b>

## **2. Age Grouping**

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	2,582
Ages 15-64	6,517
Ages 65-74	1,769
Ages 75-85	791
Ages 85 and Up	144
<b>Total</b>	<b>11,803</b>

## **3. Gender**

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	4,184
Female	7,619
<b>Total</b>	<b>11,803</b>

## **4. Payment Source**

Please report the total number of ambulatory patients by payment source.

Primary Payment Source	Number of Patients
Medicare	2,927
Medicaid	2,184
Third-Party	6,201
Self-Pay	491

## **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: 1,186
- 6. Total Live Births: 2,914
- 7. Total Births (Live and Late Fetal Deaths): 2,937
- 8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 3,031

**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	2,630	5,704	0
Specialty Care (Intermediate Neonatal Care)	18	337	3,437	92
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	5	17
Asian	76	185
Black/African American	1,300	3,530
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	2	6
White	1,551	3,753
Multi-Racial	0	0
<b>Total</b>	<b>2,934</b>	<b>7,491</b>

## 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	1	3
Ages 15-44	2,927	7,475
Ages 45 and Up	6	13
<b>Total</b>	<b>2,934</b>	<b>7,491</b>

## 3. Average Charge for an Uncomplicated Delivery

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

\$13,981.00

## 4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$17,691.00

## 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
<b>Total</b>	<b>0</b>	<b>0</b>

## **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
<b>Total</b>	<b>0</b>	<b>0</b>

## **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
<b>Total</b>	<b>0</b>	<b>0</b>

## **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
<b>Total</b>	<b>0</b>	<b>0</b>

### 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
<b>Total</b>	<b>0</b>	<b>0</b>

### 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
American Sign Language	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

-

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## 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	7	102
Black/African American	117	1,518
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	1	6
White	274	3,291
Multi-Racial	12	177

#### 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	195	2,388
Female	216	2,706

#### 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	128	1,745
65-84	223	2,617
85 Up	60	732

### 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	411
Long Term Care Hospital	0
Skilled Nursing Facility	0
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	310
Third Party/Commercial	91
Self Pay	5
Other	5

### 2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

16

## 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	52
2. Brain Injury	25
3. Amputation	8
4. Spinal Cord	15
5. Fracture of the femur	14
6. Neurological disorders	184
7. Multiple Trauma	13
8. Congenital deformity	0
9. Burns	1
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	1
All Other	98

## 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:** 3/9/2020

**Title:** President and 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 – 4: CH does not dedicate ER beds to specific services.

-

Part E – 8 and 9: Candler did not experience a general ambulance diversion in 2019. 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: 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, 2019.

-

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. The average charge for a premature delivery excludes outliers +1 or more and -1 or less standard deviations from the mean.

-

Georgia Minority Advisory Council Addendum, Q3: SJC does not track information regarding languages spoken by physicians, nurses and other employed staff. The 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**

<b>Charity Care</b>	\$33,106,575
Outpatient and inpatient services provided <u>at cost</u> for indigent patients	
<b>Unreimbursed Care</b>	\$13,679,734
Medicaid uncompensated care <u>at cost</u> for the underinsured and GA hospital tax	
<b>TOTAL TRADITIONAL CHARITY CARE</b>	<b>\$46,786,309</b>

**OTHER BENEFITS**

<b>Community Health Improvement Services &amp; Community Benefit Operations</b>	\$2,045,399
<ul style="list-style-type: none"> <li>• African American Health Info. and Resource Center</li> <li>• Community Health Education and Presentations</li> <li>• ED Medical Home Program</li> <li>• Eye Care Clinic</li> <li>• Good Samaritan Clinic</li> <li>• Johnny's Bridges to Hope Mental Health Prog.</li> <li>• Smart Senior</li> <li>• St. Mary's Health Center</li> </ul>	
<b>Health Professions Education</b>	\$236,428
<b>Subsidized Health Services</b>	\$945,060
<ul style="list-style-type: none"> <li>• Assisted Living Assistance</li> <li>• Home Health Services</li> <li>• Infusion/DME/Tube Feeding Supplies</li> <li>• Nursing Home Assistance</li> <li>• Outpatient Palliative Care</li> <li>• Renal Dialysis Services</li> </ul>	
<b>Financial and In-Kind Contributions</b>	\$697,356
<ul style="list-style-type: none"> <li>• Angels of Mercy</li> <li>• Augusta University</li> <li>• Church/Religious Outreach</li> <li>• Community Board Involvement</li> <li>• Food Assistance</li> <li>• Hotel Lodging</li> <li>• Medbank, Inc.</li> <li>• Medical Missions</li> <li>• Meeting Space</li> <li>• Mercy Volunteers</li> <li>• Prescription Drug Assistance</li> <li>• Support Groups</li> </ul>	
<b>Community Building Activities</b>	\$434,890
<ul style="list-style-type: none"> <li>• Community Economic Development Boards</li> <li>• GED Classes</li> <li>• Project SEARCH</li> <li>• Resume and Employment Search Assistance</li> <li>• Tax Preparation Assistance (VITA)</li> <li>• Workforce Development Programs</li> </ul>	
<b>TOTAL OTHER BENEFITS</b>	<b>\$4,359,133</b>

**TOTAL COMMUNITY BENEFITS \$51,145,442**

In addition to the more than \$70.2 million dollars in formal community benefits, St. Joseph's/Candler provided \$5,686,400 in uncollected service cost and \$26,830,954 in unreimbursed Medicare cost in Fiscal Year 2019.

**2019 TOTAL COMMUNITY ASSISTANCE \$83,662,796**

**2018 TOTAL COMMUNITY ASSISTANCE \$108,192,434**

## **St. Joseph's/Candler Community Benefits Fiscal Year 2019**

### **COMMUNITY BENEFITS – AN EXTENSION OF ST. JOSEPH'S/CANDLER'S CHARITABLE MISSION**

St. Joseph's/Candler's (SJ/C) Mission, "Rooted in God's Love, we treat illness and promote wellness for all people," is the foundation of everything we do to support the communities we serve. This is a living mission that extends beyond the walls of the two hospitals and takes services to the people where they live, work and play. These services are tracked annually and reported formally to the Internal Revenue Services (IRS) on the hospitals' Form 990, schedule H. This report is completed in late October or early November each year depending on the timing on the System's audited financials. All programs and services are reported at the actual cost of providing these services, not the charges or value of the services provided.

The annual Community Benefits Report is also shared with internal stakeholders including the System's Board of Trustees, Mission and Ethics Committee of the Board of Trustees, System Leadership and Management and all other System co-workers. Externally, the report is distributed annually to Federal, State and local government leaders. It is also disseminated to local opinion makers, community organization leaders and is available to the broader community on SJ/C's website: <https://www.sjchs.org/in-the-community/community-health-needs-assessment>

### **Community Benefit Data Capture and Reporting**

Using guidance from the IRS, Catholic Health Association (CHA), Volunteer Hospital Association (VHA) and Georgia Hospital Association (GHA), community benefits are tracked, recorded and reported through Lyon Software's Community Benefit Inventory and Social Accountability (CBISA) database.

SJ/C employs a full time employee (FTE) who is responsible for educating all System co-workers on community benefits. This employee, the Director of Mission Service Operations (DMSO) is also responsible for evaluating community benefit programs to ensure they meet IRS definitions of countable community benefit programs. The DMSO is assisted in this work internally by several System co-workers who enter community benefit program information for their departments and divisions. Externally, a variety of community organizations help in determining what priorities are most important in the Chatham County and surrounding areas. The prioritized needs by internal and external stakeholders establish the programs and services which are provided and tracked as community benefits. Collectively, this information is reported annually in the System's Community Benefit Report.

### **Determining What Counts as a Community Benefits and Community Building Activities**

Using guidance from the before mentioned organizations, community benefits and building activities are defined as programs or activities that provide treatment or promote health and healing in response to an identified community need and meet at least one of community benefit objective.

The objectives of these programs are to:

## **St. Joseph's/Candler Community Benefits Fiscal Year 2019**

- Improve access to health care services
- Enhance overall public health
- Increase medical knowledge
- Relieve the burden of government to improve health

While many of these benefits are provided to the broader community, the majority of them are specifically targeted at vulnerable populations. Those populations include:

- Children
- People living in poverty (seniors, families and individuals)
- Un/under insured
- Un/under employed
- Undocumented

Community needs include those identified in the Community Health Needs Assessment (CHNA), from other documentation, such as a letter from local government leader or needs identified by the hospitals through other processes and collaborations. The formal CHNA is completed every three years as determined necessary by the IRS, but informally needs are evaluated each year through input from community members, SJ/C community benefit program participants, local leaders, other not-for-profit organizations, churches, etc.

### **SJ/C's Community Benefit Outreach Departments**

SJ/C operates a number of programs and services designed to address community health and social needs. Among these are four (4) flagship community benefit departments which are part of SJ/C's Mission Services Division. This division includes the department of Mission Services, which is responsible for ensuring SJ/C's charitable mission is actively engaged in the support and enhancement of health and wellbeing for the communities served. Each of the four programs is described below. Because each department provides multiple services across a variety of program categories, their services are summarized below and then reported in the IRS categories that follow. These departments are supported primarily by SJ/C operations, but some do receive limited grants and private donations to support activities which have been netted out of overall program costs.

### ***Community Resource Access***

SJ/C operates two (2) resource and community centers serving the broader community and vulnerable populations with a variety of social service program which enrich the lives of the people they serve. These centers specialize in education, work-force development and public benefit assistance. They serve as resource hubs for communities in Savannah who are the most in need of help.

### **SJ/C's African American Health Information and Resource Center**

Started in November 1999, this center is part of St. Joseph's/Candler's ongoing commitment to improve the health of the African-American community by providing culturally competent health care and correcting health disparities through its diverse

## **St. Joseph's/Candler Community Benefits Fiscal Year 2019**

programs. Originally the center was opened to bridge the digital divide, but has since added services and programs the community needs most. They include:

**Computer Classes, Free Internet Access, Media Center, Health Seminars, Blood Pressure Screenings, Health/Social Service Referrals, Professional Puppet Shows, Healthy Kids Cooking Camp, Youth Health Education Classes, 4-H Community Club and Public Benefit Enrollment**

### **SJ/C's St. Mary's Community Center**

This center was established in October 2000 in Savannah's Historic Cuyler-Brownsville neighborhood to provide a variety of services addressing basic needs as well as opportunities for advancement. Cuyler-Brownsville is situated in one of Chatham County's poorest census tracts and services provided address the needs of a majority of Chatham County's most vulnerable populations, specifically those living in poverty and seniors.

**Eye Exam and Eye Glass Assistance, Senior Services, General Education Diploma (GED) Courses, Employment Assistance & Employment Advancement, Free Tax Preparation, Public Benefit Enrollment and Resource Referrals**

### ***Primary Medical Home Access***

SJ/C also operates Chatham County's only two free clinics for the qualified uninsured. SJ/C provides primary care services, diagnostic testing, and if needed, hospitalization at no cost. SJ/C also facilitates the assistance with specialty care including Dialysis, Physical Therapy, Durable Medical Equipment, etc. whenever needed and available.

### **SJ/C's St. Mary's Health Center**

Once housed in the St. Mary's Community Center, the Health Center is now in a free standing building one mile away, open five (5) days a week to serve the uninsured as their primary medical home.

**Primary Care Ages 19-64, Mammograms, Pap Smears, HIV Testing, Diagnostic/Imaging, Routine Pathology, Medication Assistance, Medical Supply Assistance and Hospitalization, Mental Health Family Navigator and Clinical Pharmacist.**

### **SJ/C's Good Samaritan Clinic**

Located in Garden City, GA, the Good Samaritan is a trusted medical home for all their patients. Established in October 2007 to address the unmet needs of the uninsured Hispanic Population, services have expanded to help all populations, specifically those who are uninsured, living in poverty and located in West Chatham County. However, these services are available to anyone in Georgia or South Carolina who qualify under the Federal Poverty Guidelines. On site Spanish medical interpretation is available.

**Services: Primary Care Ages 19-64, Diagnostic/Imaging, Routine Pathology, Diabetic Counseling, Nutrition Education, Eye Exams & Glasses and English as a Second Language Courses and Citizenship Classes through the Catholic Diocese of Savannah.**

## St. Joseph's/Candler Community Benefits Fiscal Year 2019

### **SJ/C'S COMMUNITY BENEFITS REPORT FISCAL YEAR 2019**

The Systems FY 19 Community Benefits Report is included with this report. The following sections describe programs and services which are impacting the health and overall wellbeing of those people served by these community benefit programs. Each section describes the community benefit sections where each program is recorded, as defined by the IRS. Program descriptions highlight selected areas of impact and are not intended to be inclusive of the programs overall impact or programs that may not be included in this report. Where possible, participants' program contacts are reported, although this section is optional and not required by the IRS for reporting purposes. All financial figures throughout this document represent SJ/C's actual cost to provide services, not the charges which would have been billed for the services.

### **Charity Care**

SJ/C is committed to providing care for indigent patients during inpatient and outpatient visits. This care is determined using a very simple one page application. Charity care determination is approved by utilizing guidelines as outlined in the Financial Assistance Policy. As instructed by the IRS, financial assistance is advertised in every area of registration throughout the System. Charity care is reported at the actual cost of providing services, not the charges of providing this care. Financial assistance in this category is provided to both the uninsured and underinsured people in the communities served. In 2013, a growing number of people elected to be insured by high deductible and co-pay insurance plans. These patients often needed care, but could not afford their deductibles and co-pays. Patients would then be eligible for write offs of their bills if they completed the very simple one page application for financial assistance. Policy and guidelines were provided to any patient who inquired and were published for the broader community at <https://www.sjchs.org/pay-my-bill/financial-assistance>

An excerpt from the websites commination follows:

*We have financial options available to you.*

*St. Joseph's/Candler is committed to extending financial assistance to qualifying patients. If payment could create a financial hardship for you, our staff will work with you to apply for one or more of the following programs. We offer financial counseling, and all information discussed remains confidential. Applications will be processed, and approval will be determined based on specific criteria. We will not discriminate in the determination of financial assistance eligibility on the basis of race, color, creed, sex, age or handicap.*

**Medicaid:** *The Hospital has an agreement with a Medicaid Eligibility Vendor to assist patients to become eligible for Medicaid.*

**Financial Assistance Program:** *The Hospital sponsors a program to provide reduced fees based on specific criteria related to income and dependents. For additional information call Customer Service at 912-819-8455 or 800-374-7054.*

## St. Joseph's/Candler Community Benefits Fiscal Year 2019

In FY 19, SJ/C qualified patients served to receive \$33,106,575 in free care for those who qualified or were determined to qualify for assistance.

### **Unreimbursed Care – The Medicaid Program Shortfall**

Private not-for-profit hospitals across the nation participate in State wide Medicaid programs. The State of Georgia elected not to increase eligibility in the program, but a significant portion of SJ/C's patient population had this coverage none-the-less. There a variety of programs established to help GA residents receive Medicaid coverage. These programs pay hospitals on average less than the actual cost for providing services. The difference in cost and reimbursement is tracked as a community benefit.

In FY 19, SJ/C provided \$13,679,734 in unreimbursed care to support the vulnerable populations who qualified for these services.

### **Community Health Improvement and Community Benefit Operations**

SJ/C follows the guidance of the Catholic Health Association who was instrumental in helping the Finance Committee of the United States Congress determine the guidelines which the IRS would use to determine what counts as a community benefit. For Community Health Improvement, the guidance followed is listed below from CHA's website: <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4>

*These activities are carried out to improve community health, extend beyond patient care activities and are subsidized by the health care organization. Such services do not generate patient care bills although they may involve a nominal fee.*

*Specific community health programs and activities to quantify include:*

- *Community health education.*
- *Community-based clinical services, such as health services and screenings for underinsured and uninsured persons.*
- *Support groups.*
- *Health care support services, such as enrollment assistance in public programs and transportation efforts.*
- *Self-help programs, such as smoking cessation and weight loss programs.*

### **Community Health Improvement Services**

#### **SJ/C African American Health and Resource Center (AAHIRC) Health Services**

In FY 19, SJ/C's AAHIRC offered three (3) groups of services in this category to improve the communities' overall health. They included:

- **Ladies Living Smart Fitness Classes** – Exercise classes originally designed to provide exercise opportunities to females who could not afford a formal gym membership or did not feel comfortable with going to local gyms, such as the YMCA. In 2016, it expanded to address the fitness needs of males and children of both genders. In FY 19, there were 1,653 contacts in the program.
- **Health Screenings and Community Health Fair Involvement** – Blood pressure screenings are provided at SJ/C's AAHIRC and in the community. Blood pressure screening for African Americans are an important component to overall good health because African Americans suffer from heart attacks and

## **St. Joseph's/Candler Community Benefits Fiscal Year 2019**

strokes disproportionately to Caucasians throughout the United States. In FY 19, there were 791 screening on site and at partner sites, such as National Church Residences.

- **Health Education and Information** – SJ/C's AAHIRC provides health education and information through their Wisdom and Gathering series. This information is provided onsite and in the community. This category also includes case management services for referrals to internal and external services. During FY 19, there were 2,867 contacts for these programs.

### **SJ/C's Emergency Department Medical Home Program**

In 2016, SJ/C partnered with Georgia Southern University to create a program to help the uninsured and underinsured patients' access appropriate medical care and health information in a primary medical home. The intent was to provide patients with a facility where they could go and access routine medical care, vaccinations and health information for various disease states without incurring large medical bills when accessing local Emergency Departments (EDs) for care. This program is staffed by three (3) FTEs and utilizes students from GSU who receive university credit for working in this service line. The program follows patients for six (6) months and addresses their health and social service needs by referring them to area providers for care. It also trains the next generation of care providers to identify barriers to access that poor and underserved populations have when seeking healthcare or social services. In FY 19, the program had 3,571 contacts. Forty-seven percent (47%) of the patients seen in the EDs were successfully connected with a medical home.

### **SJ/C's St. Mary's Public Benefit Assistance Program**

The Public Benefit program at St. Mary's has been a lifeline for many vulnerable populations who have trouble navigating State and Federal programs that provide a variety of assistance for food, housing, medical/dental coverage, childcare and other services. The program coordinator meets with clients one-on-one and helps them to complete applications for services, document their need and provides re-enrollment services as well. Some of the assistance provided includes:

- Supplemental Nutrition Assistance Program (SNAP) – 804 Encounters
- Medicaid Enrollment (new and recertification) – 788 Encounters
- Medicaid and Peachcare Enrollment for Children - 405
- Benefit Changes/Appeals – 335 Encounters

### **SJ/C's St. Mary's Community Center, Health Center and Good Samaritan Eye Care Clinics**

Eye care assistance is a troublesome area of care for the uninsured. To address this problem, SJ/C created access to eye care evaluations and prescription glasses assistance in three of their community outreach centers. The program partners with GA Prevents Blindness to provide patients with eye exams and low cost glasses. Additionally, patients were assisted with surgeries whenever needed through a partnership with GA Eye Institute. Two (2) Lens Crafters also provide additional free eye exams and glasses for those who could not access services at St. Mary's. In FY 19, 4,944 contacts were made.

## St. Joseph's/Candler Community Benefits Fiscal Year 2019

### **SJ/C's Good Samaritan Clinic (GSC)**

SJ/C's GSC offers a wide variety of primary health care services and education for the uninsured. The clinic offers primary health care, screenings and education to all their patients. A selection of services provided in 2019 includes:

- New Patients: 596
- Total Provider Visits: 3,650
- Total Patient Encounters: 7,935
- Total Prescription Drug Assistance: \$105,669
- Cancer Screenings: 739

In FY 19, more than \$590k was spent to provide access to free medical care services at this West Chatham County location.

### **SJ/C's Johnny's Bridges to Hope Program**

In 2016, through the gift of a generous local donor, SJ/C established the Johnny's Bridges to Hope (JBTH) program. The program provides one-on-one counseling to patients who have diagnosed mental health disorders and to their families/caregivers caring for them. In FY 19, several patients and their families were served. Services were provided to patients, families, group counseling and through presentation. In FY 19, there were 956 contacts at two (2) locations.

### **SJ/C's SmartSeniors Program**

SmartSenior is the most comprehensive senior membership program in Southeast Georgia and the South Carolina Low Country for persons ages 55 years and older. With over 4,000 members, the SmartSenior Program offers something for everyone.

For a nominal annual membership fee of only \$18, members enjoy a variety of benefits, including:

- **Health screenings** - Blood pressure checks and memory, hearing, stroke and skin cancer screenings.
- **Educational health seminars** - Monthly Lunch and Learn and Breakfast Bunch seminars where members enjoy a complimentary meal and a presentation by health professionals and community leaders on topics of interest.
- **Computer training classes** - This six-week class teaches basic terminology, file organization, how to type letters and send e-mail and more. Classes meet once a week.
- **Line-dancing classes** - SmartSenior offers beginner and intermediate line-dancing classes on a weekly basis.
- **Medicare counseling** - For assistance in understanding those daunting Medicare forms, policies and procedures, a counselor is available by appointment.
- **Merchant discount program** - You will receive an extensive merchant discount list featuring discounts to SmartSenior members at retail and restaurant establishments throughout the area, as well as discounts at the Candler and St. Joseph's Hospital cafeterias.



## St. Joseph's/Candler Community Benefits Fiscal Year 2019

- **Travel club and discounts** - Discover new places and cultures while making friends at special discounted rates with SmartSenior's exclusive travel provider. Travel adventures include short day trips to nearby destinations, as well as longer excursions to destinations like New York City and abroad.
- **Office services** - Free office services including faxing, photocopying and notary services, as well as the use of computers with Internet access.
- **Hospitalization benefits** - Hospital inpatients receive complimentary newspapers, private rooms and a SmartSenior Newsletter.
- **Special events** - Popular social events such as the Bingo Bash and Picnic in Daffin Park and the Season Celebration Dinner/Dance are offered annually to SmartSenior members.
- **YMCA** - Discount on the joiner's fee at any YMCA of Coastal Georgia. Free photocopying and fax services are also available to SmartSenior members at any YMCA in the local area.

In FY 19, more than \$130k was spent on providing these services to Smart Senior members – all at actual cost of providing services.

### **SJ/C's St. Mary's Health Care Center (SMHC)**

SJ/C's SMHC also offers a wide variety of primary health care services and education for the uninsured. The health center offers primary health care, screenings and education to all their patients. A selection of services provided in 2019 includes:

- New Patients: 432
- Total Provider Visits: 3,356
- Total Patient Encounters: 7,352
- Total Prescription Drug Assistance: \$3m
- Cancer Screenings: 830

In FY 19, more than \$580k was spent to provide free access to healthcare services at this site.

### **Community Benefit Operations**

Following the guidance of the CHA and the IRS, SJ/C reports on services and activities, at cost, which support community benefit operations. These services, per the IRS reporting structure are included in the Community Health Improvement section of the Form 990, Schedule H. CHA defines this category as follows, with an excerpt from their website: <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4>

Community benefit operations include costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations.

In FY 19, SJ/C's Board of Trustees and Leadership Team allocated more than \$82k in community benefit operations which included staff time, CBISA annual costs and Community Health Needs Assessment Work.

## St. Joseph's/Candler Community Benefits Fiscal Year 2019

### **Health Professions Education**

An excerpt from CHA's category list found at <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4> defines this section of SJ/C's report as:

*This category includes educational programs for physicians, interns and residents, medical students, nurses and nursing students, pastoral care trainees and other health professionals when that education is necessary for a degree, certificate, or training that is required by state law, accrediting body or health profession society.*

SJ/C's education department has signed Memorandum of Understandings (MOUs) with schools across the nation. While the majority of students rotate through the hospitals, a number of students from the University of GA's pharmacy school, GSU's nursing program and South University's School of Nursing also have the unique opportunity to rotate through SJ/C's St. Mary's Health Center and Good Samaritan Clinic as well. This gives students the unique opportunity to care for vulnerable populations and insight into understanding their barriers to accessing medical care. As such, the uninsured and underinsured populations require special attention and it is imperative that they be treated with the same compassion and understanding as insured patients. Specifically, in addressing their aftercare, providers must carefully consider barriers to access when making specialty care referrals, writing prescriptions, arranging homecare services and evaluating additional care needs. It is through this exposure to vulnerable populations that future caregivers understand the needs of at risk populations and their specific health care needs.

In FY 19, 896 allied health students rotated through SJ/C and its outreach programs. Sixty-four percent (64%) of the students were from nursing programs. The other students came from a wide range of allied health programs including dietary, radiology, pharmacy, patient care technicians, medical technologists, radiation therapy, respiratory technology and many others. SJ/C spent more than \$236k to ensure these students had skilled preceptors and a clinical environment to learn their future careers.

### **Subsidized Health Services**

Once again, SJ/C utilized the guidance of CHA to determine which patients and aftercare programs should be counted as community benefits for the category of Subsidized Health Services. The website, <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4> defines this category as:

*Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt and Medicaid shortfalls. Nevertheless, the service is provided because it meets an identified community need and if no longer offered, it would either be unavailable in the area or fall to the responsibility of government or another tax-exempt organization to provide.*

## **St. Joseph's/Candler Community Benefits Fiscal Year 2019**

*Subsidized services do not include ancillary services that support service lines, such as lab and radiology (if these services are provided to persons meeting the hospital's financial assistance eligibility criteria, they should be reported as financial assistance).*

SJ/C strongly believes that the care continuum must include services on the front end of care, such as health education and services on the back end of care, such as follow up appointments, ancillary and other outpatient support services. To this end, patients who are uninsured are provided with additional services after discharge. These additional services are paid for directly by SJ/C to other care providers.

These uninsured patients require specialized discharge planning which goes beyond normal hospital discharge protocols. Patient care services are coordinated by a highly skilled Clinical Care Coordination team who dedicate additional time and efforts to ensure patients have access to the additional services they need. These services and their coordination are normally left to the patient or family member to manage if the patient were insured.

SJ/C tracks several programs after discharges which are captured as Subsidized Health Services. During FY 19, more than \$945k were recorded including cost of other purchased services and the time spent by skilled professionals to coordinate those services. The services are primarily categorized in five (5) areas including:

- Assisted Living/Nursing Home Care - \$407k
- Infusion DME Services - \$133k
- Outpatient Palliative Care - \$131k
- Renal Dialysis Care - \$239k
- Other Outpatient Services - \$35k

### **Financial and In-Kind Donations**

According to CHA's guidance, their webpage, <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4> describes this category as:

*This category includes funds and in-kind services donated to community organizations or to the community at large for a community benefit purpose. In-kind services include hours contributed by staff to the community while on health care organization work time, the cost of meeting space provide to community groups and the donations of food, equipment, and supplies. (Note: contributions to provide support services to individuals should be reported in category A3, Health Care Support Services.)*

*Donations in this category must be restricted, in writing, to programs or activities that would qualify as community benefit if provided by the organization itself. If the contribution is used for a community-building activity or program, it should be reported as community-building.*

SJ/C understands that no one organization alone can be responsible for addressing all the communities' health and social service needs. To that end, SJ/C partners with a variety of health and social service organizations to extend its charitable mission,

## **St. Joseph's/Candler Community Benefits Fiscal Year 2019**

leverage resources and make the maximum impact on the communities' health and wellbeing.

In this section of the community benefit report, SJ/C highlights programs and services which independently operate with SJ/C's total assistance and other programs which collaboratively work together to improve the communities' overall wellbeing. The information provided below is not inclusive of all the efforts SJ/C makes in this area, but instead is intended to highlight the majority of assistance provided to make the maximum impact within the community. SJ/C spent more than \$697k on these efforts.

### **Angels of Mercy**

SJ/C uses their corporate volunteer team, the Angels of Mercy to extend the charitable mission and carry out activities that benefit organizations and community members throughout Chatham County. While volunteer hours are never recorded for community benefit purposes, time for the co-workers who act as the Board of Directors is recorded when meetings fall during normal business hours or when a member of the BOD, who is salaried (a 24/7 employee) is managing an activity. During FY 19, twelve projects were complete including building homes with Habitat for Humanity, supporting races for other non-profits fund raising events, collecting school supplies for needy children and more. Approximately 750 hours or \$22k was expensed to provide these valuable services for the community.

### **Augusta University – Medical College of Georgia**

SJ/C partnered with Augusta University's Medical College of GA to create a preceptor program for 3<sup>rd</sup> and 4<sup>th</sup> year physician residents. This program is responding to the critical shortage of physician providers in GA. SJ/C partner physicians volunteer their time to precept these new physicians and SJ/C donates classroom space for these students and pays for their rent, utilities and living expenses while learning and practicing in Savannah, GA. In FY 19, SJ/C spent \$137k to support these learning activities. On average, twelve (12) students are supported through this activity each year.

### **Church and Religious Outreach**

SJ/C is rooted in its faith based heritage. St. Joseph's hospital traditionally Catholic and Candler Hospital traditionally Methodist support all faith denominations and their efforts to care for the least among us. In FY 19, SJ/C supported local churches by providing them with equipment and education to support their local health ministries. In addition, SJ/C provided food to support local providers, such as the Carmelites of Savannah who SJ/C is also a sponsor of their continued medical care (captured in the Charity Care) category. In total, SJ/C provided \$21k in total in kind support for this category.

### **Community Board Involvement**

Being a part of and collaborating with other organizations is a hallmark of SJ/C's involvement in community outreach. Because SJ/C is a foundational organization for the Chatham County and surrounding communities, SJ/C allows co-workers from every level of the organization to participate on other non-profit organization boards. During

## **St. Joseph's/Candler Community Benefits Fiscal Year 2019**

FY 19, SJ/C allocated time for co-workers during normal business hours to assist fifteen (15) other organizations including Chatham County Safety Net Planning Council, Coastal GA Indicators Coalition, March of Dimes, Rotary International, Salvation Army, United Way and many others. Total contribution amounted to over \$36k. Total people served, immeasurable.

### **Food Assistance**

One of the greatest needs in Chatham County is assistance with food. Many areas within the county are designated as food deserts. To address this issue, SJ/C and SJ/C's SMCC provide assistance through several food programs including: SMCC Publix Grocery Stores Food Assistance, Food Vouchers, Food Gift Cards (area grocery stores,) Second Harvest Food Give-A-Ways, Feed the Hungry, and many others. In FY 19, SJ/C provided more than \$23k in donations serving approximately 10k people.

### **MedBank Foundation, Inc.**

SJ/C is a founding member of MedBank, Foundation Inc. Working with Pharmaceutical companies; MedBank provides prescription drug assistance for community members in Chatham and surrounding areas. SJ/C provides the first 10-15-30 day supplies of medications for all their patients. Additionally, SJ/C provides free rental space and utilities for their organization to operate their headquarters in midtown Savannah. SJ/C also supplements the organization with office supply donations to further reduce overhead. In 2019, MedBank provided clients with more than \$13m in free medications to more than 12k clients. SJ/C provided \$91k in direct assistance to offset operations.

### **Medication Assistance Program**

Prescription drug assistance is one of the top identified community health needs over the last nine (9) years. In addition to the partnership with MedBank Foundation, SJ/C also provides prescription drug assistance for indigent patients who are discharged from any of its facilities. In FY 19, more than \$248k was provided in free medication for those patients.

### **Medical Missions**

SJ/C is committed to providing medical assistance through donations of medical supplies, equipment and medications to people affected by natural disasters or normal day-to-day short falls in community health. Assistance is provided regionally, nationally and internationally. In FY 19, SJ/C supported medical at a total expense of \$61k.

### **Mercy Volunteers**

The Mercy Volunteer Corp (MVC) program provides recently graduated students a place to live in community while giving their time and talents to vulnerable populations. Each year, SJ/C contributes \$54k to provide up to four (4) students with this opportunity. SJ/C pays for the students rent, utilities, gas, and other living expenses and provides the students with employment to care for the underserved. In FY 19, the students had more than 16k contacts. The clients were helped with medical care, social service referrals, housing assistance, public benefic enrollment and much more.

## St. Joseph's/Candler Community Benefits Fiscal Year 2019

### Community Building Activities

Although not formally recognized as community benefits, programs that affect and support the social determinants of health, such as housing, education, workforce and the built environment are important to a person's overall health. While these programs and services are not recognized as formal community benefits, they are reportable on the System's 990. In FY 19, SJ/C spent an additional \$434k to provide these programs and service at no cost to the clients served. Selected programs to highlight include:

- **General Education Diploma (GED) Classes** – Twenty-nine (29) GEDs completed. Total program cost: \$54k
- **Project SEARCH** – A program of Savannah Chatham County Board of Education for mentally and physically handicap students. SJ/C provides a classroom at both hospital campuses and attempts to hire as many qualified students as possible. In FY 19, four (4) students were hired.
- **SJ/C's Volunteer Income Tax Assistance Program (VITA)** - A partnership of SJ/C and the IRS, clients receive free income tax assistance for their annual returns. In FY 19, 636 people received free help from certified SJ/C volunteers returning a total of \$1.5m directly to the Chatham County community.
- **Senior Advocacy and Assistance** – SJ/C's St. Mary's Community Center provides a Senior program to assist shut in residents of the Cuyler-Brownsville Community located in one of Savannah's poorest poverty tracks. Seniors are assisted with health needs, housing, utilities, social security and other needs. In FY 19, there were 625 encounters in this program.
- **Workforce Development Programs** – SJ/C believes that giving people a hand-up is more beneficial than giving a person a hand-out. A good education and worthy employment is the best way to lift a community out of poverty. The following programs support workforce improvement initiatives including:
  - **SJ/C AAHRC Workforce Programs**
    - Computer Surfing Center: 5,290 encounters
    - Microsoft Computer Classes: 870 encounters
  - SJ/C St. Mary's Community Center
    - Total workforce programs access – 3,660 contacts
      - 102 jobs obtained

### Other Community Assistance

In addition to accepting GA Medicaid reimbursement, SJ/C accepts Medicare reimbursements. Similar to the State program, on average, the Federal Medicare program reimburses at less than the costs to provide the services. In FY 19, that amounted to \$26.8m.

Additionally, unlike most industries, SJ/C provides services regardless of an individuals' ability to pay. Uncollected service cost represents the patients' choice not to pay regardless of their ability to pay. In FY 18, SJ/C absorbed \$5.6m in uncollected service cost.

### Total Community Assistance in FY 19

SJ/C provided \$83.6m in total community assistance in FY 19.

**Medicaid DSH Survey 2020 for  
reporting period FY18:**

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

**A. General DSH Year Information**

1. DSH Year:

Begin	End
07/01/2016	06/30/2017

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)
07/01/2016	06/30/2017

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?

DSH Examination Year (07/01/16 - 06/30/17)  
 Yes

No

No

3a. Was the hospital open as of December 22, 1987?

Yes

3b. What date did the hospital open?

8/30/1946

Questions 4-6, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the Interim DSH Payment Year:

- 4. Does the hospital have at least two obstetricians who have staff privileges at the hospital who have 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.)

DSH Payment Year (07/01/16 - 06/30/16)  
 Yes

List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services:

Wilfredo A. Negron, M.D.  
 Nhi Phan, M.D.

- 5. Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 6. Is 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?

No

No



C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for DSH Year 07/01/2016 - 06/30/2017  
 (Should include UPL and Non-Claim Specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

\$ 472,358

Certification:


Answer:  
 Yes

1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year?  
 Matching the federal share with an KGT/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.

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.

  
 Hospital CEO or CFO Signature  
 Greg Schaack  
 Hospital CEO or CFO Printed Name

CFO  
 Title  
 912-819-8162  
 Hospital CEO or CFO Telephone Number

12/5/18  
 Date  
 schaackg@sjchs.org  
 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	912-819-8162
E-Mail Address	schaackg@sjchs.org
Mailing Street Address	11705 Mercy Blvd
Mailing City, State, Zip	Savannah, GA 31419

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**

7/1/2016 - 6/30/2017

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:

ST. JOSEPH HOSPITAL SAVANNAH

2. Select Cost Report Year Covered by this Survey (enter "X"):

7/1/2016 through 6/30/2017		
X		

3. Status of Cost Report Used for this Survey (Should be audited if available):

1 - As Submitted

3a. Date CMS processed the HCRIS file into the HCRIS database:

12/20/2017

4. Hospital Name:

ST. JOSEPH HOSPITAL SAVANNAH

5. Medicaid Provider Number:

000001801A

6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):

0

7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):

0

8. Medicare Provider Number:

110043

8a. Owner/Operator (Private, State Govt., Non-State Govt., HIS/Tribal):

Private

8b. DSH Pool Classification (Small Rural, Non-Small Rural, Urban):

Urban

Data	Correct?	If Incorrect, Proper Information
ST. JOSEPH HOSPITAL SAVANNAH	Yes	
000001801A	Yes	
0	Yes	
0	Yes	
110043	Yes	
Private	Yes	
Urban	Yes	

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:

- 9. State Name & Number
- 10. State Name & Number
- 11. State Name & Number
- 12. State Name & Number
- 13. State Name & Number
- 14. State Name & Number
- 15. State Name & Number

State Name	Provider No.

(List additional states on a separate attachment)

**E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2016 - 06/30/2017)**

- 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)

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- 9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)
- 10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)
- 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)
- 12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:

	Inpatient	Outpatient	Total
\$	18,745	216,959	\$235,704
\$	1,641,287	5,195,248	\$6,836,535
	\$1,660,032	\$5,412,207	\$7,072,239
	1.13%	4.01%	3.33%

13. Did your hospital receive any Medicaid managed care payments not paid at the claim level?

No

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

\$-



G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) 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
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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	\$ 30,442,739	\$ -	\$ -	\$ 30,442,739	48,767	\$54,052,224.00		\$ 624.25
2	03100 INTENSIVE CARE UNIT	\$ 9,275,883	\$ -	\$ -	\$ 9,275,883	6,894	\$23,287,265.00		\$ 1,345.50
3	03200 CORONARY CARE UNIT	\$ 7,164,886	\$ -	\$ -	\$ 7,164,886	4,911	\$16,417,821.00		\$ 1,458.95
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	\$ 46,883,508	\$ -	\$ -	\$ 46,883,508	60,572	\$ 93,737,310		\$ 774.01
19	Weighted Average								

Observation Data (Non-Distinct)	Hospital Observation Days - Cost Report W/S S-3, Pt. I, Line 28, Col. B	Subprovider I Observation Days - Cost Report W/S S-3, Pt. I, Line 28.01, Col. B	Subprovider II Observation Days - Cost Report W/S S-3, Pt. I, Line 28.02, Col. B	Calculated (Per Diem 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)	1,224	-	-	\$ 764,082	\$66,008.00	\$1,069,043.00	\$ 1,135,051	0.673170

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	\$20,080,404.00	\$ -	\$13,699.00	\$ 20,094,103	\$83,850,332.00	\$40,656,884.00	\$ 124,507,216	0.161389
22	5100 RECOVERY ROOM	\$2,977,767.00	\$ -	\$0.00	\$ 2,977,767	\$9,355,667.00	\$5,465,333.00	\$ 14,821,000	0.200915
23	5300 ANESTHESIOLOGY	\$1,401,457.00	\$ -	\$0.00	\$ 1,401,457	\$18,677,875.00	\$11,660,346.00	\$ 30,338,221	0.046194
24	5400 RADIOLOGY-DIAGNOSTIC	\$7,167,389.00	\$ -	\$0.00	\$ 7,167,389	\$22,667,236.00	\$39,125,016.00	\$ 61,792,252	0.115992
25	5700 CT SCAN	\$1,719,338.00	\$ -	\$0.00	\$ 1,719,338	\$21,434,090.00	\$34,006,084.00	\$ 55,440,174	0.031012
26	5800 MRI	\$667,377.00	\$ -	\$0.00	\$ 667,377	\$6,971,950.00	\$7,411,070.00	\$ 14,382,930	0.046401
27	6000 LABORATORY	\$8,526,816.00	\$ -	\$0.00	\$ 8,526,816	\$49,626,356.00	\$17,088,846.00	\$ 66,715,202	0.127809
28	6500 RESPIRATORY THERAPY	\$4,006,794.00	\$ -	\$0.00	\$ 4,006,794	\$20,750,890.00	\$511,728.00	\$ 21,262,618	0.188443
29	6600 PHYSICAL THERAPY	\$3,525,773.00	\$ -	\$0.00	\$ 3,525,773	\$11,032,899.00	\$6,245,438.00	\$ 17,278,337	0.204057
30	6700 OCCUPATIONAL THERAPY	\$1,118,627.00	\$ -	\$0.00	\$ 1,118,627	\$5,675,368.00	\$882,397.00	\$ 6,557,765	0.170581

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) 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
31	6800 SPEECH PATHOLOGY	\$336,298.00	\$ -	\$0.00	\$ 336,298	\$2,462,711.00	\$53,897.00	\$ 2,516,608	0.133631
32	6900 ELECTROCARDIOLOGY	\$4,599,708.00	\$ -	\$6,353.00	\$ 4,606,061	\$26,824,708.00	\$41,765,900.00	\$ 68,590,608	0.067153
33	7000 ELECTROENCEPHALOGRAPHY	\$1,158,670.00	\$ -	\$0.00	\$ 1,158,670	\$1,712,318.00	\$4,576,010.00	\$ 6,288,328	0.184257
34	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$23,325,443.00	\$ -	\$0.00	\$ 23,325,443	\$30,152,588.00	\$15,563,678.00	\$ 45,716,266	0.510222
35	7200 IMPL. DEV. CHARGED TO PATIENTS	\$38,996,692.00	\$ -	\$0.00	\$ 38,996,692	\$95,836,543.00	\$38,823,000.00	\$ 134,659,543	0.289595
36	7300 DRUGS CHARGED TO PATIENTS	\$21,303,443.00	\$ -	\$0.00	\$ 21,303,443	\$87,524,974.00	\$18,569,752.00	\$ 106,094,726	0.200796
37	7400 RENAL DIALYSIS	\$1,442,255.00	\$ -	\$0.00	\$ 1,442,255	\$5,745,375.00	\$982,459.00	\$ 6,727,834	0.214371
38	9100 EMERGENCY	\$8,661,868.00	\$ -	\$0.00	\$ 8,661,868	\$10,853,458.00	\$32,959,879.00	\$ 43,813,337	0.197699
39	9300 WOUND CARE	\$1,249,699.00	\$ -	\$7,537.00	\$ 1,257,236	\$492,322.00	\$8,065,555.00	\$ 8,557,877	0.146910
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	\$ -	-
90		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) 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
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	<b>Total Ancillary</b>	\$ 152,265,818	\$ -	\$ 27,589	\$ 152,293,407	\$ 511,713,578	\$ 325,482,315	\$ 837,195,693	
127	<b>Weighted Average</b>								0.182822
128	<b>Sub Totals</b>	\$ 199,149,326	\$ -	\$ 27,589	\$ 199,176,915	\$ 605,450,866	\$ 325,482,315	\$ 930,933,203	
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)				\$384,229.00				
131	NF, SNF, and Swing Bed Cost for Other Payors (Hospital must calculate. Submit support for calculation of cost.)								
131.01	Other Cost Adjustments (support must be submitted)								
132	<b>Grand Total</b>				\$ 198,792,666				
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: 07/01/2016-06/30/2017 ST. JOSEPH HOSPITAL SAVANNAH

Line #	Cost Center Description	Medicaid Per Dsh Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	In-State Medicaid PFS Primary		In-State Medicaid Managed Care Primary		In-State Medicaid PFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		Share to Cost Report Totals	
				Inpatient	Outpatient	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 Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis				
<b>Routine Cost Centers (from Section G):</b>				<b>Days</b>		<b>Days</b>		<b>Days</b>		<b>Days</b>		<b>Days</b>					
1	03000 ADULTS & PEDIATRICS	\$ 624.25		1,353	298	3,044	2,881	390	568	2,322	2,322					21.06%	
2	03100 INTENSIVE CARE UNIT	\$ 1,345.50		1,642	95	682	682									49.05%	
3	03200 CORONARY CARE UNIT	\$ 1,458.95		370	54	259	273									24.82%	
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 per PS&R or Exhibit Detail			3,377	407	3,985	3,722					2,986				24.33%	
20	Unreconciled Days (Explain Variance)																
21	Routine Charges	\$ 6,954,033		\$ 6,954,033	\$ 699,043	\$ 7,704,085	\$ 6,189,483	\$ 1,704,186	\$ 1,507,84	\$ 20,636,623		\$ 1,795,89				27.47%	
21.01	Calculated Routine Charge Per Day	\$ 1,705.68		\$ 1,717.56	\$ 1,633.27	\$ 1,637.57											
22	<b>Ancillary Cost Centers (from W/S C) (from Section G):</b>				<b>Ancillary Charges</b>		<b>Ancillary Charges</b>		<b>Ancillary Charges</b>		<b>Ancillary Charges</b>		<b>Ancillary Charges</b>		<b>Ancillary Charges</b>		
22	09200 Observation (Non-Distinct)	0.673170		48,126	63,972	19,348	335	84,551	2,625	29,322	1,180	44,300	51,066	196,193		28.09%	
23	5000 OPERATING ROOM	0.161368		3,012,643	1,190,207	681,754	817,339	6,274,424	3,170,634	2,767,643	859,259	1,140,205	12,736,668	5,837,408		16.01%	
24	5100 RECOVERY ROOM	0.232215		302,676	174,467	85,702	131,523	717,443	371,590	279,440	95,752	159,066	1,385,268	773,332		17.44%	
25	5300 ANESTHESIOLOGY	0.046194		569,742	317,508	262,304	1,373,346	1,373,346	686,014	588,962	497,772	303,408	2,696,519	1,579,733		10.80%	
26	5400 RADIOLOGY-DIAGNOSTIC	0.115992		800,221	670,005	119,816	869,882	1,975,238	2,925,031	1,168,435	427,412	1,073,369	2,965,670	4,163,710		20.44%	
27	5700 CT SCAN	0.031012		1,030,409	750,880	207,257	1,080,156	1,607,111	2,341,398	888,729	348,118	1,467,462	4,344,959	3,833,457		25.33%	
28	5800 MRI	0.046401		332,934	162,404	87,865	169,835	548,189	436,674	302,419	833,378	201,237	1,269,207	671,598		20.08%	
29	6000 LABORATORY	0.127826		3,198,677	678,351	347,408	613,710	4,333,810	1,283,735	3,175,609	417,743	2,732,808	2,345,390	11,055,504		28.80%	
30	6500 RESPIRATORY THERAPY	0.188443		1,991,445	24,034	157,533	94,509	1,946,598	47,585	1,662,748	5,985	889,479	86,534	5,568,324		31.37%	
31	6600 PHYSICAL THERAPY	0.204057		284,676	17,917	24,576	47,663	576,318	212,009	586,149	134,677	181,479	277,800	1,451,719		14.07%	
32	6700 OCCUPATIONAL THERAPY	0.170581		106,053	8,021	3,541	6,227	184,231	20,315	382,777	19,475	30,386	21,177	856,602		12.87%	
33	6800 SPEECH PATHOLOGY	0.133631		132,440	507	5,011	-	157,761	3,248	210,899	2,052	106,560	391	526,871		25.03%	
34	6900 ELECTROCARDIOLOGY	0.067133		740,111	678,424	132,530	390,200	1,896,969	3,047,912	961,924	1,846,248	783,346	3,721,434	4,385,537		15.94%	
35	7000 ELECTROENCEPHALOGRAPHY	0.184257		91,130	98,675	45,472	280,181	171,926	119,405	75,433	46,200	35,506	35,532	5,287		17.34%	
36	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.510722		853,186	307,789	154,306	283,354	2,161,626	1,193,206	846,150	194,128	302,008	4,015,247	1,968,498		15.08%	
37	7200 IMPL. DEV. CHARGED TO PATIENTS	0.286595		2,291,623	791,336	806,209	342,973	6,547,336	3,823,541	2,083,784	290,223	1,245,744	555,277	11,728,952		52.48%	
38	7300 DRUGS CHARGED TO PATIENTS	0.200796		5,417,440	1,347,108	753,963	476,518	7,117,226	2,017,807	5,838,750	309,591	4,600,032	1,695,296	18,827,319		47.30%	
39	7400 RENAL DIALYSIS	0.214371		486,230	18,513	-	752,002	400,675	921,393	59,795	142,821	10,410	2,151,138	460,470		41.31%	
40	9100 EMERGENCY	0.197699		320,404	1,198,258	123,878	2,247,284	896,584	2,443,770	514,899	283,366	7,042,916	1,655,242	6,389,957		36.03%	
41	9300 WOUND CARE	0.146910		-	-	11,675	66,522	50,010	99,210	88,343	-	159,724	120,028	291,443		7.95%	

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year: 07/01/2016-06/30/2017 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			
83														
84														
85														
86														
87														
88														
89														
90														
91														
92														
93														
94														
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126														
127														
<b>Totals / Payments</b>		\$ 21,972,158	\$ 8,478,070	\$ 3,912,565	\$ 8,140,528	\$ 39,240,841	\$ 24,910,790	\$ 23,131,040	\$ 4,203,296	\$ 19,764,731	\$ 21,316,720			
128 <b>Total Charges (includes organ acquisition from Section J)</b>		\$ 28,036,162	\$ 8,478,070	\$ 4,611,607	\$ 8,140,528	\$ 46,944,736	\$ 24,910,790	\$ 29,300,523	\$ 4,203,296	\$ 24,503,917	\$ 21,316,720	\$ 108,863,028	\$ 45,732,084	21.80%
129 <b>Total Charges per PS&amp;R or Exhibit Detail</b>		\$ 28,036,162	\$ 8,478,070	\$ 4,611,607	\$ 8,140,528	\$ 46,944,736	\$ 24,910,790	\$ 29,300,523	\$ 4,203,296	\$ 24,503,917	\$ 21,316,720			
130 <b>Unreconciled Charges (Explain Variance)</b>														
131 <b>Total Calculated Cost (includes organ acquisition from Section J)</b>		\$ 7,631,402	\$ 1,446,638	\$ 1,069,618	\$ 1,230,995	\$ 10,735,640	\$ 4,272,892	\$ 7,141,002	\$ 702,631	\$ 5,836,324	\$ 3,073,035	\$ 26,596,667	\$ 7,713,356	21.80%
132 <b>Total Medicaid Paid Amount (includes TPL, Co-Pay and Spend-Down)</b>		\$ 6,559,838	\$ 1,204,434	\$ -	\$ 170	\$ 623,950	\$ 207,244	\$ 301,117	\$ 19,380			\$ 7,864,933	\$ 1,431,228	
133 <b>Total Medicaid Managed Care Paid Amount (includes TPL, Co-Pay and Spend-Down) (See Note E)</b>		\$ -	\$ -	\$ 975,410	\$ 946,613	\$ -	\$ -	\$ 2,216	\$ -			\$ 977,626	\$ 961,365	
134 <b>Private Insurance (including primary and third party liability)</b>		\$ 101,971	\$ 7,628	\$ -	\$ 2,107	\$ 2,623	\$ 4,050	\$ 463,433	\$ 383,224			\$ 568,077	\$ 387,009	
135 <b>Self-Pay (including Co-Pay and Spend-Down)</b>		\$ -	\$ 2,668	\$ 52	\$ 1,566	\$ -	\$ -	\$ 647	\$ 2,908			\$ 700	\$ 6,840	
136 <b>Total Allowed Amount from Medicaid PS&amp;R or RA Detail (All Payments)</b>		\$ 6,961,807	\$ 1,214,728	\$ 975,463	\$ 952,458									
137 <b>Medicaid Cost Settlement Payments (See Note B)</b>		\$ -	\$ (17,151)	\$ -	\$ -								\$ (17,151)	
138 <b>Other Medicaid Payments Reported on Cost Report Year (See Note C)</b>		\$ -	\$ -	\$ -	\$ -								\$ -	
139 <b>Medicare Traditional (non-HMO) Paid Amount (includes coinsurance/deductibles)</b>						\$ 8,228,496	\$ 3,584,102	\$ 4,080,055	\$ 224,903			\$ 12,266,591	\$ 3,809,005	
140 <b>Medicare Managed Care (HMO) Paid Amount (includes coinsurance/deductibles)</b>						\$ -	\$ -	\$ 1,272,705	\$ 107,919			\$ 1,272,705	\$ 107,919	
141 <b>Medicare Cross-Over Bad Debt Payments</b>						\$ 116,324	\$ 199,700					\$ 116,324	\$ 199,700	
142 <b>Other Medicare Cross-Over Payments (See Note D)</b>						\$ 107,591	\$ 6,851	\$ 41,060	\$ 382			\$ 146,741	\$ 10,014	
143 <b>Payment from Hospital Uninsured During Cost Report Year (Cash Basis)</b>										\$ 18,745	\$ 216,958			
144 <b>Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B &amp; B-1 (from Section E)</b>										\$ -	\$ -			
145 <b>Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)</b>		\$ 869,665	\$ 249,261	\$ 113,155	\$ 338,537	\$ 1,435,795	\$ 286,145	\$ 999,728	\$ (46,519)	\$ 5,617,579	\$ 2,856,076	\$ 3,529,245	\$ 807,427	
146 <b>Calculated Payments as a Percentage of Cost</b>		87%	83%	90%	74%	87%	84%	86%	107%	0%	7%	87%	50%	
147 <b>Total Medicare Days from W/S 5-3 of the Cost Report Excluding Swing-Bed (C/R, W/S 5-3, PL I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 &amp; 6)</b>						40,180								10%
148 <b>Percent of cross-over days to total Medicare days from the cost report</b>														

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other alloides, use the hospital's logs if P&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.

NOTE: inpatient uninsured payment rate is outside normal ranges, please verify this is correct.



L. Out-of-State Medicaid Data:

Cost Report Year: 07/01/2018-06/30/2019 ST. JOSEPH HOSPITAL SAVANNAH

Line #	Cost Center Description	Medicaid Priority Group Cost Centers From Section G	Medicaid Cost In-Charge Ratio for Ancillary Cost Centers From Section G	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)
<b>Routine Cost Centers (list below):</b>				<b>Days</b>		<b>Days</b>		<b>Days</b>		<b>Days</b>		<b>Days</b>	
1	03000 ADULTS & PEDIATRICS	\$ 624.28		251								251	
2	03100 INTENSIVE CARE UNIT	\$ 1,345.50		24								24	
3	03200 CORONARY CARE UNIT	\$ 1,458.95		6								6	
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 per PS&R or Exhibit Detail			281								281	
20	Unreconciled Days (Explain Variance)												
21	Routine Charges			\$ 374,351				\$ -				\$ 374,351	
21.01	Calculated Routine Charge Per Diem			\$ 1,332.21				\$ -				\$ 1,332.21	
<b>Ancillary Cost Centers (from WIS C) (list below):</b>				<b>Ancillary Charges</b>		<b>Ancillary Charges</b>		<b>Ancillary Charges</b>		<b>Ancillary Charges</b>		<b>Ancillary Charges</b>	
22	09200 Observation (Non-Dietetic)		0.673170										3,458
23	8000 OPERATING ROOM		171,317										44,835
24	8100 RECOVERY ROOM		2,009.15										5,199
25	5300 ANESTHESIOLOGY		36,024										10,749
26	5400 RADIOLOGY-DIAGNOSTIC		55,631										78,792
27	5700 CT SCAN		45,814										134,809
28	5800 MRI		12,689										
29	6000 LABORATORY		148,405										81,178
30	6500 RESPIRATORY THERAPY		20,867										1,122
31	6800 PHYSICAL THERAPY		35,937										81,749
32	6700 OCCUPATIONAL THERAPY		24,408										4,164
33	6800 SPEECH PATHOLOGY		11,278										
34	6900 ELECTROCARDIOLOGY		46,124										67,607
35	7000 ELECTROENCEPHALOGRAPHY		2,105										23,753
36	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		39,555										12,624
37	7200 IMPL. DEV. CHARGED TO PATIENTS		212,201										4,163
38	7300 DRUGS CHARGED TO PATIENTS		405,960										37,800
39	7400 RENAL DIALYSIS		4,380										
40	9100 EMERGENCY		35,348										253,602
41	9300 WOUND CARE												
42													
43													
44													
45													
46													
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I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2016-06/30/2017) 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	
81										
82										
83										
84										
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86										
87										
88										
89										
90										
91										
92										
93										
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122										
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124										
125										
126										
127										
<b>Totals / Payments</b>	\$ 1,334,715	\$ 825,624	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
128 <b>Total Charges (includes organ acquisition from Section K)</b>	\$ 1,709,066	\$ 825,624	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,709,066
129 <b>Total Charges per PS&amp;R or Exhibit Detail</b>	\$ 1,709,066	\$ 825,624	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
130 <b>Unreconciled Charges (Explain Variance)</b>										
131 <b>Total Calculated Cost (includes organ acquisition from Section K)</b>	\$ 451,383	\$ 122,621	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 451,383
132 <b>Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)</b>	\$ 212,854	\$ 73,651								\$ 212,854
133 <b>Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)</b>	\$ -	\$ 10,000								\$ 10,000
134 <b>Private Insurance (including primary and third party liability)</b>	\$ 13,075	\$ 683								\$ 13,075
135 <b>Self-Pay (including Co-Pay and Spend-Down)</b>	\$ -	\$ 10,587								\$ 10,587
136 <b>Total Allowed Amount from Medicaid PS&amp;R or RA Detail (All Payments)</b>	\$ 225,929	\$ 94,921	\$ -	\$ -						\$ 225,929
137 <b>Medicaid Cost Settlement Payments (See Note B)</b>										\$ -
138 <b>Other Medicaid Payments Reported on Cost Report Year (See Note C)</b>										\$ -
139 <b>Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)</b>										\$ -
140 <b>Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)</b>										\$ -
141 <b>Medicare Cross-Over Bad Debt Payments</b>										\$ -
142 <b>Other Medicare Cross-Over Payments (See Note D)</b>										\$ -
143 <b>Calculated Payment Shortfall / (Longfall)</b>	\$ 225,454	\$ 27,700	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 225,454
144 <b>Calculated Payments as a Percentage of Cost</b>	50%	77%	0%	0%	0%	0%	0%	0%	0%	50%

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.

**J. Transplant Facilities Only: Organ Acquisition Cost In-State Medicaid and Uninsured**

Case Report Year: 07/01/2015-06/30/2017 ST. JOSEPH HOSPITAL SAVANNAH

	Total Organ Acquisition Cost	Additional Add-On Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid Cross-Over / Uninsured Organs Sold	Total Usable Organs (Count)	In-State Medicaid PFS Primary		In-State Medicaid Managed Care Primary		In-State Medicaid PFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured	
						Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)
	Cost Report Worksheet D-4, Pt. II, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add-On Cost	Similar to Instructions from Cost Report US D-4 Pt. II, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & Uninsured). See Note C below.	Cost Report Worksheet D-4, Pt. II, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis
1 Lungs Acquisition	\$0.00	\$	\$		0										
2 Kidney Acquisition	\$0.00	\$	\$		0										
3 Liver Acquisition	\$0.00	\$	\$		0										
4 Heart Acquisition	\$0.00	\$	\$		0										
5 Pancreas Acquisition	\$0.00	\$	\$		0										
6 Intestinal Acquisition	\$0.00	\$	\$		0										
7 Islet Acquisition	\$0.00	\$	\$		0										
8	\$0.00	\$	\$		0										
9 Totals	\$	\$	\$	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
10 Total Cost															

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).  
 Note B - Enter Organ Acquisition Payments in Section II as part of your In-State Medicaid total payments.  
 Note C - Enter the total revenue applicable to organs furnished to other providers, to organ procurement organizations and others, and for organs transplanted into non-Medicaid / non-Uninsured patients (but where organs were included in the Medicaid and Uninsured organ counts above). Such revenues must be determined under the accrual method of accounting. If organs are transplanted into non-Medicaid/non-Uninsured patients who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

**K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medicaid**

Case Report Year: 07/01/2015-06/30/2017 ST. JOSEPH HOSPITAL SAVANNAH

	Total Usable Organs (Count)	Out-of-State Medicaid PFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicaid PFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	
		Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)
	Cost Report Worksheet D-4, Pt. II, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)
11 Lung Acquisition	0								
12 Kidney Acquisition	0								
13 Liver Acquisition	0								
14 Heart Acquisition	0								
15 Pancreas Acquisition	0								
16 Intestinal Acquisition	0								
17 Islet Acquisition	0								
18	0								
19 Totals		\$	\$	\$	\$	\$	\$	\$	\$
20 Total Cost									

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).  
 Note B - Enter Organ Acquisition Payments in Section I as part of your Out-of-State Medicaid total payments.

## L. Provider Tax Assessment Reconciliation / Adjustment

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment for some hospitals. The Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment on the Medicare cost report, the full amount of the provider tax assessment would not have been apportioned to the various payers through the step down allocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year (07/01/2016-06/30/2017) ST. JOSEPH HOSPITAL SAVANNAH

### Worksheet A Provider Tax Assessment Reconciliation:

	Dollar Amount	W/S A Cost Center Line
1 Hospital Gross Provider Tax Assessment (from general ledger)*	\$ 2,653,995	
1a Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	Contractual Adjustment	001.5515.4000 (WTB Account #)
2 Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)		(Where is the cost included on w/s A?)
3 Difference (Explain Here →)	\$ 2,653,995	
<b>Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)</b>		
4 Reclassification Code		(Reclassified to / (from))
5 Reclassification Code		(Reclassified to / (from))
6 Reclassification Code		(Reclassified to / (from))
7 Reclassification Code		(Reclassified to / (from))
<b>DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)</b>		
8 Reason for adjustment	Added to expense through A-8(41) for cost report purposes	\$ 5.00 (Adjusted to / (from))
9 Reason for adjustment		(Adjusted to / (from))
10 Reason for adjustment		(Adjusted to / (from))
11 Reason for adjustment		(Adjusted to / (from))
<b>DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)</b>		
12 Reason for adjustment		
13 Reason for adjustment		
14 Reason for adjustment		
15 Reason for adjustment		
16 Total Net Provider Tax Assessment Expense Included in the Cost Report	\$ 2,653,995	

### DSH UCC Provider Tax Assessment Adjustment:

17 Gross Allowable Assessment Not Included in the Cost Report \$ -

\* Assessment must exclude any non-hospital assessment such as Nursing Facility.

**A. General DSH Year Information**

1. DSH Year:

Begin	End
07/01/2016	06/30/2017

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)
07/01/2016	06/30/2017

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?

DSH Examination Year (07/01/16 - 06/30/17)  
 Yes

No

No

Yes

3b. What date did the hospital open?

7/26/1934

Questions 4-6, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

**During the Interim DSH Payment Year:**

- 4. Does the hospital have at least two obstetricians who have staff privileges at the hospital who have 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.)

DSH Payment Year (07/01/16 - 06/30/19)  
 Yes

List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services:

Wilfredo A. Negron, M.D.  
 Nhi Phan, M.D.

- 5. Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 6. Is 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?

No

No

**C. Disclosure of Other Medicaid Payments Received:**

1. Medicaid Supplemental Payments for DSH Year 07/01/2016 - 06/30/2017  
 (Should include UPL and Non-Claim Specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

\$ 752,150

**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.

Answers:  
 Yes

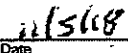
Explanation for "No" answers:

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.

  
 Hospital CEO or CFO Signature  
 Greg Schaack  
 Hospital CEO or CFO Printed Name

CFO  
 Title  
 912-819-8162  
 Hospital CEO or CFO Telephone Number

  
 Date  
 schaackg@sjchs.org  
 Hospital CEO or CFO E-Mail

**Contact information for individuals authorized to respond to inquiries related to this survey:**

<b>Hospital Contact:</b>	
Name	Greg Schaack
Title	CFO
Telephone Number	912-819-8162
E-Mail Address	schaackg@sjchs.org
Mailing Street Address	5353 Reynolds St.
Mailing City, State, Zip	Savannah, GA 31405

<b>Outside Preparer:</b>	
Name	Bert Bennett
Title	Partner
Firm Name	Draffin & Tucker, LLP
Telephone Number	229-863-7878
E-Mail Address	bbennett@draffin-tucker.com

**D. General Cost Report Year Information**

7/1/2016 - 6/30/2017

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:

CANDLER HOSPITAL

2. Select Cost Report Year Covered by this Survey (enter "X"):

7/1/2016 through 6/30/2017		
X		

3. Status of Cost Report Used for this Survey (Should be audited if available):

1 - As Submitted

3a. Date CMS processed the HCRIS file into the HCRIS database:

12/22/2017

4. Hospital Name:

Data	Correct?	If Incorrect, Proper information
CANDLER HOSPITAL	Yes	
000000327A	Yes	
0	Yes	
0	Yes	
110024	Yes	
Private	Yes	
Urban	Yes	

5. Medicaid Provider Number:

6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):

7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):

8. Medicare Provider Number:

8a. Owner/Operator (Private, State Govt., Non-State Govt., HIS/Tribal):

8b. DSH Pool Classification (Small Rural, Non-Small Rural, Urban):

**Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:**

9. State Name & Number

10. State Name & Number

11. State Name & Number

12. State Name & Number

13. State Name & Number

14. State Name & Number

15. State Name & Number

(List additional states on a separate attachment)

State Name	Provider No.

**E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2016 - 06/30/2017)**

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)

\$-
\$-

9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)

10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)

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)

12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:

	Inpatient	Outpatient	Total
\$	76,830	433,835	\$510,665
\$	2,170,937	9,799,928	\$11,970,865
	\$2,247,767	\$10,233,763	\$12,481,530
	3.42%	4.24%	4.09%

13. Did your hospital receive any Medicaid managed care payments not paid at the claim level?

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.

No

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

\$-





G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) 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	VP Days and VP Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
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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	\$ 32,447,059	\$ -	\$ -	\$ 32,447,059		\$ 55,157	\$ 57,154,324.00	\$ 588.27
2	03100 INTENSIVE CARE UNIT	\$ 7,364,130	\$ -	\$ 1,906	\$ 7,366,036		\$ 5,808	\$ 19,550,645.00	\$ 1,268.26
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	\$ 3,306,254	\$ -	\$ -	\$ 3,306,254		\$ 8,453	\$ 7,551,106.00	\$ 391.13
11		\$ -	\$ -	\$ -	\$ -		\$ -	\$ 0.00	\$ -
12		\$ -	\$ -	\$ -	\$ -		\$ -	\$ 0.00	\$ -
13		\$ -	\$ -	\$ -	\$ -		\$ -	\$ 0.00	\$ -
14		\$ -	\$ -	\$ -	\$ -		\$ -	\$ 0.00	\$ -
15		\$ -	\$ -	\$ -	\$ -		\$ -	\$ 0.00	\$ -
16		\$ -	\$ -	\$ -	\$ -		\$ -	\$ 0.00	\$ -
17		\$ -	\$ -	\$ -	\$ -		\$ -	\$ 0.00	\$ -
18	Total Routine	\$ 43,117,443	\$ -	\$ 1,906	\$ 43,119,349		\$ 69,418	\$ 84,256,075	\$ 621.16
19	Weighted Average								

Observation Data (Non-Distinct)

Observation Data (Non-Distinct)	Hospital Observation Days - Cost Report W/S S-3, Pt. I, Line 26, Col. 6	Subprovider I Observation Days - Cost Report W/S S-3, Pt. I, Line 26.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S-3, Pt. I, Line 26.02, Col. 9	Calculated (Per Diem 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
09200 Observation (Non-Distinct)	1,975	-	-	\$ 1,103,006	\$ 95,120.00	\$ 1,676,698.00	\$ 1,771,818	0.622528

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	\$22,306,094.00	\$ -	\$ 0.00	\$ 22,306,094	\$ 38,303,698.00	\$ 111,527,512.00	\$ 149,831,210	0.148875
22	5100 RECOVERY ROOM	\$2,296,254.00	\$ -	\$ 0.00	\$ 2,296,254	\$ 9,325,759.00	\$ 18,069,393.00	\$ 27,395,152	0.083820
23	5200 DELIVERY ROOM & LABOR ROOM	\$8,065,315.00	\$ -	\$ 0.00	\$ 8,065,315	\$ 18,231,851.00	\$ 1,324,038.00	\$ 19,555,889	0.412424
24	5300 ANESTHESIOLOGY	\$871,660.00	\$ -	\$ 0.00	\$ 871,660	\$ 12,259,240.00	\$ 24,778,488.00	\$ 37,037,728	0.023534
25	5400 RADIOLOGY-DIAGNOSTIC	\$13,607,814.00	\$ -	\$ 18,529.00	\$ 13,626,343	\$ 17,203,221.00	\$ 75,848,788.00	\$ 93,052,009	0.146438
26	5500 RADIOLOGY-THERAPEUTIC	\$23,392,224.00	\$ -	\$ 3,271.00	\$ 23,395,495	\$ 4,582,418.00	\$ 108,106,642.00	\$ 112,689,060	0.207611
27	5700 CT SCAN	\$1,937,632.00	\$ -	\$ 0.00	\$ 1,937,632	\$ 19,725,530.00	\$ 62,268,268.00	\$ 81,993,798	0.023631
28	5800 MRI	\$981,730.00	\$ -	\$ 0.00	\$ 981,730	\$ 4,162,333.00	\$ 13,518,750.00	\$ 17,681,083	0.055524
29	6000 LABORATORY	\$15,941,464.00	\$ -	\$ 0.00	\$ 15,941,464	\$ 45,953,432.00	\$ 62,695,742.00	\$ 98,649,174	0.181598
30	6500 RESPIRATORY THERAPY	\$3,510,387.00	\$ -	\$ 0.00	\$ 3,510,387	\$ 17,648,721.00	\$ 648,082.00	\$ 18,296,803	0.191858

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) 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
31	6800 PHYSICAL THERAPY	\$2,786,959.00	\$ -	\$0.00	\$ 2,786,959	\$7,578,438.00	\$5,354,124.00	\$ 12,932,562	0.215499
32	6700 OCCUPATIONAL THERAPY	\$1,058,425.00	\$ -	\$0.00	\$ 1,058,425	\$4,879,380.00	\$995,239.00	\$ 5,874,619	0.180169
33	6800 SPEECH PATHOLOGY	\$425,052.00	\$ -	\$0.00	\$ 425,052	\$1,720,325.00	\$440,373.00	\$ 2,160,698	0.196720
34	6900 ELECTROCARDIOLOGY	\$2,184,874.00	\$ -	\$4,274.00	\$ 2,189,148	\$3,466,353.00	\$5,405,808.00	\$ 8,872,161	0.246743
35	7000 ELECTROENCEPHALOGRAPHY	\$270,092.00	\$ -	\$0.00	\$ 270,092	\$538,435.00	\$681,535.00	\$ 1,219,970	0.221392
36	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$17,621,049.00	\$ -	\$0.00	\$ 17,621,049	\$9,812,360.00	\$17,342,986.00	\$ 27,155,346	0.648898
37	7200 IMPL. DEV. CHARGED TO PATIENTS	\$6,397,606.00	\$ -	\$0.00	\$ 6,397,606	\$4,444,106.00	\$20,347,723.00	\$ 24,791,829	0.258053
38	7300 DRUGS CHARGED TO PATIENTS	\$52,064,636.00	\$ -	\$6,231.00	\$ 52,070,867	\$80,207,339.00	\$207,158,766.00	\$ 287,366,105	0.181200
39	7400 RENAL DIALYSIS	\$1,507,253.00	\$ -	\$0.00	\$ 1,507,253	\$4,899,469.00	\$1,207,187.00	\$ 6,106,656	0.246821
40	9100 EMERGENCY	\$10,033,342.00	\$ -	\$0.00	\$ 10,033,342	\$6,250,819.00	\$35,837,744.00	\$ 42,088,563	0.238386
41	9300 WOUND CARE	\$3,519,672.00	\$ -	\$3,479.00	\$ 3,523,151	\$642,092.00	\$20,890,847.00	\$ 21,532,939	0.163617
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	\$ -	-
90		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) 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
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	<b>Total Ancillary</b>	\$ 190,779,534	\$ -	\$ 35,784	\$ 190,815,318	\$ 311,930,439	\$ 786,124,733	\$ 1,096,055,172	
127	<b>Weighted Average</b>								0.174780
128	<b>Sub Totals</b>	\$ 233,696,977	\$ -	\$ 37,690	\$ 233,934,667	\$ 396,186,514	\$ 786,124,733	\$ 1,182,311,247	
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)				\$441,378.00				
131	NF, SNF, and Swing Bed Cost for Other Payors (Hospital must calculate. Submit support for calculation of cost.)								
131.01	Other Cost Adjustments (support must be submitted)								
132	<b>Grand Total</b>				\$ 233,493,289				
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 (07/01/2016-06/30/2017) Candler Hospital

Line #	Cost Center Description	Medicaid Pay Dlen Cost for Routine Cost Centers	Medicaid Cost for Ancillary Cost Centers	In-State Medicaid PFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare PFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		% Ratio for PFS Report Totals
				Inpatient	Outpatient	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 Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
<b>Routine Cost Centers (from Section G):</b>				<b>Days</b>		<b>Days</b>		<b>Days</b>		<b>Days</b>		<b>Days</b>		<b>Days</b>		
1	03000 ADULTS & PEDIATRICS	\$ 589.27		3,247		3,915		3,581		4,021		2,577		14,764		32.78%
2	03100 INTENSIVE CARE UNIT	\$ 1,268.26		1,016		131		640		436		363		2,225		44.70%
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	\$ 391.13		213		4,473				452		56		5,138		62.10%
11		\$ -														
12		\$ -														
13		\$ -														
14		\$ -														
15		\$ -														
16		\$ -														
17		\$ -		4,476		8,519		4,221		4,911		3,036		22,127		36.48%
18																
19	Total Days per PS&R or Exhibit Detail			4,476		8,519		4,221		4,911		3,036				
20	Unreconciled Days (Explain Variance)															
21	<b>Routine Charges</b>	\$ 5,855,443	\$ 6,445,418	\$ 6,534,540	\$ 6,384,177	\$ 3,983,114	\$ 27,280,578									37.31%
21.01	Calculated Routine Charge Per Diem	\$ 1,303.72	\$ 961.46	\$ 1,571.79	\$ 1,295.90	\$ 1,311.96	\$ 1,232.91									
22	<b>Ancillary Cost Centers (from W/S C) (from Section G):</b>															
23	02000 Observation (Non-Distinct)	0.622526	80,001	310,399	12,621	329,589	267	115,470	4,593	64,532	124,858	1,207	124,858	87,651	819,890	95.07%
24	5000 OPERATING ROOM	0.148875	2,723,157	2,820,801	891,297	10,775,107	3,233,242	5,233,390	1,650,857	1,517,567	2,830,249	4,807,839	8,568,343	20,601,865	24.61%	
25	5100 RECOVERY ROOM	0.083300	284,145	431,503	2,982,896	2,514,906	309,350	485,014	600,430	293,641	365,888	593,030	3,276,824	3,725,064	29.07%	
26	5200 DELIVERY ROOM & LABOR ROOM	0.412424	157,049	7,253,391	114,974	9,944	1,454,279	9,944	1,454,279	15,639	134,436	7,046	8,914,603	130,613	47.00%	
27	5300 ANESTHESIOLOGY	0.023534	489,729	494,828	2,014,645	2,591,316	552,633	757,724	686,049	339,514	510,122	816,722	3,742,256	4,183,382	25.24%	
28	5400 RADIOLOGY-DIAGNOSTIC	0.146438	1,245,084	1,470,318	485,519	2,921,978	1,530,477	3,573,864	1,037,927	1,144,452	1,035,752	5,950,485	4,239,077	9,110,912	22.40%	
29	5500 RADIOLOGY-THERAPEUTIC	0.207611	135,884	2,063,282	276,369	2,373,709	384,275	6,901,036	316,731	1,595,800	501,593	5,646,334	1,112,935	12,854,987	18.46%	
30	5700 CT SCAN	0.023531	329,121	1,845,656	339,947	1,847,328	1,715,389	4,054,058	950,395	683,282	1,810,458	8,437,211	4,318,783	8,270,725	27.68%	
31	5800 MRI	0.085524	294,119	345,058	63,123	297,307	303,146	831,941	250,760	176,290	433,206	929,949	811,148	1,608,596	18.76%	
32	6000 LABORATORY	0.161588	3,627,216	2,252,918	3,571,920	4,173,174	3,652,107	3,528,810	3,279,401	2,403,951	2,882,070	10,283,161	14,430,844	11,759,461	40.33%	
33	6500 RESPIRATORY THERAPY	0.191858	1,557,408	125,143	310,076	101,053	2,159,354	69,046	1,305,184	11,502	823,377	130,486	5,332,022	306,743	36.07%	
34	6600 PHYSICAL THERAPY	0.215499	253,637	12,414	34,811	54,232	381,848	226,090	521,270	369,507	126,511	131,932	1,171,568	662,673	17.61%	
35	6700 OCCUPATIONAL THERAPY	0.190169	69,634	4,361	11,108	14,877	121,629	60,351	380,390	59,694	42,391	22,487	441,838	35,128	25.90%	
36	6800 SPEECH PATHOLOGY	0.198720	133,496	15,252	4,537	151,267	151,267	15,212	141,851	15,378	22,487	15,378	441,838	35,128	25.90%	
37	6900 ELECTROCARDIOLOGY	0.246743	239,519	109,560	121,116	130,822	281,428	349,984	230,135	83,830	229,514	477,937	842,199	674,196	24.76%	
38	7000 ELECTROENCEPHALOGRAPHY	0.221392	59,376	60,825	3,014	11,900	49,655	54,450	41,838	7,964	39,773	66,429	153,681	134,530	24.76%	
39	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.848898	520,016	245,810	334,238	783,772	719,293	649,056	336,530	220,738	840,747	638,904	1,910,477	1,882,378	18.82%	
40	7200 IMPL. DEV. CHARGED TO PATIENTS	0.258053	219,472	378,457	166,377	788,335	388,732	906,566	241,803	390,754	195,911	410,934	1,916,184	2,454,112	19.97%	
41	7300 DRUGS CHARGED TO PATIENTS	0.181200	7,272,174	5,080,920	3,295,741	4,188,992	8,814,262	9,785,335	5,555,891	2,534,724	4,066,540	4,209,759	22,959,789	21,593,071	18.81%	
42	7400 RENAL DIALYSIS	0.246821	509,197	28,715	112,590	4,855,185	337,935	138,820	632,400	19,783	403,260	17,800	1,708,247	158,600	37.41%	
43	8100 EMERGENCY	0.238392	535,914	2,142,888	97,651	508,758	61,297	698,889	38,222	636,586	40,047	496,017	197,210	1,834,253	12.19%	
44	8300 WOUND CARE	0.163617														
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

		In-State Medicaid PFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare PFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		
83												\$ -	\$ -	
84												\$ -	\$ -	
85												\$ -	\$ -	
86												\$ -	\$ -	
87												\$ -	\$ -	
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127												\$ -	\$ -	
	<b>Totals / Payments</b>	\$ 21,664,028	\$ 19,763,538	\$ 21,678,851	\$ 39,130,855	\$ 24,247,018	\$ 40,319,269	\$ 20,051,560	\$ 13,708,288	\$ 17,280,824	\$ 52,902,686	\$ -	\$ -	
128	<b>Total Charges (includes organ acquisition from Section J)</b>	\$ 27,499,471	\$ 19,763,538	\$ 30,123,269	\$ 39,130,855	\$ 30,881,558	\$ 40,319,269	\$ 26,415,737	\$ 13,708,288	\$ 21,263,636	\$ 52,902,686	\$ 114,920,035	\$ 112,921,929	25.92%
129	Total Charges per PS&R or Exhibit Detail	\$ 27,499,471	\$ 19,763,538	\$ 30,123,269	\$ 39,130,855	\$ 30,881,558	\$ 40,319,269	\$ 26,415,737	\$ 13,708,288	\$ 21,263,636	\$ 52,902,686			
130	Unreconciled Charges (Explain Variance)													
131	<b>Total Calculated Cost (includes organ acquisition from Section J)</b>	\$ 7,105,161	\$ 3,449,099	\$ 9,327,547	\$ 6,504,485	\$ 7,159,974	\$ 8,813,017	\$ 6,867,138	\$ 2,376,783	\$ 4,985,960	\$ 8,527,915	\$ 30,457,820	\$ 19,144,284	27.30%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 7,183,593	\$ 3,149,513	\$ (12,410)	\$ 1,448	\$ 666,086	\$ 663,045	\$ 280,486	\$ 50,294			\$ 8,077,788	\$ 3,866,300	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ -	\$ -	\$ 8,348,016	\$ 5,550,628	\$ -	\$ -	\$ 106,481	\$ 76,551			\$ 8,517,507	\$ 5,626,476	
134	Private Insurance (including primary and third party liability)	\$ 107,770	\$ 32,758	\$ 3,675	\$ 4,615	\$ 801	\$ 8,813	\$ 2,242,573	\$ 1,146,217			\$ 2,354,819	\$ 1,182,503	
135	Self-Pay (including Co-Pay and Spend-Down)	\$ -	\$ 9,755	\$ 25	\$ 3,186	\$ -	\$ -	\$ 520	\$ 3,623			\$ 545	\$ 18,944	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 7,271,363	\$ 3,192,028	\$ 8,340,306	\$ 5,560,157									
137	Medicaid Cost Settlement Payments (See Note B)		\$ (111,711)	\$ -	\$ -							\$ -	\$ (111,711)	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)											\$ -	\$ -	
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					\$ 6,173,335	\$ 5,179,369	\$ 3,019,787	\$ 604,809			\$ 8,193,122	\$ 6,784,296	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)					\$ -	\$ -	\$ 865,872	\$ 814,184			\$ 865,872	\$ 814,184	
141	Medicare Cross-Over Bed Debt Payments					\$ 116,862	\$ 278,383					\$ 116,862	\$ 278,383	
142	Other Medicare Cross-Over Payments (See Note D)					\$ 131,551	\$ 1,181	\$ 49,154	\$ 75			\$ 180,705	\$ 1,256	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									\$ 76,830	\$ 433,835			
144	Section 1011 Payment Reimbursement to Inpatient Hospital Services NOT included in Exhibits B & B-1 (from Section E)									\$ -	\$ -			
145	<b>Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)</b>	\$ (165,202)	\$ 367,784	\$ 887,241	\$ 944,328	\$ 68,519	\$ 680,106	\$ 260,242	\$ (119,070)	\$ 4,908,130	\$ 8,094,050	\$ 1,150,800	\$ 1,873,148	
146	Percent of cross-over days to total Medicare days from the cost report	102%	86%	89%	85%	90%	90%	96%	105%	2%	5%	90%	90%	
147	<b>Total Medicare Days from WS S-3 of the Cost Report Excluding Swing-Bed (C/R, WS S-3, PL 1, Col. 6, Sum of Lnk. 2, 3, 4, 14, 16, 17, 18 less lines 5 &amp; 6)</b>					31,488								13%
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-Clinic 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.

NOTE: Inpatient uninsured payment rate is outside normal ranges, please verify (this is correct).

I. Out-of-State Medicaid Data:

Cost Report Year: 07/01/2016-06/30/2017 CANDLER HOSPITAL

Line #	Cost Center Description	Medicaid Per-Diem Cost for Routine Care 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)
<b>Routine Cost Centers (list below):</b>				<b>Days</b>		<b>Days</b>		<b>Days</b>		<b>Days</b>		<b>Days</b>	
1	03000 ADULTS & PEDIATRICS	\$ 588.27		125								125	
2	03100 INTENSIVE CARE UNIT	\$ 1,268.26		8								8	
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	\$ 391.13		15								15	
11	\$ -												
12	\$ -												
13	\$ -												
14	\$ -												
15	\$ -												
16	\$ -												
17	\$ -												
18	\$ -												
			<b>Total Days</b>	<b>148</b>								<b>148</b>	
19	Total Days per PS&R or Exhibit Detail				<b>148</b>								
20	Unreconciled Days (Explain Variance)												
21	Routine Charges				<b>\$ 173,404</b>							<b>\$ 173,404</b>	
21.01	Calculated Routine Charge Per Diem				<b>\$ 1,171.65</b>							<b>\$ 1,171.65</b>	
<b>Ancillary Cost Centers (from WIS C) (list below):</b>				<b>Ancillary Charges</b>		<b>Ancillary Charges</b>		<b>Ancillary Charges</b>		<b>Ancillary Charges</b>		<b>Ancillary Charges</b>	
22	06200 Observation (Non-District)		0.622528		974								974
23	5000 OPERATING ROOM		0.148875	54,742	500,707							54,742	500,707
24	5100 RECOVERY ROOM		0.083620	9,892	76,634							9,892	76,634
25	5200 DELIVERY ROOM & LABOR ROOM		0.412424	22,135	297							22,135	297
26	5300 ANESTHESIOLOGY		0.023534	10,972	84,394							10,972	84,394
27	5400 RADIOLOGY-DIAGNOSTIC		0.145438	83,233	257,017							83,233	257,017
28	5500 RADIOLOGY-THERAPEUTIC		0.207811	27,720	580,334							27,720	580,334
29	5700 CT SCAN		0.023631	52,514	170,705							52,514	170,705
30	6000 MRI		0.166824	2,892	7,809							2,892	7,809
31	6000 LABORATORY		0.181598	120,523	318,395							120,523	318,395
32	6500 RESPIRATORY THERAPY		0.191859	2,892	3,553							2,892	3,553
33	6600 PHYSICAL THERAPY		0.215499	2,533	182,662							2,533	182,662
34	6700 OCCUPATIONAL THERAPY		0.180169	-	26,251							-	26,251
35	6800 SPEECH PATHOLOGY		0.196720	-	8,053							-	8,053
36	6900 ELECTROCARDIOLOGY		0.246743	7,913	9,174							7,913	9,174
37	7000 ELECTROENCEPHALOGRAPHY		0.221392	-	-							-	-
38	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.648698	7,535	29,623							7,535	29,623
39	7200 IMPL. DEV. CHARGED TO PATIENTS		0.258063	3,176	59,451							3,176	59,451
40	7300 DRUGS CHARGED TO PATIENTS		0.181200	166,117	1,087,685							166,117	1,087,685
41	7400 RENAL DIALYSIS		0.246821	-	-							-	-
42	9100 EMERGENCY		0.238386	26,147	198,843							26,147	198,843
43	9300 WOUND CARE		0.183817	300	44,307							300	44,307
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I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2016-06/30/2017) 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	
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126										
127										
<b>Totals / Payments</b>		\$ 601,236	\$ 3,655,868	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
128 <b>Total Charges (includes organ acquisition from Section K)</b>	\$ 774,640	\$ 3,655,868	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 774,640	\$ 3,655,868
129 <b>Total Charges per PS&amp;R or Exhibit Detail</b>	\$ 774,640	\$ 3,655,868	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
130 <b>Unreconciled Charges (Explain Variance)</b>										
131 <b>Total Calculated Cost (includes organ acquisition from Section K)</b>	\$ 191,879	\$ 633,987	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 191,879	\$ 633,987
132 <b>Total Medicaid Paid Amount (excludes TPL Co-Pay and Spend-Down)</b>	\$ 203,333	\$ 417,384							\$ 203,333	\$ 417,384
133 <b>Total Medicaid Managed Care Paid Amount (excludes TPL Co-Pay and Spend-Down) (See Note E)</b>	\$ -	\$ 53,223							\$ -	\$ 53,223
134 <b>Private Insurance (including primary and third party liability)</b>	\$ (6,966)	\$ 524							\$ (6,966)	\$ 524
135 <b>Self-Pay (including Co-Pay and Spend-Down)</b>	\$ -	\$ 25,936							\$ -	\$ 25,936
136 <b>Total Allowed Amount from Medicaid PS&amp;R or RA Detail (All Payments)</b>	\$ 196,367	\$ 497,067	\$ -	\$ -					\$ 196,367	\$ 497,067
137 <b>Medicaid Cost Settlement Payments (See Note B)</b>	\$ -								\$ -	
138 <b>Other Medicaid Payments Reported on Cost Report Year (See Note C)</b>	\$ -								\$ -	
139 <b>Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)</b>										
140 <b>Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)</b>										
141 <b>Medicare Cross-Over Bad Debt Payments</b>										
142 <b>Other Medicare Cross-Over Payments (See Note D)</b>										
143 <b>Calculated Payment Shortfall / (Longfill)</b>	\$ (4,488)	\$ 136,920	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (4,488)	\$ 136,920
144 <b>Calculated Payments as a Percentage of Cost</b>	102%	78%	0%	0%	0%	0%	0%	0%	102%	78%

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.

**J. Transplant Facilities Only: Organ Acquisition Cost In-State Medicaid and Uninsured**

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

	Total Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross-Over/ Uninsured Organs Sold	Total Usable Organs (Count)	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	
						Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)
						From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis
1 Lung Acquisition	\$0.00	\$	- \$	-	0										
2 Kidney Acquisition	\$0.00	\$	- \$	-	0										
3 Liver Acquisition	\$0.00	\$	- \$	-	0										
4 Heart Acquisition	\$0.00	\$	- \$	-	0										
5 Pancreas Acquisition	\$0.00	\$	- \$	-	0										
6 Intestinal Acquisition	\$0.00	\$	- \$	-	0										
7 Islet Acquisition	\$0.00	\$	- \$	-	0										
8															
9 Totals	\$	- \$	- \$	-	0	\$	-	\$	-	\$	-	\$	-	\$	-
10 Total Cost															

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).  
 Note B - Enter Organ Acquisition Payments in Section H as part of your In-State Medicaid total payments.  
 Note C - Enter the total revenue applicable to organs furnished to other providers, to organ procurement organizations and others, and for organs transplanted into non-Medicaid / non-Uninsured patients (but where organs were included in the Medicaid and Uninsured organ counts above). Such revenues must be determined under the accrual method of accounting. If organs are transplanted into non-Medicaid/non-Uninsured patients who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

**K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medicaid**

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

	Total Usable Organs (Count)	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)				Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	
		Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)
		From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)
11 Lung Acquisition	0						
12 Kidney Acquisition	0						
13 Liver Acquisition	0						
14 Heart Acquisition	0						
15 Pancreas Acquisition	0						
16 Intestinal Acquisition	0						
17 Islet Acquisition	0						
18							
19 Totals	0	\$	-	\$	-	\$	-
20 Total Cost							

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).  
 Note B - Enter Organ Acquisition Payments in Section I as part of your Out-of-State Medicaid total payments.



### L. Provider Tax Assessment Reconciliation / Adjustment

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment for some hospitals. The Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment on the Medicare cost report, the full amount of the provider tax assessment would not have been apportioned to the various payers through the step down allocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

**Worksheet A Provider Tax Assessment Reconciliation:**

		Dollar Amount	W/S A Cost Center Line
1	Hospital Gross Provider Tax Assessment (from general ledger)*	\$ 3,176,641	
1a	Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	Contractual Adjustment	015.5515.4000 (WTB Account #)
2	Hospital Gross Provider Tax Assessment included in Expense on the Cost Report (W/S A, Col. 2)		(Where is the cost included on w/s A?)
3	Difference (Explain Here →) The provider tax is included in Contractual Adjustments and not reported on W/S A.	\$ 3,176,641	
<b>Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)</b>			
4	Reclassification Code		(Reclassified to / (from))
5	Reclassification Code		(Reclassified to / (from))
6	Reclassification Code		(Reclassified to / (from))
7	Reclassification Code		(Reclassified to / (from))
<b>DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)</b>			
8	Reason for adjustment	Added to expense through A-8(45) for cost report purposes	5.00 (Adjusted to / (from))
9	Reason for adjustment		(Adjusted to / (from))
10	Reason for adjustment		(Adjusted to / (from))
11	Reason for adjustment		(Adjusted to / (from))
<b>DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)</b>			
12	Reason for adjustment		
13	Reason for adjustment		
14	Reason for adjustment		
15	Reason for adjustment		
16	Total Net Provider Tax Assessment Expense Included in the Cost Report	\$ 3,176,641	

**DSH UCC Provider Tax Assessment Adjustment:**

17	Gross Allowable Assessment Not Included in the Cost Report	\$ -
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\* Assessment must exclude any non-hospital assessment such as Nursing Facility.

**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 <sup>1</sup>	Parcel ID Number	Estimated Size	Purchase Price <sup>2</sup>	Current HealthCare Purpose? <sup>3</sup>		Improvements? <sup>4</sup>		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	✓		✓		

<sup>1</sup> Location may be the county, address, or site identification/description.

<sup>2</sup> Purchase price to be listed as of the date of acquisition of the property by the hospital, if known. If unknown, state “UNK”.

<sup>3</sup> 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.

<sup>4</sup> Improvement means the permanent addition or construction of a building or structure.

Bryan County	P07 05 003	1.93	UNK	✓		✓		
Date: 07/01/2020. Revised: N/A.								



**Real Property Holdings Owned by the Hospital (HB 321) – Candler Hospital, Inc.**

Location <sup>1</sup>	Parcel ID Number	Estimated Size	Purchase Price <sup>2</sup>	Current HealthCare Purpose? <sup>3</sup>		Improvements? <sup>4</sup>		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	✓		✓		
Chatham County	20113 21010	7.51	UNK	✓		✓		
Chatham County	20113 17001	1.47	\$2,799,370	✓		✓		

<sup>1</sup> Location may be the county, address, or site identification/description.

<sup>2</sup> Purchase price to be listed as of the date of acquisition of the property by the hospital, if known. If unknown, state "UNK".

<sup>3</sup> 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.

<sup>4</sup> Improvement means the permanent addition or construction of a building or structure.

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
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: 07/01/2020. 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.**

<b>Entity Name</b>	<b>Domicile</b>	<b>Nature of Ownership or Interest</b>	<b>Book Value of Ownership or Interest</b>	<b>Notes (Optional)</b>
SJC/OIS Management, LLC	GA	Minority Membership Interest	\$1,153,292	
Wayne/SJC Medical Group, LLC	GA	Minority Membership Interest	\$54,640	

Notes:

- a. List is for the Period Ended June 30, 2019.
- 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.**

<b>Entity Name</b>	<b>Domicile</b>	<b>Nature of Ownership or Interest</b>	<b>Book Value of Ownership or Interest</b>	<b>Notes (Optional)</b>
SJC/OIS Management, LLC	GA	Minority Membership Interest	\$1,153,292	
The Listening Center, LLC	GA	Minority Membership Interest	\$212,826	

Notes:

- a. List is for the Period Ended June 30, 2019.
- 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.



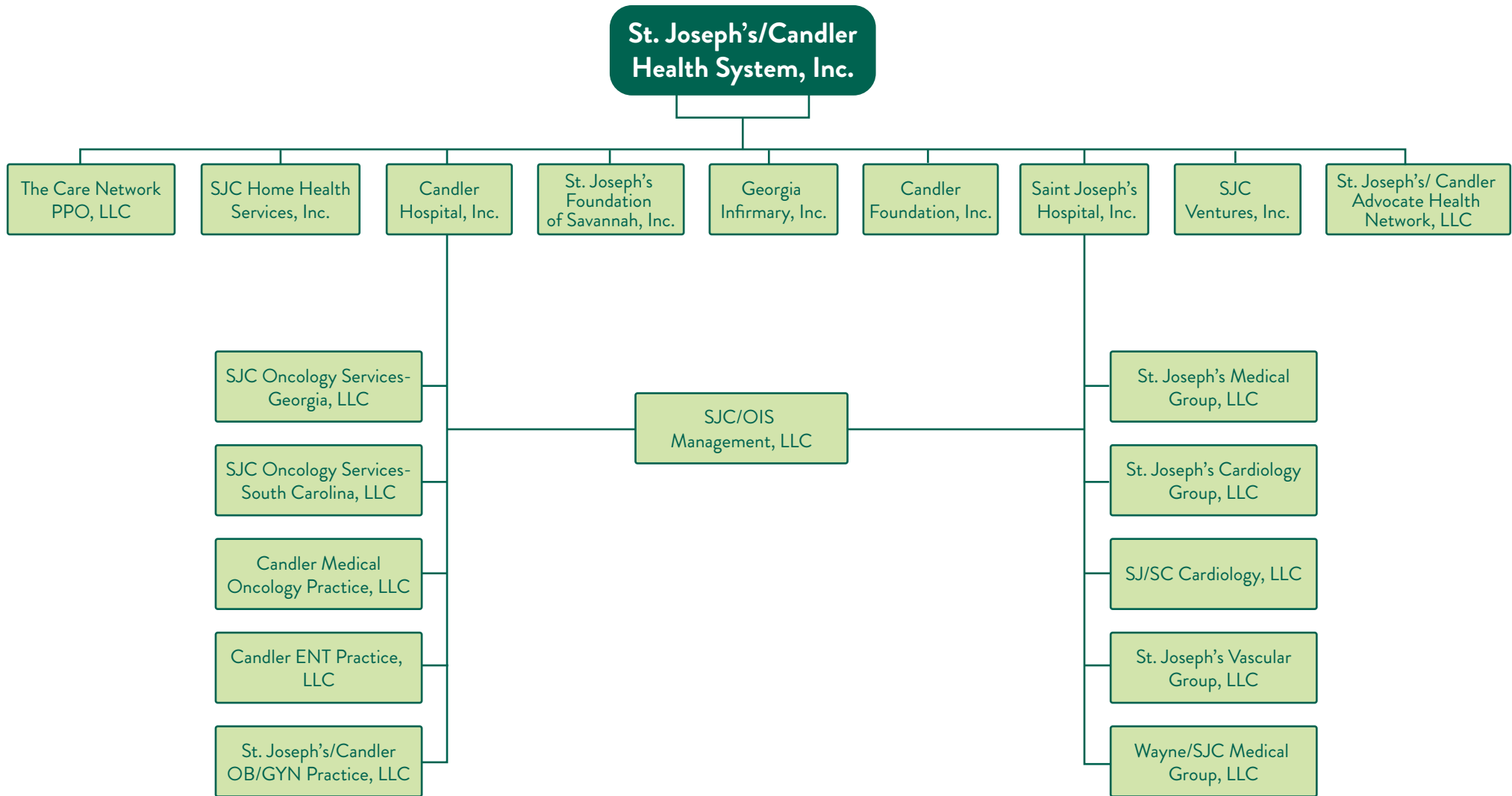
**List of Hospital Indebtedness:  
See Audited Financials, Note 7 and 8**

**Report of End of Year Net Assets:  
Refer to Audited Financial Statement, p. 9, 10.**

**St. Joseph's/Candler does not have  
any "going concern" issues.**

# **Dated Organizational Chart**

# Legal Chart of Corporate Structure



**Compensation/Benefits Report  
CY 2019**

**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 & Chief Executive Officer	\$401,320	\$121,251		\$6,582		\$21,173
2. Medical Director Cancer Center	\$252,352					\$17,048
3. Chief Financial Officer	\$211,999	\$53,540			\$7,980	\$20,741
4. Chief Operating Officer	\$206,174	\$52,500			\$7,980	\$13,753
5. Vice President Patient Care Services	\$140,087	\$19,068			\$7,980	\$28,781
6. Vice President Information Services	\$136,296	\$27,191			\$7,980	\$12,783
7. Vice President Human Resources	\$120,475	\$21,134			\$7,980	\$13,823
8. Vice President Revenue Cycle	\$106,504	\$21,546			\$5,187	\$5,879
9. Vice President Business Development	\$103,277	\$15,274			\$6,703	\$9,285
10. Executive Director Cardiac/Imaging	\$90,495	\$18,060				\$11,287
Notes:						
a. Reporting Period is Calendar Year 2019.						
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.						





**Candler 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 & Chief Executive Officer	\$554,203	\$167,441		\$9,090		\$29,240
2. Medical Director Cancer Center	\$348,486					\$23,542
3. Chief Financial Officer	\$292,761	\$73,936			\$11,020	\$28,642
4. Chief Operating Officer	\$284,716	\$72,500			\$11,020	\$18,992
5. Vice President Patient Care Services	\$193,454	\$26,333			\$11,020	\$39,746
6. Vice President Information Services	\$188,219	\$37,549			\$11,020	\$17,652
7. Vice President Human Resources	\$166,371	\$29,186			\$11,020	\$19,090
8. Vice President Revenue Cycle	\$147,077	\$29,754			\$7,163	\$8,119
9. Vice President Business Development	\$142,620	\$21,092			\$9,257	\$12,823
10. Executive Director Cardiac/Imaging	\$124,970	\$24,940				\$15,586
Notes:						
a. Reporting Period is Calendar Year 2019.						
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

July 21, 2017

Accreditation is customarily valid for up to 36 months.

  
Craig W. Jones, FACHE  
Chair, Board of Commissioners

ID #6725  
Print/Reprint Date: 09/21/2017

  
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](http://www.jointcommission.org).



AMA  
AMERICAN  
MEDICAL  
ASSOCIATION



# 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**

June 24, 2017

Accreditation is customarily valid for up to 36 months.

  
Craig W. Jones, FACHE  
Chair, Board of Commissioners

ID #6726  
Print/Reprint Date: 09/20/2017

  
Mark R. Chassin, MD, FACP, MIPP, 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](http://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  
Laboratory Accreditation Program

February 7, 2019

Accreditation is customarily valid for up to 24 months.

  
Craig N. Jones, M.D., M.P.H.  
Chair, Board of Commissioners

ID #6725  
Print/Reprint Date: 04/10/2019

  
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](http://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  
**Laboratory Accreditation Program**

January 10, 2019

Accreditation is customarily valid for up to 24 months.

  
Craig W. Jones, FACHE  
Chair, Board of Commissioners

ID #6726  
Print/Reprint Date: 03/22/2019

  
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](http://www.jointcommission.org).



# Indigent and Charity Care Policies

<b>St. Joseph's / Candler Health System, Inc.</b>	<p style="text-align: center;"><b>Administrative Policy</b></p> <p><b>Title: Financial Assistance, Billing and Collection</b></p>	<b>Policy Number: 1220-A Effective Date: 07/22/2019 Page 1 of 12</b>
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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](http://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 <sup>st</sup> statement
Day 30	–	2 <sup>nd</sup> statement
Day 60	–	3 <sup>rd</sup> 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](http://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:



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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

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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

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***Printed copies are for reference only. Please refer to the electronic copy for the latest version.***

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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*

<b>Billed Charges</b>	<b>Adjustment % for Patients with Insurance</b>						
	<b>Indigent/Charity</b>	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>	<b>Category D</b>	<b>Category E</b>	<b>Category F</b>
	<b>&lt;200%</b>	<b>201 - 250%</b>	<b>251 - 300%</b>	<b>301 - 350%</b>	<b>351 - 400%</b>	<b>401 - 450%</b>	<b>&gt; 450%</b>
<b>&gt; \$50,000</b>	100%	95%	85%	75%	65%	55%	0%
<b>\$40,000 - \$50,000</b>	100%	90%	80%	70%	60%	50%	0%
<b>\$30,000 - \$39,999</b>	100%	85%	75%	65%	55%	45%	0%
<b>\$20,000 - \$29,999</b>	100%	80%	70%	60%	50%	40%	0%
<b>\$10,000 - \$19,999</b>	100%	75%	65%	55%	45%	35%	0%
<b>\$ 5,000 - \$9,999</b>	100%	70%	60%	50%	40%	30%	0%
<b>\$ 2,500 - \$4,999</b>	100%	65%	55%	45%	35%	25%	0%
<b>\$500 - \$2,499</b>	100%	60%	50%	40%	30%	20%	0%
<b>&lt; \$500</b>	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*

<b>Billed Charges</b>	<b>Adjustment % for Uninsured Patients</b>						
	<b>Indigent/ Charity</b>	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>	<b>Category D</b>	<b>Category E</b>	<b>Category F</b>
	<b>&lt;200%</b>	<b>201 - 250%</b>	<b>251 - 300%</b>	<b>301 - 350%</b>	<b>351 - 400%</b>	<b>401 - 450%</b>	<b>&gt; 450%</b>
<b>&gt; \$50,000</b>	100%	95%	90%	85%	80%	70%	70%
<b>\$40,000 - \$50,000</b>	100%	90%	85%	80%	75%	70%	70%
<b>\$30,000 - \$39,999</b>	100%	85%	80%	75%	70%	70%	70%
<b>\$20,000 - \$29,999</b>	100%	80%	75%	70%	70%	70%	70%
<b>\$10,000 - \$19,999</b>	100%	75%	70%	70%	70%	70%	70%
<b>\$ 5,000 - \$9,999</b>	100%	70%	70%	70%	70%	70%	70%
<b>\$ 2,500 - \$4,999</b>	100%	70%	70%	70%	70%	70%	70%
<b>\$500 - \$2,499</b>	100%	70%	70%	70%	70%	70%	70%
<b>&lt; \$500</b>	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*

<b>Billed Charges</b>	<b>Adjustment % for Patients with Insurance</b>						
	<b>Indigent/ Charity</b>	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>	<b>Category D</b>	<b>Category E</b>	<b>Category F</b>
	<b>&lt;200%</b>	<b>201 - 250%</b>	<b>251 - 300%</b>	<b>301- 350</b>	<b>351- 400%</b>	<b>401 - 450%</b>	<b>&gt; 450%</b>
<b>&gt;\$2,500</b>	100%	90%	75%	60%	45%	30%	0%
<b>\$1,000-\$2,500</b>	100%	80%	65%	50%	35%	20%	0%
<b>\$500-\$1,000</b>	100%	70%	55%	40%	25%	10%	0%
<b>\$100\$500</b>	100%	60%	45%	30%	15%	0%	0%
<b>\$25-\$100</b>	100%	50%	35%	20%	5%	0%	0%
<b>&lt; \$25</b>	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**

<b>Billed Charges</b>	<b>Adjustment % for Patients without Insurance</b>						
	<b>Indigent/ Charity</b>	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>	<b>Category D</b>	<b>Category E</b>	<b>Category F</b>
	<b>&lt;200%</b>	<b>201 - 250%</b>	<b>251 - 300%</b>	<b>301 - 350%</b>	<b>351 - 400%</b>	<b>401 - 450%</b>	<b>&gt; 450%</b>
<b>&gt;\$2,500</b>	100%	90%	80%	70%	60%	50%	50%
<b>\$1,000-\$2,500</b>	100%	80%	70%	60%	50%	50%	50%
<b>\$500-\$1,000</b>	100%	70%	60%	50%	50%	50%	50%
<b>\$100-\$500</b>	100%	60%	50%	50%	50%	50%	50%
<b>\$25-\$100</b>	100%	50%	50%	50%	50%	50%	50%
<b>&lt; \$25</b>	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

<b>St. Joseph's/ Candler Health System</b>	<b>Administrative Policy</b>  <b>Title: Patient Financial Clearance</b>	<b>Policy Number:</b> <b>1227-A</b> <b>Effective Date:</b> <b>04/03/2019</b> <b>Page 1 of 5</b>
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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:



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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

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***Printed copies are for reference only. Please refer to the electronic copy for the latest version.***

# **Debt Collection Policies**



<b>St. Joseph's / Candler Health System, Inc.</b>	<p align="center"><b>Administrative Policy</b></p> <p><b>Title: Financial Assistance, Billing and Collection</b></p>	<b>Policy Number: 1220-A Effective Date: 07/22/2019 Page 1 of 12</b>
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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

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Policy Number: 1220-A  
Effective Date: 07/22/2019

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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](http://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 <sup>st</sup> statement
Day 30	–	2 <sup>nd</sup> statement
Day 60	–	3 <sup>rd</sup> 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](http://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:



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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

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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

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***Printed copies are for reference only. Please refer to the electronic copy for the latest version.***

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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*

<b>Billed Charges</b>	<b>Adjustment % for Patients with Insurance</b>						
	<b>Indigent/Charity</b>	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>	<b>Category D</b>	<b>Category E</b>	<b>Category F</b>
	<b>&lt;200%</b>	<b>201 - 250%</b>	<b>251 - 300%</b>	<b>301 - 350%</b>	<b>351 - 400%</b>	<b>401 - 450%</b>	<b>&gt; 450%</b>
<b>&gt; \$50,000</b>	100%	95%	85%	75%	65%	55%	0%
<b>\$40,000 - \$50,000</b>	100%	90%	80%	70%	60%	50%	0%
<b>\$30,000 - \$39,999</b>	100%	85%	75%	65%	55%	45%	0%
<b>\$20,000 - \$29,999</b>	100%	80%	70%	60%	50%	40%	0%
<b>\$10,000 - \$19,999</b>	100%	75%	65%	55%	45%	35%	0%
<b>\$ 5,000 - \$9,999</b>	100%	70%	60%	50%	40%	30%	0%
<b>\$ 2,500 - \$4,999</b>	100%	65%	55%	45%	35%	25%	0%
<b>\$500 - \$2,499</b>	100%	60%	50%	40%	30%	20%	0%
<b>&lt; \$500</b>	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*

<b>Billed Charges</b>	<b>Adjustment % for Uninsured Patients</b>						
	<b>Indigent/ Charity</b>	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>	<b>Category D</b>	<b>Category E</b>	<b>Category F</b>
	<b>&lt;200%</b>	<b>201 - 250%</b>	<b>251 - 300%</b>	<b>301 - 350%</b>	<b>351 - 400%</b>	<b>401 - 450%</b>	<b>&gt; 450%</b>
<b>&gt; \$50,000</b>	100%	95%	90%	85%	80%	70%	70%
<b>\$40,000 - \$50,000</b>	100%	90%	85%	80%	75%	70%	70%
<b>\$30,000 - \$39,999</b>	100%	85%	80%	75%	70%	70%	70%
<b>\$20,000 - \$29,999</b>	100%	80%	75%	70%	70%	70%	70%
<b>\$10,000 - \$19,999</b>	100%	75%	70%	70%	70%	70%	70%
<b>\$ 5,000 - \$9,999</b>	100%	70%	70%	70%	70%	70%	70%
<b>\$ 2,500 - \$4,999</b>	100%	70%	70%	70%	70%	70%	70%
<b>\$500 - \$2,499</b>	100%	70%	70%	70%	70%	70%	70%
<b>&lt; \$500</b>	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*

<b>Billed Charges</b>	<b>Adjustment % for Patients with Insurance</b>						
	<b>Indigent/ Charity</b>	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>	<b>Category D</b>	<b>Category E</b>	<b>Category F</b>
	<b>&lt;200%</b>	<b>201 - 250%</b>	<b>251 - 300%</b>	<b>301- 350</b>	<b>351- 400%</b>	<b>401 - 450%</b>	<b>&gt; 450%</b>
<b>&gt;\$2,500</b>	100%	90%	75%	60%	45%	30%	0%
<b>\$1,000-\$2,500</b>	100%	80%	65%	50%	35%	20%	0%
<b>\$500-\$1,000</b>	100%	70%	55%	40%	25%	10%	0%
<b>\$100-\$500</b>	100%	60%	45%	30%	15%	0%	0%
<b>\$25-\$100</b>	100%	50%	35%	20%	5%	0%	0%
<b>&lt; \$25</b>	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**

<b>Billed Charges</b>	<b>Adjustment % for Patients without Insurance</b>						
	<b>Indigent/ Charity</b>	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>	<b>Category D</b>	<b>Category E</b>	<b>Category F</b>
	<b>&lt;200%</b>	<b>201 - 250%</b>	<b>251 - 300%</b>	<b>301 - 350%</b>	<b>351 - 400%</b>	<b>401 - 450%</b>	<b>&gt; 450%</b>
<b>&gt;\$2,500</b>	100%	90%	80%	70%	60%	50%	50%
<b>\$1,000-\$2,500</b>	100%	80%	70%	60%	50%	50%	50%
<b>\$500-\$1,000</b>	100%	70%	60%	50%	50%	50%	50%
<b>\$100-\$500</b>	100%	60%	50%	50%	50%	50%	50%
<b>\$25-\$100</b>	100%	50%	50%	50%	50%	50%	50%
<b>&lt; \$25</b>	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 2018 for  
St. Joseph's Hospital and Candler Hospital**



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**Health Planning Survey Instructions**

- Cardiac Catheterization Services Survey
- Free-Standing Ambulatory Surgery Center Survey
- Open Heart Surgery Services Survey
- Home Health Survey
- Annual Nursing Home Questionnaire

**Back to:**

- [Health Planning](#)
- [General Counsel Division](#)
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[DCH Home](#) > [Divisions](#) > [General Counsel Division](#) > [Health Planning](#) > [Health Planning Surveys](#) > [Survey Sign In](#) > HOSP621

## Saint Joseph's Hospital

### 2018 Hospital Financial Submission Confirmation

Thank you for submitting your 2018 Annual Hospital Questionnaire. The submission was completed on 07/26/2019.

### Completed Survey

-  [2018 Hospital Financial Survey](#)



Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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**Part A : General Information**

UID: HOSP621

**1. Identification**

**Facility Name:**   
**County:**    
**Street Address:**   
**City:**   
**Zip:**   
**Mailing Address:**   
**Mailing City:**   
**Mailing Zip:**   
**Medicaid Provider Number:**   
**Medicare Provider Number:**

**2. Report Period**

Please report data for the hospital fiscal year ending during calendar year 2018 only.  
*Do not use a different report period*

**Please indicate your Hospital Fiscal Year**

**From:**  **To:**

**Please indicate your Cost Report Year**

**From:**  **To:**

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 experienced a trauma center designation change, provide the date and type of change.

**Part B : Survey Contact Information**

*Person authorized to respond to inquiries about the responses to this survey*

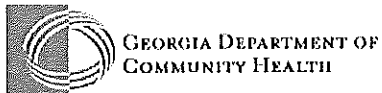
**Contact Name:**

**Contact Title:**

**Phone:**

**Fax:**

**Email:**



## 2018 Hospital Financial Survey

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### 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	612,815,372
Total Inpatient Admissions accounting for Inpatient Revenue	11,779
Outpatient Gross Patient Revenue	378,239,287
Total Outpatient Visits accounting for Outpatient Revenue	130,514
Medicare Contractual Adjustments	501,426,896
Medicaid Contractual Adjustments	46,541,877
Other Contractual Adjustments:	152,730,550
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	17,486,509
Gross Indigent Care:	6,496,261
Gross Charity Care:	52,288,406
Uncompensated Indigent Care (net):	6,496,261
Uncompensated Charity Care (net):	52,288,406
Other Free Care:	656,097
Other Revenue/Gains:	6,113,362
Total Expenses:	208,719,929

#### 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	Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	656,097
Employee Discounts	0
	0
<b>Total</b>	<b>656,097</b>



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

## 2018 Hospital Financial Survey

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### Part D : 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 2018? (Check box if yes.)

If the hospital had a formal written policy(ies) during the reporting period, you are required to file a copy of the policy(ies) with the Department. Please e-mail a copy of the policy(ies) to [Steve.Cappel@dch.ga.gov](mailto:Steve.Cappel@dch.ga.gov)

#### **2. Effective Date**

What was the effective date of the policy or policies in effect during 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.)

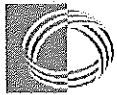
#### **5. Maximum Income Level**

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.)?

#### **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 2018? (Check box if yes.)





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## Part E : 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	5,473,965	23,286,786	28,760,751
Outpatient	1,022,296	29,001,620	30,023,916
<b>Total</b>	<b>6,496,261</b>	<b>52,288,406</b>	<b>58,784,667</b>

### 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 Fund)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>0</b>

### 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	5,473,965	23,286,786	28,760,751
Outpatient	1,022,296	29,001,620	30,023,916
<b>Total</b>	<b>6,496,261</b>	<b>52,288,406</b>	<b>58,784,667</b>

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### 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	3	15,618	33	51,155
Appling	3	59,809	5	3,363	47	626,491	46	63,908
Atkinson	0	0	0	0	4	179,643	3	2,920
Bacon	0	0	0	0	6	262,180	6	4,705
Baldwin	0	0	0	0	0	0	4	1,860
Barrow	0	0	0	0	0	0	4	13,978
Bartow	0	0	0	0	0	0	7	3,658
Berrien	0	0	0	0	0	0	1	808
Bibb	0	0	0	0	0	0	6	4,007
Brantley	0	0	0	0	7	96,882	8	28,241
Bryan	22	375,579	48	201,232	276	1,423,456	2,171	3,097,696
Bulloch	6	137,813	5	33,716	73	761,362	299	350,168
Burke	0	0	0	0	0	0	7	7,678
Calhoun	0	0	0	0	0	0	1	2,290
Camden	0	0	0	0	1	6,657	2	1,330
Candler	1	1,580	2	2,930	22	40,466	56	65,425
Carroll	0	0	0	0	0	0	1	1,858
Chatham	93	2,182,027	245	395,804	1,668	12,303,856	14,859	1,887,319
Cherokee	0	0	1	882	3	35,186	6	5,002
Clarke	0	0	0	0	0	0	4	6,758
Clayton	0	0	0	0	0	0	6	15,099
Cobb	0	0	0	0	2	6,776	17	12,905
Coffee	1	35,752	1	1,458	24	209,653	9	11,030
Colquitt	0	0	0	0	0	0	4	820
Columbia	1	15,701	2	2,861	0	0	6	8,321
Cook	0	0	0	0	0	0	1	1,233

Coweta	0	0	0	0	2	23,361	12	66,572	--
Crisp	0	0	0	0	0	0	1	3,119	--
Decatur	0	0	0	0	0	0	1	2,365	--
DeKalb	0	0	0	0	0	0	12	10,799	--
Dodge	0	0	0	0	0	0	2	732	--
Dooly	0	0	0	0	0	0	0	0	--
Dougherty	0	0	0	0	1	11,508	2	997	--
Douglas	0	0	0	0	2	4,815	6	8,585	--
Effingham	22	270,852	14	9,625	215	1,164,216	1,038	1,089,335	--
Elbert	0	0	0	0	0	0	1	2,277	--
Emanuel	0	0	5	2,439	22	51,984	45	33,091	--
Evans	2	4,518	0	0	25	149,173	109	161,520	--
Fannin	0	0	0	0	0	0	1	50	--
Fayette	0	0	0	0	1	915	2	1,200	--
Florida	4	577,043	2	11,784	36	280,262	152	281,908	--
Floyd	0	0	0	0	0	0	4	3,893	--
Franklin	0	0	0	0	0	0	1	562	--
Fulton	0	0	0	0	4	40,946	28	40,215	--
Glynn	0	0	2	2,018	8	44,600	82	114,125	--
Grady	0	0	0	0	0	0	1	4,379	--
Greene	0	0	0	0	0	0	4	1,803	--
Habersham	0	0	0	0	0	0	1	587	--
Hall	0	0	0	0	0	0	3	3,971	--
Hancock	0	0	0	0	0	0	2	4,045	--
Hart	0	0	0	0	0	0	1	3,254	--
Henry	0	0	0	0	0	0	10	7,984	--
Houston	0	0	0	0	2	1,365	3	779	--
Irwin	0	0	0	0	0	0	2	4,380	--
Jeff Davis	0	0	0	0	20	118,867	31	27,045	--
Jefferson	0	0	0	0	0	0	0	0	--
Jenkins	0	0	2	2,226	3	4,279	8	16,300	--
Johnson	0	0	1	376	1	1,151	4	1,386	--
Jones	0	0	0	0	0	0	1	275	--
Lamar	0	0	0	0	0	0	3	1,029	--
Laurens	0	0	0	0	5	5,902	9	5,200	--
Liberty	24	372,364	108	217,181	285	2,424,704	1,636	18,890,723	--
Lincoln	0	0	0	0	0	0	1	380	--
Lowndes	0	0	0	0	0	0	2	1,904	--
Long	3	2,016	2	3,995	40	90,072	157	239,298	--
Lumpkin	0	0	0	0	0	0	1	4,455	--
Marion	0	0	0	0	0	0	2	1,301	--
McDuffie	0	0	0	0	0	0	1	4,355	--
McIntosh	1	1,061	4	4,589	25	26,157	150	155,444	--
Mitchell	0	0	0	0	0	0	2	1,693	--
Monroe	0	0	0	0	1	1,316	3	1,382	--
Montgomery	0	0	0	0	5	15,486	10	9,873	--
Morgan	0	0	0	0	0	0	1	513	--
Muscogee	0	0	0	0	2	2,050	2	175	--
North Carolina	1	197,577	0	0	8	116,726	58	103,543	--
Newton	0	0	0	0	0	0	4	2,071	--
Paulding	0	0	0	0	0	0	5	701	--
Peach	0	0	0	0	0	0	1	1,519	--

Pickens	0	0	0	0	0	0	3	6,152	-
Pierce	1	62,245	0	0	6	80,116	20	25,965	-
Polk	0	0	0	0	0	0	1	2,777	-
Rabun	0	0	0	0	0	0	1	672	-
Richmond	0	0	0	0	1	1,029	19	16,058	-
Rockdale	0	0	3	1,707	0	0	4	978	-
Screven	0	0	0	0	12	204,624	71	64,071	-
Sumter	0	0	0	0	1	13,244	2	6,585	-
South Carolina	7	62,427	5	4,805	116	445,749	411	515,932	-
Tattnall	6	629,877	0	0	65	403,038	185	445,027	-
Telfair	0	0	0	0	4	2,923	4	15,653	-
Terrell	0	0	0	0	0	0	1	1,875	-
Thomas	0	0	0	0	0	0	2	1,420	-
Tennessee	0	0	0	0	2	1,966	46	73,845	-
Toombs	5	136,948	2	35,059	22	153,928	47	68,496	-
Treutlen	0	0	0	0	5	5,278	7	2,548	-
Upson	0	0	0	0	2	6,565	1	1,332	-
Walker	0	0	0	0	0	0	2	1,836	-
Walton	0	0	0	0	0	0	1	250	-
Ware	1	134,988	0	0	9	154,627	23	37,285	-
Warren	0	0	0	0	0	0	2	2,464	-
Washington	0	0	0	0	0	0	5	4,281	-
Wayne	4	113,614	14	84,096	108	785,692	359	288,960	-
Wheeler	0	0	0	0	6	78,050	6	8,893	-
Whitfield	0	0	0	0	0	0	2	2,303	-
Wilcox	0	0	0	0	0	0	4	5,709	-
Other Out of State	5	100,174	2	150	42	395,232	310	388,005	-
Forsyth	0	0	0	0	0	0	2	225	-
Gwinnett	0	0	0	0	2	2,646	21	37,959	-
Lee	0	0	0	0	1	1,675	0	0	-
Union	0	0	0	0	1	480	0	0	-
Wilkes	0	0	0	0	1	843	0	0	-
<b>Total</b>	<b>213</b>	<b>5,473,965</b>	<b>475</b>	<b>1,022,296</b>	<b>3,255</b>	<b>23,286,786</b>	<b>22,747</b>	<b>29,001,620</b>	

Add a row

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**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 2018? (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 2018.

	Patient Category	SFY2017	SFY2018	SFY2019
		7/1/15-6/30/16	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	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	0	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 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
0	0	0

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2018 Hospital Financial Survey

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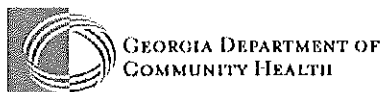
2018 HFS Hospital Financial Statements Reconciliation Addendum

**Section one is pre-filled from the answers in Part C and Part E.**

You may not complete this section until Part C and Part E, question 1 are complete. Every field in this section is a required field. Enter zeroes in numeric fields and "Not Applicable" or "N/A" in the description fields for "Other Non-Hospital" and "Other Reconciling Items" if not applicable.

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):											
Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care											
HFS Source:	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1		
	Gross Patient Charges	Medicare Contractual Adjs	Medicaid Contractual Adjs	Other Contractual Adjs	Hill Burton Obligations	Bad Debt	Gross Indigent Care (IP & OP)	Gross Charity Care (IP & OP)	Other Free Care	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	612,815,372										
Outpatient Gross Patient Revenue	378,239,287										
Per Part C, 1. Financial Table		501,426,896	46,541,877	152,730,550	0	17,486,509			656,097		
Per Part E, 1. Indigent and Charity Care							6,498,261	52,288,406			
<b>Totals per HFS</b>	<b>991,054,659</b>	<b>501,426,896</b>	<b>46,541,877</b>	<b>152,730,550</b>	<b>0</b>	<b>17,486,509</b>	<b>6,498,261</b>	<b>52,288,406</b>	<b>656,097</b>	<b>777,626,598</b>	<b>213,428,063</b>
									(B)		(B)
Section 2: Reconciling Items to Financial Statements:											
<b>Non-Hospital Services:</b>											
> Professional Fees	0.0										0
> Home Health Agency	0										0
> SNF/NF Swing Bed Services	0										0
> Nursing Home	8,137,126										6,619,432
> Hospice	0										0
> Freestanding Ambulatory Surg. Centers	0										0
> Other Non-Hospital	na										0
> Other Non-Hospital	na										0.0
> Other Non-Hospital	na										0.0
> Other Non-Hospital	na										0.0
> Other Non-Hospital	na										0
> Other Non-Hospital	na										0
> Other Non-Hospital	na										0
<b>Bad Debt (Expense per Financials)(A)</b>											0
<b>Indigent Care Trust Fund Income</b>											0
<b>Other Reconciling Items:</b>											
> Other Recon. Items	Provider Fee Tax	0.0									2800812.0
> Other Recon. Items	Provider Fee tax Revenue	0									-250,535
> Other Recon. Items	NA	0									0
> Other Recon. Items	Ref Lab	1,898,350									169,857
<b>Total Reconciling Items</b>		<b>10,135,476</b>									<b>9,339,356</b>
<b>Total Per Form</b>		<b>1,001,190,135</b>									<b>786,985,962</b>
<b>Total Per Financial Statements</b>		<b>1001190135.0</b>									<b>214,224,173</b>
<b>Unreconciled Difference (Must be Zero)</b>		<b>0</b>									<b>0</b>





## 2018 Hospital Financial Survey

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### Electronic Signature

**There are no critical errors on the form.**  
 You may sign and submit the survey. If you do not submit the survey before exiting, your signature will not be saved.

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.*

**Do not sign the survey until you are ready to submit.** Signed surveys will be locked to prevent post-validation revisions that could through the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.

Signature of Chief Executive: Paul P. Hinchey

Date: 07/26/2019

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.

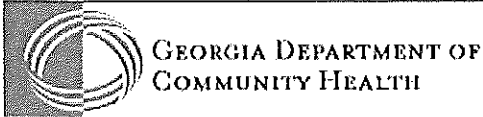
Signature of Financial Officer: Greg Schaack

Date: 07/26/2019

Title: Chief Financial Officer

Comments:





[Contact Us for Survey Assistance](#)

**Health Planning Survey Instructions**

- Cardiac Catheterization Services Survey
- Free-Standing Ambulatory Surgery Center Survey
- Open Heart Surgery Services Survey
- Home Health Survey
- Annual Nursing Home Questionnaire

**Back to:**

- [Health Planning](#)
- [General Counsel Division](#)
- [Divisions](#)
- [DCH Home](#)

[DCH Home](#) > [Divisions](#) > [General Counsel Division](#) > [Health Planning](#) > [Health Planning Surveys](#) > [Survey Sign In](#) > HOSP626

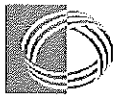
**Candler Hospital**

**2018 Hospital Financial Submission Confirmation**

Thank you for submitting your 2018 Annual Hospital Questionnaire. The submission was completed on 07/26/2019.

**Completed Survey**

-  [2018 Hospital Financial Survey](#)



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## Part A : General Information

UID: HOSP626

### 1. Identification

Facility Name:

County:  ▼

Street Address:

City:

Zip:

Mailing Address:

Mailing City:

Mailing Zip:

Medicaid Provider Number:

Medicare Provider Number:

### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2018 only.  
**Do not use a different report period**

Please indicate your Hospital Fiscal Year

From:  To:

Please indicate your Cost Report Year

From:  To:

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 experienced a trauma center designation change, 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:**

**Contact Title:**

**Phone:**

**Fax:**

**Email:**


**2018 Hospital Financial Survey**

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**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	390,299,026
Total Inpatient Admissions accounting for Inpatient Revenue	11,197
Outpatient Gross Patient Revenue	862,265,094
Total Outpatient Visits accounting for Outpatient Revenue	338,506
Medicare Contractual Adjustments	510,972,534
Medicaid Contractual Adjustments	107,842,616
Other Contractual Adjustments:	262,248,396
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	15,676,790
Gross Indigent Care:	5,610,439
Gross Charity Care:	78,702,384
Uncompensated Indigent Care (net):	5,610,439
Uncompensated Charity Care (net ):	78,702,384
Other Free Care:	599,740
Other Revenue/Gains:	9,848,611
Total Expenses:	251,337,289

**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	Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	599,740
Employee Discounts	0
	0
<b>Total</b>	<b>599,740</b>

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## Part D : 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 2018? (Check box if yes.)

If the hospital had a formal written policy(ies) during the reporting period, you are required to file a copy of the policy(ies) with the Department. Please e-mail a copy of the policy(ies) to [Steve.Cappel@dch.ga.gov](mailto:Steve.Cappel@dch.ga.gov)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 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 accommodation 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.)?

### 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 2018? (Check box if yes.)



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## Part E : 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	2,699,450	21,258,512	23,957,962
Outpatient	2,910,989	57,443,872	60,354,861
<b>Total</b>	<b>5,610,439</b>	<b>78,702,384</b>	<b>84,312,823</b>

### 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 Fund)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>0</b>

### 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	2,699,450	21,258,512	23,957,962
Outpatient	2,910,989	57,443,872	60,354,861
<b>Total</b>	<b>5,610,439</b>	<b>78,702,384</b>	<b>84,312,823</b>

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### 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	2	78,138	48	41,166	-
Appling	1	635	1	414	16	212,940	76	156,259	-
Atkinson	0	0	0	0	2	72,676	3	2,283	-
Bacon	0	0	0	0	4	18,486	8	5,093	-
Baldwin	0	0	0	0	0	0	9	12,055	-
Barrow	0	0	0	0	0	0	4	3,412	-
Bartow	0	0	0	0	0	0	2	3,038	-
Ben Hill	0	0	0	0	0	0	3	34,274	-
Berrien	0	0	0	0	0	0	1	268	-
Bibb	0	0	0	0	1	20,334	21	25,528	-
Brantley	0	0	0	0	2	60,056	54	17,664	-
Bryan	12	466,518	127	291,729	192	1,085,855	2,144	2,471,041	-
Bulloch	8	119,899	71	212,131	66	749,343	554	844,837	-
Burke	0	0	1	4,912	0	0	10	4,930	-
Calhoun	0	0	0	0	0	0	1	714	-
Camden	0	0	8	11,992	1	619	17	19,079	-
Candler	0	0	4	30,020	7	11,322	88	118,167	-
Carroll	0	0	0	0	0	0	8	4,882	-
Catoosa	0	0	0	0	0	0	1	5,781	-
Charlton	0	0	0	0	0	0	4	2,600	-
Chatham	102	1,519,412	723	1,577,825	2,057	13,434,312	36,190	42,241,263	-
Cherokee	0	0	0	0	1	1,562	2	8,191	-
Clarke	0	0	0	0	0	0	5	2,122	-
Clayton	0	0	0	0	0	0	16	11,840	-
Cobb	0	0	3	3,390	0	0	21	19,562	-
Coffee	1	1,145	3	2,410	12	181,124	45	61,946	-

Colquitt	0	0	0	0	0	0	2	2,233	--
Columbia	0	0	33	107,219	0	0	5	9,482	--
Cook	0	0	0	0	0	0	3	4,645	--
Coweta	0	0	0	0	1	23,617	17	48,844	--
Crisp	0	0	0	0	0	0	1	513	--
Decatur	0	0	0	0	0	0	1	650	--
DeKalb	0	0	0	0	2	51,796	54	34,842	--
Dodge	0	0	0	0	0	0	2	1,110	--
Dooly	0	0	0	0	0	0	1	1,824	--
Dougherty	0	0	1	100	2	1,741	9	14,710	--
Douglas	0	0	0	0	0	0	9	7,303	--
Effingham	12	133,393	51	53,377	310	1,176,160	2,732	3,024,267	--
Emanuel	2	2,428	14	11,076	10	96,593	80	125,285	--
Evans	2	56,577	5	19,567	16	43,724	162	216,988	--
Fayette	0	0	0	0	0	0	2	1,219	--
Florida	0	0	1	1,631	13	309,963	236	368,505	--
Floyd	0	0	0	0	0	0	1	40	--
Forsyth	0	0	0	0	1	1,675	11	3,123	--
Fulton	1	684	0	0	2	29,020	49	38,388	--
Gilmer	0	0	0	0	0	0	1	373	--
Glynn	0	0	2	247	10	16,902	161	226,483	--
Grady	0	0	0	0	1	1,288	10	24,064	--
Greene	0	0	0	0	0	0	3	4,378	--
Gwinnett	0	0	1	724	1	1,316	23	54,230	--
Habersham	0	0	0	0	1	2,332	3	1,463	--
Hall	0	0	0	0	0	0	3	4,321	--
Haralson	0	0	0	0	0	0	2	787	--
Harris	0	0	0	0	0	0	1	50	--
Hart	0	0	0	0	0	0	1	524	--
Heard	0	0	0	0	0	0	1	214	--
Henry	0	0	0	0	0	0	18	19,677	--
Houston	0	0	0	0	0	0	9	16,488	--
Irwin	0	0	0	0	0	0	2	1,999	--
Jackson	0	0	0	0	1	11,301	2	1,968	--
Jasper	0	0	0	0	0	0	1	33	--
Jeff Davis	0	0	32	103,297	5	57,086	0	0	--
Jefferson	0	0	0	0	0	0	4	9,382	--
Jenkins	1	21,306	5	9,300	3	8,294	17	19,732	--
Johnson	4	3,477	4	1,218	1	32,858	12	4,672	--
Jones	0	0	0	0	1	195	1	75	--
Lamar	0	0	0	0	0	0	2	1,484	--
Laurens	0	0	0	0	1	4,363	17	12,795	--
Lee	0	0	0	0	0	0	3	3,197	--
Liberty	1	25,640	96	67,370	118	1,048,154	1,418	1,579,300	--
Lincoln	0	0	0	0	0	0	1	236	--
Long	3	80,841	0	0	18	101,693	128	210,535	--
Lowndes	0	0	0	0	2	1,292	8	9,710	--
Macon	0	0	0	0	0	0	2	881	--
Marion	0	0	0	0	0	0	1	1,363	--
McDuffie	0	0	0	0	0	0	1	1,002	--
McIntosh	0	0	4	8,979	7	85,621	115	125,019	--
Mitchell	0	0	0	0	0	0	1	3,275	--



Monroe	0	0	0	0	0	0	4	2,728	--
Montgomery	0	0	1	224	2	33,073	39	44,404	--
Morgan	0	0	0	0	0	0	1	2,371	--
Muscogee	0	0	0	0	0	0	13	1,156	--
North Carolina	0	0	0	0	1	1,260	81	131,156	--
Newton	0	0	0	0	0	0	6	7,159	--
Oconee	0	0	0	0	0	0	1	377	--
Other Out of State	5	92,258	4	2,905	19	145,714	384	531,393	--
Paulding	0	0	0	0	0	0	6	2,365	--
Peach	0	0	0	0	0	0	4	1,727	--
Pickens	0	0	0	0	1	996	2	13,575	--
Pierce	0	0	2	11,837	4	28,262	28	51,815	--
Polk	0	0	0	0	0	0	1	267	--
Pulaski	0	0	0	0	0	0	6	1,861	--
Putnam	0	0	0	0	0	0	5	15,069	--
Rabun	0	0	0	0	0	0	2	3,866	--
Richmond	0	0	0	0	2	726	21	50,451	--
Rockdale	0	0	0	0	0	0	9	8,311	--
South Carolina	3	59,243	111	176,954	88	535,818	2,679	2,667,315	--
Screven	2	33,743	8	19,153	49	580,697	237	318,786	--
Seminole	0	0	0	0	0	0	1	513	--
Spalding	0	0	0	0	0	0	4	4,573	--
Stephens	0	0	0	0	0	0	2	3,384	--
Sumter	0	0	0	0	0	0	3	7,590	--
Tattnall	2	12,136	21	44,473	32	631,205	256	483,519	--
Telfair	0	0	0	0	2	2,306	32	40,561	--
Thomas	0	0	0	0	0	0	5	3,296	--
Tift	0	0	0	0	1	1,426	2	2,089	--
Tennessee	0	0	0	0	2	5,791	37	45,136	--
Toombs	1	1,675	7	28,407	11	21,804	123	213,506	--
Treutlen	0	0	0	0	0	0	6	12,878	--
Troup	0	0	0	0	0	0	4	1,673	--
Union	0	0	0	0	1	1,241	2	279	--
Upson	0	0	0	0	0	0	1	524	--
Walker	0	0	0	0	0	0	1	1,986	--
Walton	0	0	0	0	0	0	6	4,157	--
Ware	0	0	1	951	2	3,469	71	56,541	--
Washington	0	0	0	0	0	0	7	16,314	--
Wayne	3	68,440	23	107,157	25	228,225	264	241,775	--
Wheeler	0	0	0	0	1	2,712	18	56,825	--
White	0	0	0	0	0	0	2	3,185	--
Whitfield	0	0	0	0	0	0	1	10,115	--
Wilcox	0	0	0	0	0	0	1	1,046	--
Wilkes	0	0	0	0	0	0	1	396	--
Wilkinson	0	0	0	0	0	0	4	5,924	--
Worth	0	0	0	0	0	0	2	8,259	--
Murray	0	0	0	0	0	0	0	0	--
Pike	0	0	0	0	1	36	0	0	--
Total	166	2,699,450	1,368	2,910,989	3,134	21,258,512	49,069	57,443,872	--

Add a row

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## 2018 Hospital Financial Survey

Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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 View & Print Reconciliation Addendum PDF
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### 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 2018? (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 2018.

	Patient Category	SFY2017	SFY2018	SFY2019
		7/1/15-6/30/16	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with Incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	5,610,439	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	78,702,384	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 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
0	32,270	0

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2018 Hospital Financial Survey

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2018 HFS Hospital Financial Statements Reconciliation Addendum

Section one is pre-filled from the answers in Part C and Part E.

You may not complete this section until Part C and Part E, question 1 are complete. Every field in this section is a required field. Enter zeroes in numeric fields and "Not Applicable" or "N/A" in the description fields for "Other Non-Hospital" and "Other Reconciling Items" if not applicable.

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):											
HFS Source:	Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care										
	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1		
	Gross Patient Charges	Medicare Contractual Adjs	Medicaid Contractual Adjs	Other Contractual Adjs	Hill Burton Obligations	Bad Debt	Gross Indigent Care (IP & OP)	Gross Charity Care (IP & OP)	Other Free Care	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	390,299,026										
Outpatient Gross Patient Revenue	862,265,094										
Per Part C, 1, Financial Table		510,972,534	107,842,616	262,248,396	0	15,676,790			599,740		
Per Part E, 1, Indigent and Charity Care							5,610,439	78,702,384			
<b>Totals per HFS</b>	<b>1,252,564,120</b>	<b>510,972,534</b>	<b>107,842,616</b>	<b>262,248,396</b>	<b>0</b>	<b>15,676,790</b>	<b>5,610,439</b>	<b>78,702,384</b>	<b>599,740</b>	<b>881,652,699</b>	<b>270,911,221</b>
									(B)		(B)
Section 2: Reconciling Items to Financial Statements:											
<b>Non-Hospital Services:</b>											
> Professional Fees	0.0										0
> Home Health Agency	0										0
> SNFNF Swing Bed Services	0										0
> Nursing Home	8,270,513										6,570,724
> Hospice	0										0
> Freestanding Ambulatory Surg. Centers	0										0
> Other Non-Hospital <input type="text" value="Wellness Center"/>	264,132										0
> Other Non-Hospital <input type="text" value="na"/>	0.0										0
> Other Non-Hospital <input type="text" value="na"/>	0.0										0
> Other Non-Hospital <input type="text" value="na"/>	0.0										0.0
> Other Non-Hospital <input type="text" value="na"/>	0										0
> Other Non-Hospital <input type="text" value="na"/>	0										0
<b>Bad Debt (Expense per Financials)(A)</b>											0
<b>Indigent Care Trust Fund Income</b>											-1,256,166
<b>Other Reconciling Items:</b>											
> Other Recon. Items <input type="text" value="Provider Fee Tax"/>	0.0										3446300.0
> Other Recon. Items <input type="text" value="Provider Fee Tax Revert"/>	0										-331,420
> Other Recon. Items <input type="text" value="Ref Lab"/>	17,794,566										18,401,947
> Other Recon. Items <input type="text" value="na"/>	0										0
<b>Total Reconciling Items</b>	<b>26,319,211</b>										<b>24,831,365</b>
<b>Total Per Form</b>	<b>1,278,883,331</b>										<b>1,006,484,284</b>
<b>Total Per Financial Statements</b>	<b>1278883331.0</b>										<b>272,399,047</b>
<b>Unreconciled Difference (Must be Zero)</b>	<b>0</b>										<b>0</b>





Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Please Wait.. This will take a few seconds to load

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Save Survey

**Electronic Signature**

**There are no critical errors on the form.**  
You may sign and submit the survey. If you do not submit the survey before exiting, your signature will not be saved.

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.*

**Do not sign the survey until you are ready to submit.** Signed surveys will be locked to prevent post-validation revisions that could through the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.

Signature of Chief Executive: Paul P. Hinchey

Date: 07/26/2019

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: 07/26/2019

Title: Chief Financial officer

Comments:

**ASC Surveys Filed by Hospital  
(Not applicable)**



**Imaging Center Surveys Filed by Hospital  
(Not applicable)**