68200PPHS

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 08/01/12 **, and ending** 07/31/13

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: PHOEBE PUTNEY HEALTH SYSTEM, INC.

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): P. O. BOX 3770 — Room/suite:

City, town or post office, state, and ZIP code: ALBANY GA 31706

D Employer identification number: 58-2001014

E Telephone number: 229-312-1000

G Gross receipts $: 110,962,859

F Name and address of principal officer:
JOEL WERNICK, CEO
P. O. BOX 3770
ALBANY GA 31706

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

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

J Website: ▶ WWW.PHOEBEPUTNEY.COM

H(c) Group exemption number ▶

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

L Year of formation: 1990

M State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO DEVELOP AND OPERATE A FINANCIALLY VIABLE FAMILY OF RELATED HEALTH CARE ORGANIZATIONS WHICH COLLECTIVELY SEEK TO ENHANCE THE QUALITY OF LIFE OF SOUTHWEST GEORGIANS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	78
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	35,249,049	22,248,196
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,729,507	23,486,389
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,037,447	2,073,202
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,016,003	47,807,787

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,018,770	129,550
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,623,535	11,142,642
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,084,052	13,312,584
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	26,726,357	24,584,776
19 Revenue less expenses. Subtract line 18 from line 12	12,289,646	23,223,011

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	378,314,240	436,258,472
21 Total liabilities (Part X, line 26)	4,947,159	8,246,838
22 Net assets or fund balances. Subtract line 21 from line 20	373,367,081	428,011,634

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ KERRY LOUDERMILK CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
LINTON A. HARRIS	Linton A Harris	6/04/14		P00155925

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 PUBLIC INSPECTION

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:

TO DEVELOP AND OPERATE A FINANCIALLY VIABLE FAMILY OF RELATED HEALTH CARE ORGANIZATIONS WHICH COLLECTIVELY SEEK TO ENHANCE THE QUALITY OF LIFE OF SOUTHWEST GEORGIANS.

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 $ 3,279,343 including grants of $ 129,550) (Revenue $ 22,248,196)

GUIDE THE TAX-EXEMPT ACTIVITIES OF RELATED ORGANIZATIONS; COORDINATE CAPITAL BUDGET AND BORROWINGS; OVERSEE INSURANCE RISK MANAGEMENT; COORDINATE CHARITY CARE, PERSONNEL POLICIES, AND COMMUNITY SERVICE PROGRAMS.

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

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

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

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

4e Total program service expenses ▶ 3,279,343

FOR PUBLIC INSPECTION

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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	5		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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	9		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	10		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	11a	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	11b		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	11c		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	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		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	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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)	17		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	18		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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

FOR PUBLIC INSPECTION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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	27		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	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

FOR PUBLIC INSPECTION

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☒

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	49		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	78		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country: ▶ SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

FOR PUBLIC INSPECTION

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 to any question in this Part VI ☒

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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	9			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?	10a		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?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KERRY LOUDERMILK, CFO P.O. BOX 3770 ALBANY GA 31706 229-312-4068

FOR PUBLIC INSPECTION

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question 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 organizations 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) JOEL WERNICK	25.00									
CEO/PRES/BRD MEMBER	29.00	X		X				957,191	0	914,342
(2) LAMAR H. MOREE, M.D.	1.00									
BOARD MEMBER	50.00	X						0	658,069	19,792
(3) STEVEN WOLINSKY, D.O.	1.00									
BOARD MEMBER	50.00	X						0	647,037	12,635
(4) LAURENCE T. CRIMMINS, M.D.	1.00									
BOARD MEMBER	0.00	X						0	81,900	0
(5) LEMUEL V. GRIFFIN	1.00									
CHAIRMAN	0.00	X		X				0	0	0
(6) WILHELMINA HALL	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) ANTHONY PARKER, PH.D.	1.00									
BOARD MEMBER	0.00	X						0	0	0
(8) WILL SIMS	1.00									
VICE CHAIRMAN	1.00	X		X				0	0	0
(9) JAMES WOODS, M.D.	1.00									
BOARD MEMBER	0.00	X						0	0	0
(10) JOHN T. PHILLIPS, III	1.00									
BOARD MEMBER	0.00	X						0	0	0
(11) BRUCE MELTON	1.00									
BOARD MEMBER	1.00	X						0	0	0

FOR PUBLIC INSPECTION

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) BRAD LAFEVERS	1.00									
BOARD MEMBER	1.00	X						0	0	0
(13) JOE AUSTIN	25.00									
SVP/COO	27.00			X				538,683	0	102,919
(14) KERRY LOUDERMILK	25.00									
SVP/CFO	29.00			X				495,904	0	124,517
(15) RICHARD BOWE, M.D.	10.00									
SVP PHYS SVC/PPG PHY	40.00				X			217,698	667,824	35,832
(16) THOMAS CHAMBLESS	25.00									
SVP GEN COUNSEL	25.00				X			434,536	0	16,772
(17) DOUG PATTEN	25.00									
SVP/CMO	25.00				X			417,617	0	98,379
(18) ROBERT LAGESSE	50.00									
SVP PHYSICIAN SVCS	1.00				X			306,721	0	48,658
(19) DAVID BARANSKI	0.00									
SVP HUMAN RESOURCES	50.00				X			292,378	0	119,465
1b Sub-total ▶								3,660,728	2,054,830	1,493,311
c Total from continuation sheets to Part VII, Section A ▶								1,525,107		196,935
d Total (add lines 1b and 1c) ▶								5,185,835	2,054,830	1,690,246

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 29

		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
WATSON SPENCE LLP P.O. BOX 2008 ALBANY GA 31702	LEGAL	1,366,987
PARKER HUDSON RAINER DOBBS 285 PEACHTREE CENTER AVENUE NE ATLANTA GA 30303	LEGAL	1,239,580
PHOENIX HEALTHCARE MANAGEMENT 1000 CIRCLE 75 PARKWAY ATLANTA GA 30339	CONSULTANTS	1,078,000
BAUDINO LAW GROUP PLC 2600 GRAND AVE SUITE 300 DES MOINES IA 50312	LEGAL	533,633
WILMER CUTLER PICKERING HALE AND 1875 PENNSYLVANIA AVE WASHINGTON DC 20006	LEGAL	319,601

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 ▶ 7

FOR PUBLIC INSPECTION

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) TIM TROTTIER	20.00									
SVP REG OPERATIONS	30.00					X		344,472	0	86,768
(13) WARREN MANLEY	50.00									
CEO - DORMINY	0.00					X		327,236	0	17,092
(14) DAWN BENSON	50.00									
VP ASST GEN COUNSEL	0.00					X		295,459	0	5,000
(15) KEITH PETERSEN	0.00									
CEO - PHOEBE SUMTER	50.00					X		281,906	0	16,430
(16) THOMAS SULLIVAN	0.00									
VP/STRATEGIC PLAN	50.00					X		276,034	0	71,645
(17)										
(18)										
(19)										
1b Sub-total ▶								1,525,107		196,935
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

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 ▶

FOR PUBLIC INSPECTION

Part VIII Statement of Revenue
Check if Schedule O contains a response to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f	▶				
Program Service Revenue		Busn. Code				
	2a ADMINISTRATIVE SVCS. REIMB.	621990	22,248,196	22,248,196		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶	22,248,196			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	17,374,619			17,374,619
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents	2,536,294				
	b Less: rental exps.	463,092				
	c Rental inc. or (loss)	2,073,202				
	d Net rental income or (loss)	▶	2,073,202			2,073,202
	7a Gross amount from sales of assets other than inventory	(i) Securities: 68,803,750 / (ii) Other				
	b Less: cost or other basis & sales exps.	62,691,980				
	c Gain or (loss)	6,111,770				
	d Net gain or (loss)	▶	6,111,770			6,111,770
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d	▶				
	12 **Total revenue.** See instructions	▶	47,807,787	22,248,196	0	25,559,591

FOR PUBLIC INSPECTION

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 to any question 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 governments and organizations in the U.S. See Part IV, line 21	129,550	129,550		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,422,756		4,422,756	
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	5,380,598	2,334,192	3,046,406	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	120,019	28,781	91,238	
9 Other employee benefits	742,166	194,654	547,512	
10 Payroll taxes	477,103	114,411	362,692	
11 Fees for services (non-employees):				
a Management				
b Legal	5,992,617		5,992,617	
c Accounting	49,550		49,550	
d Lobbying	171,650		171,650	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,491,774		1,491,774	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,423,356	100	2,423,256	
12 Advertising and promotion	29,022	875	28,147	
13 Office expenses	84,536	6,498	78,038	
14 Information technology				
15 Royalties				
16 Occupancy	308,465	42,202	266,263	
17 Travel	415,946	10,116	405,830	
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	1,731,084	230,927	1,500,157	
23 Insurance	83,230		83,230	
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 DUES AND SUBSCRIPTIONS	253,771	1,116	252,655	
b REPAIRS AND MAINTENANCE	166,356	154,438	11,918	
c MISCELLANEOUS	79,714		79,714	
d BAD DEBTS	31,483	31,483		
e All other expenses	30		30	
25 **Total functional expenses.** Add lines 1 through 24e	24,584,776	3,279,343	21,305,433	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

FOR PUBLIC INSPECTION

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	13,807,011	1	6,449,447
	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	213,370	7	88,708
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 64,308,898			
	b	Less: accumulated depreciation — 10b: 20,229,350	42,982,556	10c	44,079,548
	11	Investments—publicly traded securities	237,277,884	11	286,015,438
	12	Investments—other securities. See Part IV, line 11	53,671	12	53,671
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	4,330,000	14	4,330,000
	15	Other assets. See Part IV, line 11	79,649,748	15	95,241,660
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	378,314,240	16	436,258,472
Liabilities	17	Accounts payable and accrued expenses	4,947,159	17	8,246,838
	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		25	
	26	**Total liabilities.** Add lines 17 through 25	4,947,159	26	8,246,838
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	373,367,081	27	428,011,634
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	373,367,081	33	428,011,634
	34	Total liabilities and net assets/fund balances	378,314,240	34	436,258,472

FOR PUBLIC INSPECTION

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,807,787
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,584,776
3	Revenue less expenses. Subtract line 2 from line 1	3	23,223,011
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	373,367,081
5	Net unrealized gains (losses) on investments	5	31,421,542
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	428,011,634

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

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

FOR PUBLIC INSPECTION

68200PPHS

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.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

PHOEBE PUTNEY HEALTH SYSTEM, INC.

Employer identification number

58-2001014

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 11, 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.)

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 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.)

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

11 ☒ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☒ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Non-functionally integrated

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? — 11g(i)		X
(ii) A family member of a person described in (i) above? — 11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? — 11g(iii)		X

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

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of monetary support
(A)	PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.	58-1928247	3	X		X		X		
(B)	PHOEBE FOUNDATION, INC.	58-1847104	11	X		X		X		
(C)	PHOEBE SUMTER MEDICAL CENTER, INC.	26-3975185	3	X		X		X		
(D)	PHOEBE WORTH MEDICAL CENTER, INC.	38-3647394	3	X		X		X		
(E)	PHOEBE PHYSICIAN GROUP, INC.	26-3792403	9	X		X		X		
Total										

FOR PUBLIC INSPECTION

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) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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 2012 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2011.** 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 IV 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 ▶ ☐

FOR PUBLIC INSPECTION

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

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2012.** 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—2011.** 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 ▶ ☐

FOR PUBLIC INSPECTION

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

FOR PUBLIC INSPECTION

68200PPHS

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

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2012

Open to Public Inspection

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

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

Name of organization	Employer identification number
PHOEBE PUTNEY HEALTH SYSTEM, INC.	58-2001014

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.
2 Political expenditures ▶ $
3 Volunteer hours

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

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

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

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

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

FOR PUBLIC INSPECTION

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

DAA

FOR PUBLIC INSPECTION

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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		171,650
j Total. Add lines 1c through 1i			171,650
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

LOBBYING ACTIVITIES WERE RELATED TO LEGISLATION IMPACTING HEALTHCARE PROGRAMS TO SERVE THE RESIDENTS OF SOUTHWEST GEORGIA.

THE ORGANIZATION RETAINED PROFESSIONAL CONSULTANTS WITH EXPERTISE IN ACCESS TO HEALTHCARE SERVICES TO MONITOR AND EXPRESS SUPPORT FOR OR OPPOSITION TO LEGISLATION DIRECTLY IMPACTING THE ORGANIZATION'S ABILITY TO

FOR PUBLIC INSPECTION

Part IV Supplemental Information (continued)

INCREASE ACCESS TO HEALTHCARE SERVICES TO THE CITIZENS OF SOUTHWEST GEORGIA, INCLUDING THOSE WITHOUT THE ABILITY TO PAY.

FOR PUBLIC INSPECTION

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

PHOEBE PUTNEY HEALTH SYSTEM, INC.

Employer identification number

58-2001014

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

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

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

FOR PUBLIC INSPECTION

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,553,320		16,553,320
b Buildings		29,725,808	7,043,875	22,681,933
c Leasehold improvements		16,861,266	12,074,337	4,786,929
d Equipment		1,168,504	1,111,138	57,366
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				44,079,548

FOR PUBLIC INSPECTION

Part VII Investments—Other Securities. 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	82,022,427
(2) DUE FROM SUMTER AUTHORITY	10,358,219
(3) DUE FROM DORMINY	1,501,827
(4) DUE FROM SWGA REG MEDICAL CENTER	1,065,491
(5) OTHER RECEIVABLES	293,696
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	95,241,660

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. 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 ☐

FOR PUBLIC INSPECTION

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

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

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

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

Complete this part to 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

PHOEBE PUTNEY HEALTH SYSTEM, INC., PHOEBE PUTNEY MEMORIAL HOSPITAL, INC., PHOEBE WORTH MEDICAL CENTER, INC., PHOEBE SUMTER MEDICAL CENTER, INC., PHOEBE PHYSICIAN GROUP, INC., AND PHOEBE FOUNDATION, INC. ARE NOT-FOR-PROFIT CORPORATIONS THAT HAVE BEEN RECOGNIZED AS TAX-EXEMPT PURSUANT TO SECTION 501(C)3 OF THE INTERNAL REVENUE CODE. PHOEBE PUTNEY INDEMNITY, LLC IS NOT SUBJECT TO FEDERAL INCOME TAXES DUE TO ITS ORGANIZATION AS A SINGLE MEMBER LLC. PHOEBE PUTNEY HEALTH VENTURES, INC. IS A FOR-PROFIT ENTITY. WITH RESPECT TO ITS FOR-PROFIT ENTITY AS WELL AS ANY UNRELATED BUSINESS INCOME GENERATED THROUGH THE TAX EXEMPT ENTITIES, THE CORPORATION ACCOUNTS FOR INCOME TAXES USING THE ASSET AND LIABILITY METHOD. UNDER THIS METHOD, DEFERRED INCOME TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR FUTURE INCOME TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE INCOME TAX BASES, AND OPERATING LOSS AND INCOME TAX CREDIT

FOR PUBLIC INSPECTION

Part XIII Supplemental Information (continued)

CARRYFORWARDS. DEFERRED INCOME TAX ASSETS OR LIABILITIES ARE MEASURED USING ENACTED RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED INCOME TAX ASSETS AND LIABILITIES OF A CHANGE IN RATES IS RECOGNIZED IN INCOME IN THE PERIOD IN WHICH THE ENACTMENT DATE OCCURS. THE CORPORATION IS REQUIRED TO ESTABLISH A VALUATION ALLOWANCE FOR ANY PORTION OF THE DEFERRED TAX ASSETS THAT MANAGEMENT BELIEVES WILL NOT BE REALIZED.

THE ACCOUNTING POLICIES 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 CORPORATION 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 BALANCE SHEET FOR UNRECOGNIZED INCOME TAX POSITIONS. FURTHER, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF JULY 31, 2013 AND 2012 OR FOR THE YEARS THEN ENDED. THE CORPORATION'S OPEN AUDIT PERIODS ARE FOR TAX YEARS ENDED 2010-2012.

FOR PUBLIC INSPECTION

68200PPHS

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: PHOEBE PUTNEY HEALTH SYSTEM, INC.

Employer identification number: 58-2001014

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) GA ALLIANCE OF COMMUNITY HOSPITALS P.O. BOX 1572 TIFTON GA 31793	58-1556881	501C6	24,000				GENERAL SUPPORT
(2) ALBANY CHAMBER OF COMMERCE, INC. 225 WEST BROAD AVE ALBANY GA 31701	58-0134930	501C6	100,000				GENERAL SUPPORT
(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 ▶ 0

3 Enter total number of other organizations listed in the line 1 table ▶ 2

FOR PUBLIC INSPECTION

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

BOARD APPROVAL IS REQUIRED FOR MAJOR CONTRIBUTIONS AND FOLLOW UP WITH THE GRANTEE FOR REPORTING OF THE USE OF FUNDS.

FOR PUBLIC INSPECTION

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

PHOEBE PUTNEY HEALTH SYSTEM, INC.

Employer identification number

58-2001014

Part I Questions Regarding Compensation

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

FOR PUBLIC INSPECTION

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	JOEL WERNICK	(i)	744,316	205,312	7,563	901,513	12,829	1,871,533	0
1	CEO/PRES/BRD MEMBER	(ii)	0	0	0	0	0	0	0
	LAMAR H. MOREE, M.D.	(i)	0	0	0	0	0	0	0
2	BOARD MEMBER	(ii)	507,820	147,927	2,322	5,000	14,792	677,861	0
	STEVEN WOLINSKY, D.O.	(i)	0	0	0	0	0	0	0
3	BOARD MEMBER	(ii)	506,706	139,521	810	5,000	7,635	659,672	0
	JOE AUSTIN	(i)	429,591	97,391	11,701	88,097	14,822	641,602	0
4	SVP/COO	(ii)	0	0	0	0	0	0	0
	KERRY LOUDERMILK	(i)	395,303	90,794	9,807	108,963	15,554	620,421	0
5	SVP/CFO	(ii)	0	0	0	0	0	0	0
	RICHARD BOWE, M.D.	(i)	180,930	36,752	16	11,697	0	229,395	0
6	SVP PHYS SVC/PPG PHY	(ii)	518,555	148,027	1,242	5,000	19,135	691,959	0
	THOMAS CHAMBLESS	(i)	370,935	58,709	4,892	16,697	75	451,308	0
7	SVP GEN COUNSEL	(ii)	0	0	0	0	0	0	0
	DOUG PATTEN	(i)	345,114	65,196	7,307	78,411	19,968	515,996	0
8	SVP/CMO	(ii)	0	0	0	0	0	0	0
	ROBERT LAGESSE	(i)	248,309	46,438	11,974	43,888	4,770	355,379	0
9	SVP PHYSICIAN SVCS	(ii)	0	0	0	0	0	0	0
	DAVID BARANSKI	(i)	235,095	43,126	14,157	117,924	1,541	411,843	0
10	SVP HUMAN RESOURCES	(ii)	0	0	0	0	0	0	0
	TIM TROTTIER	(i)	277,595	64,927	1,950	69,897	16,871	431,240	0
11	SVP REG OPERATIONS	(ii)	0	0	0	0	0	0	0
	WARREN MANLEY	(i)	265,017	38,293	23,926	3,531	13,561	344,328	0
12	CEO - DORMINY	(ii)	0	0	0	0	0	0	0
	DAWN BENSON	(i)	258,771	36,112	576	5,000	0	300,459	0
13	VP ASST GEN COUNSEL	(ii)	0	0	0	0	0	0	0
	KEITH PETERSEN	(i)	228,058	43,126	10,722	4,892	11,538	298,336	0
14	CEO - PHOEBE SUMTER	(ii)	0	0	0	0	0	0	0
	THOMAS SULLIVAN	(i)	197,619	67,110	11,305	54,369	17,276	347,679	0
15	VP/STRATEGIC PLAN	(ii)	0	0	0	0	0	0	0
		(i)							
16		(ii)							

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Part III Supplemental Information

Complete this part to 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

COUNTRY CLUB DUES ARE PART OF JOEL WERNICK'S COMPENSATION PACKAGE.

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
JOEL WERNICK	0	854,100	0
JOE AUSTIN	0	71,400	0
KERRY LOUDERMILK	0	71,100	0
DOUG PATTEN	0	41,400	0
ROBERT LAGESSE	0	29,400	0
DAVID BARANSKI	0	48,300	0
TIM TROTTIER	0	53,200	0
THOMAS SULLIVAN	0	14,000	0

PART III - OTHER ADDITIONAL INFORMATION

PART I, LINE 4 - DEFERRED COMPENSATION PLAN 457(B)

THE DEFERRED COMPENSATION PLAN IS AN ADDITIONAL RETIREMENT PLAN OFFERED THROUGH PHOEBE PUTNEY. THE 457(B) PLAN IS A NON-QUALIFIED

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Part III Supplemental Information

Complete this part to 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.

RETIREMENT PLAN THAT ALLOWS ONE TO DEFER ADDITIONAL DOLLARS TOWARDS RETIREMENT.

HIGHLIGHTS INCLUDE:

O NOT LIMITED BY THE AMOUNTS DEFERRED INTO THE PHOEBE 403(B)

O PLAN IS SUBJECT TO ANNUAL DEFERRAL LIMITS SET BY THE IRS

O PER IRS REGULATIONS, EACH PARTICIPANT IS A GENERAL UNSECURED CREDITOR OF THE PLAN SPONSOR, CREATING A RISK OF FORFEITURE

SENIOR VICE PRESIDENTS AND ABOVE AND PHYSICIANS MAKING OVER $115,000 ARE ELIGIBLE TO PARTICIPATE IN THE 457(B) PLAN.

SCHEDULE J, PART II, COLUMN C

A SUBSTANTIAL PORTION OF THE AMOUNT REPORTED IN COLUMN C OF SCHEDULE J, PART II (RETIREMENT AND OTHER DEFERRED COMPENSATION) FOR EMPLOYEES IDENTIFIED ABOVE IS A SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM.

THE PURPOSE OF THE PLAN IS TO PROVIDE A RETIREMENT BENEFIT FOR AFFECTED EXECUTIVES CONSISTENT WITH THE BENEFIT AVAILABLE TO EMPLOYEES NOT IMPACTED BY IRS COMPENSATION LIMITS ON DEFINED BENEFIT PLANS.

THE AMOUNTS REPORTED AS SUPPLEMENTAL EXECUTIVE RETIREMENT COMPENSATION FOR

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Part III Supplemental Information

Complete this part to 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.

AFFECTED EMPLOYEES REPRESENTS CREDITED, BUT NOT VESTED, RETIREMENT BENEFITS AND IS AVAILABLE IN FUTURE PERIODS TO THE EMPLOYEE SUBJECT TO CONTINUING EMPLOYMENT. THE HEALTH SYSTEM MAINTAINS OWNERSHIP OF THE FUNDS ALLOCATED TO THE PARTICIPANT. PRIOR TO NORMAL RETIREMENT AGE, THE HEALTH SYSTEM RETAINS AT LEAST THREE YEARS OF DEPOSITS WHICH ARE SUBJECT TO CONTINUING EMPLOYMENT FOR THE PARTICIPANT TO RECEIVE THE FUNDS. THIS PLAN IS A DEFINED CONTRIBUTION ACCOUNT BASED AND PARTICIPANT DIRECTED INVESTMENT PROGRAM THAT IS EMPLOYEE FUNDED.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization
PHOEBE PUTNEY HEALTH SYSTEM, INC.

Employer identification number
58-2001014

FORM 990 - ADDITIONAL INFORMATION

SERVICE TO THE COMMUNITY

PHOEBE PUTNEY HEALTH SYSTEM (PPHS) IS A NOT-FOR-PROFIT HEALTH CARE ORGANIZATION THAT WAS FORMED TO SERVE AS THE PARENT ORGANIZATION OF A GROUP OF AFFILIATED ENTITIES AND AS SUCH, ITS PRIMARY PURPOSE IS TO PLAN, COORDINATE, AND DIRECT THE GROUP AND TO PROVIDE CENTRALIZED ADMINISTRATIVE AND MANAGEMENT SERVICES TO THE EXEMPT ENTITIES IN THE GROUP. PPHS IS RECOGNIZED AS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS A PUBLIC CHARITY UNDER SECTION 509(A)(3) OF THE CODE. CURRENTLY, THE AFFILIATED ENTITIES COMPRISING THE GROUP INCLUDE: PHOEBE PUTNEY MEMORIAL HOSPITAL, INC. (PPMH), PHOEBE FOUNDATION (FOUNDATION), PHOEBE PUTNEY HEALTH VENTURES, INC. (HEALTH VENTURES), PHOEBE PHYSICIAN GROUP (PPG), PHOEBE PUTNEY INDEMNITY (PPI), PHOEBE SUMTER MEDICAL CENTER (PSMC) AND PHOEBE WORTH MEDICAL CENTER (PWMC).

AS A TAX EXEMPT ORGANIZATION, PPHS HAS NO STOCKHOLDERS OR OWNERS. ALL REVENUE AFTER EXPENSES IS REINVESTED IN OUR MISSION TO CARE FOR THE CITIZENS OF THE COMMUNITIES SERVED BY PPHS AND ITS AFFILIATED ENTITIES AND INCLUDES CLINICAL CARE, HEALTH PROGRAMS, STATE-OF-THE-ART TECHNOLOGY AND FACILITIES, RESEARCH AND TEACHING AND TRAINING OF MEDICAL PROFESSIONALS TO MEET CURRENT AND FUTURE NEEDS.

PPHS OPERATES AS A CHARITABLE ORGANIZATION CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE COMMUNITY BENEFIT STANDARD OF IRS REVENUE RULING 69-545. PPHS TAKES SERIOUSLY ITS RESPONSIBILITY AS THE COMMUNITY'S SAFETY NET HOSPITAL AND HAS A STRONG RECORD OF MEETING AND EXCEEDING THE CHARITABLE CARE AND THE ORGANIZATIONAL

FOR PUBLIC INSPECTION

AND OPERATIONAL STANDARDS REQUIRED FOR FEDERAL TAX-EXEMPT STATUS. PPHS DEMONSTRATES A CONTINUED AND EXPANDING COMMITMENT TO MEETING OUR MISSION BY PROVIDING COMMUNITY BENEFITS. A COMMUNITY BENEFIT IS A PLANNED, MANAGED, ORGANIZED, AND MEASURED APPROACH TO MEETING IDENTIFIED COMMUNITY HEALTH NEEDS, REQUIRING A PARTNERSHIP BETWEEN THE HEALTHCARE ORGANIZATION AND THE COMMUNITY TO BENEFIT RESIDENTS THROUGH PROGRAMS AND SERVICES THAT IMPROVE HEALTH STATUS AND QUALITY OF LIFE.

THROUGH ITS AFFILIATED GROUP OF HOSPITALS, PPHS IMPROVES THE HEALTH AND WELL BEING OF SOUTHWEST GEORGIA THROUGH CLINICAL SERVICES, EDUCATION, RESEARCH AND PARTNERSHIPS THAT BUILD HEALTH CAPACITY IN THE COMMUNITY. EACH HOSPITAL PROVIDES COMMUNITY BENEFITS FOR EVERY CITIZEN IN ITS SERVICE AREA AS WELL AS FOR THE MEDICALLY UNDERSERVED. THE HOSPITALS CONDUCT COMMUNITY NEEDS ASSESSMENTS AND PAY CLOSE ATTENTION TO THE NEEDS OF LOW INCOME AND OTHER VULNERABLE PERSONS AND THE COMMUNITY AT LARGE. THE ENTITIES OFTEN WORK WITH COMMUNITY GROUPS TO IDENTIFY NEEDS, STRENGTHEN EXISTING COMMUNITY PROGRAMS AND PLAN NEWLY NEEDED SERVICES. IN ADDITION TO PROVIDING FREE AND DISCOUNTED SERVICES TO PEOPLE WHO ARE UNINSURED AND UNDERINSURED, PPHS PROVIDES A WIDE-RANGING ARRAY OF COMMUNITY BENEFIT SERVICES DESIGNED TO IMPROVE COMMUNITY AND INDIVIDUAL HEALTH AND TO INCREASE ACCESS TO HEALTH CARE. PPMH'S EXCELLENCE IN COMMUNITY BENEFIT PROGRAMS WAS RECOGNIZED BY THE PRESTIGIOUS FOSTER MCGAW PRIZE AWARDED TO THE HOSPITAL IN 2003 FOR ITS BROAD-BASED OUTREACH IN BUILDING COLLABORATIVES THAT MAKE MEASURABLE IMPROVEMENTS IN HEALTH STATUS, EXPAND ACCESS TO CARE AND BUILD COMMUNITY CAPACITY, SO THAT PATIENTS RECEIVE CARE CLOSEST TO THEIR OWN NEIGHBORHOODS. DRAWING ON A DYNAMIC AND FLEXIBLE STRUCTURE, THE COMMUNITY BENEFIT PROGRAMS ARE DESIGNED TO RESPOND TO ASSESSED NEEDS AND ARE FOCUSED ON UPSTREAM PREVENTION.

FOR PUBLIC INSPECTION

AS SOUTHWEST GEORGIA'S LEADING PROVIDER OF COST-EFFECTIVE, PATIENT-CENTERED HEALTH CARE, PPHS' AFFILIATED HOSPITALS PARTICIPATE IN THE MEDICARE AND MEDICAID PROGRAMS AND ARE AMONG THE LEADING PROVIDERS OF MEDICAID SERVICES IN GEORGIA.

THE FOLLOWING TABLE SUMMARIZES THE AMOUNTS OF CHARGES FOREGONE (I.E., CONTRACTUAL ADJUSTMENTS) AND ESTIMATES THE LOSSES INCURRED BY PPHS DUE TO INADEQUATE PAYMENTS BY THESE PROGRAMS AND FOR INDIGENT/CHARITY. THIS TABLE DOES NOT INCLUDE DISCOUNTS OFFERED BY PPHS UNDER MANAGED CARE AND OTHER AGREEMENTS:

	CHARGES FOREGONE	ESTIMATED UNREIMBURSED COST
MEDICARE	$504,000,000	$192,000,000
MEDICAID	202,000,000	77,000,000
INDIGENT/CHARITY	85,000,000	32,000,000
	$791,000,000	$301,000,000

THE FOLLOWING IS A SUMMARY OF THE COMMUNITY BENEFIT ACTIVITIES AND HEALTH IMPROVEMENT SERVICES OFFERED BY THE HOSPITAL AND ILLUSTRATES THE ACTIVITIES AND DONATIONS DURING FISCAL YEAR 2013.

I. COMMUNITY HEALTH IMPROVEMENT SERVICES

A. COMMUNITY HEALTH EDUCATION

PPHS'S AFFILIATED HOSPITALS PROVIDED HEALTH EDUCATION SERVICES THAT REACHED 38,364 INDIVIDUALS IN 2013 AT A COST OF $796,025. THESE SERVICES INCLUDED THE FOLLOWING FREE CLASSES AND SEMINARS:

PREPARED CHILDBIRTH CLASSES

REFRESHER CHILDBIRTH CLASSES

PREGNANCY CLASSES

BREASTFEEDING CLASSES

Name of the organization PHOEBE PUTNEY HEALTH SYSTEM, INC.

Employer identification number 58-2001014

LACTATION CONSULTING

BABY CARE BASICS CLASSES

INFANT MASSAGE CLASSES

TOURS OF POST PARTUM AND LABOR AND DELIVERY

SPECIAL TOTS CLASSES

MATERNITY COORDINATOR VISITS

BIG BROTHER/BIG SISTER CLASSES

SAFE SITTER CLASSES

GOLDEN KEY HEALTH SEMINARS

SUPPORT GROUPS

THE HOSPITALS ARE INVOLVED IN MANY ACTIVITIES AIMED AT EDUCATING THE COMMUNITY ABOUT HEALTH-RELATED TOPICS. EXAMPLES OF THESE ACTIVITIES INCLUDE A QUARTERLY HEALTH INFORMATION NEWSLETTER DISTRIBUTED TO 24,000 SENIOR CITIZENS AT A COST OF $35,777 AND FREQUENT ONGOING HEALTH SEMINARS HELD AT PHOEBE NORTHWEST FREE OF CHARGE AND ATTRACTING AUDIENCES RANGING FROM 30 TO 150 PERSONS. THE HOSPITALS ALSO PRODUCE PUBLIC SERVICE TELEVISION CAMPAIGNS CALLED DO IT FOR LIFE, FREQUENTLY FEATURING CELEBRITY PERSONALITIES. THESE CAMPAIGNS URGE VIEWERS TO ADOPT HEALTHY LIFESTYLE CHANGES AND TO PARTICIPATE IN SCREENINGS FOR CANCER, HEART DISEASE, DIABETES AND OTHER DISEASES. VIDEOS ON HEART AND STROKE PREVENTION AND ACTION, AS WELL AS VIDEOS ON CANCER TREATMENT CARE, ARE AVAILABLE TO THE GENERAL PUBLIC AND TO PATIENTS AND CAN BE ACCESSED ON THE ORGANIZATION'S WEB SITE. MANY PPHS STAFF MEMBERS ALSO LEND THEIR TIME TO SCHOOLS AND CIVIC ORGANIZATIONS TO SPEAK ON HEALTH ISSUES.

MEN AND WOMEN'S HEALTH CONFERENCES

CHILDREN'S HEALTH CONFERENCES

PSMC HELD THE 1ST ANNUAL CHILDREN'S HEALTH CONFERENCE ON AUGUST 11, 2012

FOR PUBLIC INSPECTION

THAT PROVIDED HEALTH SCREENINGS FOR DIABETES, CHOLESTEROL, BLOOD PRESSURE, HEARING AND HEALTH CONFERENCE PROGRAMS PROVIDE OUTREACH, HEALTH SCREENINGS, EDUCATIONAL PROGRAMS, AND HEALTH CONFERENCES AND EVENTS. THESE PROGRAMS TARGET CHILDREN AT RISK OF POOR HEALTH STATUS. THE PROGRAMS TARGET UNINSURED OR UNDERINSURED CHILDREN WITHOUT A PRIMARY CARE PHYSICIAN OR KNOWLEDGE OF RECOMMENDED PREVENTIVE HEALTH CARE SERVICES.

MEN'S HEALTH CONFERENCES

PSMC HELD THE 4TH ANNUAL MEN'S HEALTH CONFERENCE ON SEPTEMBER 15, 2012 THAT PROVIDED HEALTH SCREENINGS FOR PSA, CHOLESTEROL, BLOOD PRESSURE, HEARING AND VISION, HEALTH INFORMATION, SPEAKERS, AND FELLOWSHIP TO MORE THAN 400 ATTENDEES. THE HEALTH CONFERENCE PROGRAMS PROVIDE OUTREACH, HEALTH SCREENINGS, EDUCATIONAL PROGRAMS, AND HEALTH CONFERENCES AND EVENTS. THESE PROGRAMS TARGET MEN AT RISK OF POOR HEALTH STATUS. THE PROGRAMS TARGET UNINSURED AND UNDERINSURED MEN WITHOUT A PRIMARY CARE PHYSICIAN OR KNOWLEDGE OF RECOMMENDED PREVENTIVE HEALTH CARE SERVICES.

WOMEN'S HEALTH CONFERENCES

PSMC HELD THE 4TH ANNUAL WOMEN'S HEALTH CONFERENCE ON MAY 18, 2013 THAT PROVIDED HEALTH SCREENINGS FOR CHOLESTEROL, BLOOD PRESSURE, HEARING AND VISION, HEALTH INFORMATION, SPEAKERS, AND FELLOWSHIP TO MORE THAN 400 ATTENDEES. THE HEALTH CONFERENCE PROGRAMS PROVIDE OUTREACH, HEALTH SCREENINGS, EDUCATIONAL PROGRAMS, AND HEALTH CONFERENCES AND EVENTS. THESE PROGRAMS TARGET WOMEN AT RISK OF POOR HEALTH STATUS. THE PROGRAMS TARGET UNINSURED OR UNDERINSURED WOMEN WITHOUT A PRIMARY CARE PHYSICIAN OR KNOWLEDGE OF RECOMMENDED PREVENTIVE HEALTH CARE SERVICES.

PPMH MEN'S AND WOMEN'S HEALTH CONFERENCES ATTRACTED APPOXIMATELY 800 PARTICIPANTS. THE MEN'S CONFERENCE CENTERED ON HYPERTENSION WHILE THE WOMEN'S FOCUS WAS ON BREAST HEALTH. SUPPORTED BY OVER 70 VOLUNTEERS, THESE

FOR PUBLIC INSPECTION

CONFERENCES PROVIDED BLOOD PRESSURE, GLUCOSE, AND CHOLESTEROL AND BMI SCREENINGS FOR EACH PARTICIPANT AND WAS MADE POSSIBLE BY A BROAD COALITION OF PROVIDERS SUCH AS THE FAITH-BASED INITIATIVE, HEART AND CANCER SOCIETY, SWGA CANCER COALITION, AND PUBLIC HEALTH, AMONG OTHERS.

GOLDEN KEY

THIS IS A MEMBERSHIP ORGANIZATION FOR PEOPLE AGE 55 AND OLDER. WITH OVER 23,535 MEMBERS, GOLDEN KEY OFFERS PROGRAMS THAT ENCOURAGE HEALTHY LIFESTYLES INCLUDING THE PRIVILEGE OF WALKING AT PPMH'S PHYSICAL MEDICINE COMPLEX. TO ITS MEMBERS, IT PROVIDED A BI-MONTHLY NEWSLETTER (KEY NOTES). IN 2013, THE UNREIMBURSED COST WAS $103,089.

NETWORK OF TRUST

THIS IS A NATIONALLY RECOGNIZED PROGRAM AIMED AT TEEN MOTHERS TO PREVENT REPEAT PREGNANCIES, PROVIDE PARENTING SKILLS, AND COMPLETE HIGH SCHOOL. THIS PROGRAM ALSO INCLUDES A TEEN FATHER PROGRAM ALONG WITH OTHER TEENAGED CHILDREN PROGRAMS. NETWORK OF TRUST ENROLLED 195 UNDUPLICATED TEEN PARENTS DURING THE 2012/2013 SCHOOL YEAR AT A COST OF $332,775.

B. COMMUNITY BASED CLINICAL SERVICES

FLU SHOTS AND HEALTH SCREENINGS

PPHS PROVIDES FREE FLU SHOTS TO VOLUNTEERS. IN 2013, PPHS ADMINISTERED 435 FLU SHOTS AT AN UNREIMBURSED COST OF $5,223. PPHS ALSO PROVIDES FREE HEALTH SCREENINGS TO INDIVIDUALS IN SOUTHWEST GEORGIA. IN 2013, PPHS ADMINISTERED 706 HEALTH SCREENINGS AT AN UNREIMBURSED COST OF $1,426.

SCHOOL NURSE PROGRAM

PPMH AND PSMC PROVIDE NURSES IN TWENTY ELEMENTARY SCHOOLS, EIGHT MIDDLE SCHOOLS, AND SEVEN HIGH SCHOOLS IN DOUGHERTY AND SUMTER COUNTIES WITH A GOAL OF CREATING ACCESS TO CARE FOR STUDENTS, ASSESSING THE HEALTH CARE STATUS OF EACH POPULATION REPRESENTED AND EFFECTIVELY ESTABLISHING

FOR PUBLIC INSPECTION

REFERRALS FOR ALL HEALTH CARE NEEDS. NURSES ALSO CONDUCTED THE EIGHTH GRADE HEALTH FAIRS. DURING THE 2012/2013 SCHOOL YEAR, THE SCHOOL NURSE PROGRAM COVERED 69,000 STUDENT VISITS. THESE PROGRAMS OPERATED AT A LOSS OF $1,420,278 IN 2013.

C. HEALTH CARE SUPPORT SERVICES

NEW FOUNDATIONS

PPHS OFFERS NEW FOUNDATION BREAST FORMS AND FASHION BOUTIQUE. NEW FOUNDATIONS CATERS TO THE PHYSICAL AND MENTAL WELL-BEING OF WOMEN AND THEIR FAMILIES. THEY PROVIDE ONE-ON-ONE POST MASTECTOMY CONSULTATION TO HELP WOMEN OVERCOME THEIR ANXIETIES AND FEEL BETTER ABOUT THEMSELVES. THEY CARRY A LARGE VARIETY OF PROSTHESIS AND ALSO HAVE A WIDE SELECTION OF CLOTHING. THEY CONDUCT SUPPORT GROUPS, SEMINARS AND EXERCISE CLASSES AND HELP PATIENTS WITH BREAST CANCER ISSUES. THIS DEPARTMENT SAW 1,675 PATIENTS AND OPERATED AT AN UNREIMBURSED COST IN 2013 OF $41,539.

LIGHTS OF LOVE VANS

LIGHTS OF LOVE DONATED VANS TO PPMH TO TRANSPORT CANCER PATIENTS TO AND FROM THE HOSPITAL FOR THEIR TREATMENTS. IN 2013, LIGHTS OF LOVE PROVIDED TRANSPORT TO 83 PATIENTS COVERING A TOTAL OF 918 TRIPS AT A COST OF $110,539.

GOVERNMENT SPONSORED ELIGIBILITY APPLICATIONS TO THE POOR AND NEEDY

PPHS CONTRACTS WITH CHAMBERLAIN EDMONDS TO PROCESS ELIGIBILITY APPLICATIONS ON BEHALF OF THE POOR AND NEEDY THAT MAY BE ELIGIBLE FOR MEDICAID. IN SOME CASES, IT CAN TAKE UP TO TWO YEARS TO BE DEEMED ELIGIBLE. IN 2013, PPHS PAID $1,361,331 TO CHAMBERLAIN EDMONDS TO PROCESS 1,377 APPLICATIONS FOR 744 UNIQUE PATIENTS.

INDIGENT FINANCIAL ASSISTANCE

PATIENTS WHOSE INCOME IS BELOW 125% OF THE FEDERAL PROVERTY LEVELS ARE

FOR PUBLIC INSPECTION

CLASSIFIED AS INDIGENT AND RECEIVE CARE AT NO COST.

CHARITY FINANCIAL ASSISTANCE

PATIENTS WHOSE INCOME LEVEL IS BETWEEN 126% - 200% OF THE FEDERAL PROVERTY LEVELS WILL BE CLASSIFIED AS CHARITY. THESE PATIENTS WILL BE RESPONSIBLE FOR A PERCENTAGE OF THE HOSPITAL CHARGES. THIS PERCENTAGE WILL BE BASED ON CALCULATIONS USING THE FEDERAL PROVERTY LEVELS THAT ARE PUBLISHED IN THE FEDERAL REGISTER EACH YEAR. IF IT IS DETERMINED THE PATIENT RESPONSIBILITY WILL BE AN UNDUE HARDSHIP ON THE PATIENT/GUARANTOR, THESE CASES WILL BE REVIEWED ON AN INDIVIDUAL BASIS WITH THE PHOEBE CARES SUPERVISOR FOR POSSIBLE CATASTROPHIC CHARITY BASED ON SLIDING SCALE GUIDELINES.

CATASTROPHIC FINANCIAL ASSISTANCE

PATIENTS WHOSE INCOME EXCEEDS 200% OF THE FEDERAL PROVERTY LEVELS AND WHOSE HOSPITAL CHARGES EXCEED 25% OF THEIR ANNUAL INCOME, RESULTING IN EXCESSIVE HARDSHIP, ARE ELIGIBLE FOR A DISCOUNT UP TO 75% OF THE PATIENT BALANCE. THE PATIENT MAY PAY THE REMAINING BALANCE OVER 24 MONTHS.

II. HEALTH PROFESSIONS EDUCATION

PPHS RECOGNIZES THAT TO CONTINUOUSLY IMPROVE ITS LONG-TERM VALUE TO THE COMMUNITY AND CUSTOMERS, TO ENCOURAGE LIFE-LONG LEARNING AMONG EMPLOYEES AND TO ACHIEVE A WORLD-CLASS EMPLOYER STATUS, IT IS IN PPHS'S BEST INTEREST TO PROVIDE OPPORTUNITIES THAT WILL ASSIST ELIGIBLE EMPLOYEES IN PURSUING FORMAL, HEALTHCARE RELATED EDUCATIONAL OPPORTUNITIES. PPHS ALSO PROVIDES NON-EMPLOYEES FINANCIAL SUPPORT IN PURSUING HEALTHCARE RELATED DEGREES. IN FISCAL YEAR 2013, PPHS PROVIDED $879,146 IN CLINICAL SUPERVISION AND TRAINING OF NURSING STUDENTS, AND AN ADDITIONAL $353,929 IN CLINICAL SUPERVISION AND TRAINING TO PHARMACY, PHARMACY TECHS AND OTHER ALLIED HEALTH PROFESSIONALS.

III. SUBSIDIZED HEALTH SERVICES

FOR PUBLIC INSPECTION

Name of the organization PHOEBE PUTNEY HEALTH SYSTEM, INC.

Employer identification number 58-2001014

A. HOSPITAL OUTPATIENT SERVICES

PHOEBE FAMILY MEDICAL CENTERS

PPHS HAS A STRONG COMMITMENT TO PRIMARY CARE FOR THE SOUTHWEST GEORGIA REGION. THE FAMILY MEDICAL CENTERS IN THE SURROUNDING COUNTIES ARE A NETWORK OF CARE THAT SERVES THE ENTIRE FAMILY CLOSEST TO WHERE PEOPLE LIVE. IN 2013, THE RURAL CLINICS OPERATED AT A NET LOSS OF $142,600 AND THE PELHAM CLINIC OPERATED AT A NET LOSS OF $89,684.

CONVENIENT CARES

PHOEBE'S CONVENIENT CARE PROVIDES TREATMENT FOR MINOR INJURIES AND AILMENTS IN A MORE TIMELY FASHION AND AT A MORE REASONABLE COST THAN AN EMERGENCY CENTER. IN 2013, THE CLINICS OPERATED AT A NET LOSS OF $1,166,497

PHOEBE SPECIALTY CLINICS

PHOEBE GASTROENTEROLOGY ASSOCIATES HAS BEEN A PART OF PROVIDING EXCEPTIONAL PATIENT CARE FOR MORE THAN 30 YEARS AND TREATS VIRTUALLY EVERY KIND OF GASTROINTESTINAL RELATED HEALTHCARE PROBLEM. IN 2013, THE CLINIC INCURRED A NET LOSS OF $511,638.

THE BEHAVIORAL HEALTH CLINIC AT PHOEBE PROVIDES TREATMENT FOR ADULTS AND ADOLESCENTS WITH ADDICTIVE DISEASES AND/OR PSYCHIATRIC DISORDERS. IN 2013, THIS CLINIC OPERATED AT A NET LOSS OF $469,984.

PPHS OPERATES A SPECIALTY CLINIC ENCOMPASSING ENDOCRINOLOGY, RHEUMATOLOGY, AND PHYSIATRY. THE CLINIC OFFERS MEDICAL CARE ON A REFERRAL BASIS TO INPATIENTS AND OUTPATIENTS WITH ENDOCRINE OR RHEUMATOID PROBLEMS OR WITH PHYSICAL MEDICINE OR REHABILITATION NEEDS. THE CLINIC OPERATED AT A NET LOSS OF $369,019 IN 2013.

MATERNAL/FETAL MEDICINE PROGRAM IS FOR HIGH RISK MOTHERS AND PREGNANT WOMEN WHO NEED SPECIALIZED CARE. IT SERVES THIS PERINATAL REGION. IN 2013, THIS PROGRAM OPERATED AT A NET LOSS OF $1,070,582.

FOR PUBLIC INSPECTION

PPHS OPERATES NEUROSURGERY AND NEUROLOGY PRACTICES THAT PROVIDE TWO NEUROSURGEONS AND TWO NEUROLOGISTS TO THE COMMUNITY, IMPROVING ACCESS TO CARE IN SEVERAL SETTINGS, INCLUDING TRAUMA CARE IN THE EMERGENCY DEPARTMENT AND COMMUNITY HEALTH FORUMS. THIS DEPARTMENT OPERATED AT A NET LOSS OF $790,021.

PPHS OFFERS AN INFECTIOUS DISEASE CLINIC. THIS CLINIC IS PRIMARILY DIRECTED AT PROVIDING TREATMENT TO THOSE WHO HAVE CHRONIC AND ACUTE INFECTIOUS DISEASES AND TO TERMINALLY ILL PERSONS IN NEED OF PAIN MANAGEMENT. IN 2013, THIS CLINIC OPERATED AT A NET LOSS OF $296,089.

PPHS OPERATES A SPECIAL SENIOR'S CLINIC AT THE CAMILLA SENIOR CENTER, SET UP FOR THIS POPULATION TO HAVE A COMFORTABLE ATMOSPHERE IN WHICH TO ACCESS PHYSICIAN CARE, INCLUDING A KITCHEN AREA AND GATHERING PLACES. THE CENTER OPERATED AT A NET LOSS OF $17,948 FOR 2013.

LEE QUICKCARE CLINIC PROVIDES WALK-IN TREATMENT FOR COMMON ILLNESSES AND CONDITIONS AFTER HOURS, 6 P.M. TO 10 P.M. MONDAYS THROUGH FRIDAYS. THE STAFF SERVES NON-URGENT PATIENTS AND CAN PRESCRIBE MEDICATIONS WHEN INDICATED. THE CLINIC OPERATED AT A NET LOSS OF $14,876.

PPHS OPERATES A SURGICAL ONCOLOGY DEPARTMENT IN ITS CANCER CENTER. THIS PRACTICE SURGICALLY TREATS AND MANAGES CANCERS PRIMARILY OF THE ESOPHAGUS, STOMACH, LIVER, PANCREAS, COLON, BREAST, AND SKIN, AND SOFT TISSUES. THE SURGICAL ONCOLOGIST ALSO SERVES AS A DISTINGUISHED SCHOLAR FOR THE GEORGIA CANCER COALITION AND CONDUCTS CLINICAL RESEARCH AND IS WORKING ON ELEVATING THE LEVEL OF CANCER CARE IN THE REGION. THE DEPARTMENT OPERATED AT A NET LOSS OF $207,935.

PPHS PROVIDES PALLIATIVE CARE TO PATIENTS IN SOUTHWEST GEORGIA WITH A LIMITED LIFE EXPECTANCY. IN 2013, THE SERVICE OPERATED AT A NET LOSS OF $79,764.

PHOEBE SUMTER SPECIALTY CLINICS

INTERNAL MEDICINE PROVIDES PRIMARY AND CONSULTATIVE MEDICAL CARE OF ADULTS, WITH EMPHASIS ON DIAGNOSIS, PREVENTIVE HEALTH, AND CONTINUITY OF CARE IN BOTH OUTPATIENT AND INPATIENT SETTINGS. IN 2013, THIS CLINIC OPERATED AT A NET LOSS OF $317,746.

SUMTER OB PROVIDES COMPREHENSIVE PERINATAL AND PRENATAL CARE TO WOMEN LIVING IN THE AMERICUS REGION. IN 2013, THE PHOEBE-SUMTER OB CLINIC OPERATED AT A NET LOSS OF $339,541.

PHOEBE-SUMTER EMERGENCY CENTER, THE BEST EQUIPPED IN ITS PRIMARY SERVICE AREA, OPERATED AT A NET LOSS OF $739,469.

RESIDENCY PROGRAM

THE SOUTHWEST GEORGIA FAMILY MEDICINE RESIDENCY PROGRAM IS AN AWARD WINNING FACILITY CONTINUOUSLY ADDRESSING THE SHORTAGE OF HEALTH CARE PROFESSIONALS IN THE REGION. THEIR PRIMARY MISSION IS TO TRAIN FAMILY PHYSICIANS TO PRACTICE IN RURAL SOUTHWEST GEORGIA.

ESTABLISHED IN 1993, THIS PROGRAM OFFERS A RICH OPPORTUNITY FOR PHYSICIANS TO DEVELOP AS STRONG CLINICIANS CAPABLE OF DELIVERING HIGH-QUALITY PRIMARY CARE IN ANY SETTING. THE NEED FOR MEDICAL SERVICES IN THIS RURAL REGION IS GREAT. THE REGION HAS HIGH INCIDENCES OF CANCER, HEART ATTACK, STROKE, AND OTHER DISEASES, AND THE NEED FOR MEDICAL AND OUTREACH SERVICES ARE TREMENDOUS. THE PROGRAM HAS SUCCESSFULLY DIVERTED PERSONS WITHOUT ACCESS FROM COSTLY EMERGENCY ROOMS TO APPROPRIATE PRIMARY CARE SETTINGS. IN 2013, THE PROGRAM SHOWED A NET LOSS OF $277,147.

B. OTHER SUBSIDIZED SERVICES

INMATE CARE

PPHS PROVIDES CARE TO PERSONS IN JAIL FOR DOUGHERTY COUNTY. IN 2013, PPHS PROVIDED $770,543 OF UNREIMBURSED MEDICAL TREATMENT TO 245 INMATES.

FOR PUBLIC INSPECTION

INDIGENT DRUG PHARMACY

INDIGENT DRUG PHARMACY PROVIDES MEDICATION UPON DISCHARGE TO PATIENTS THAT ARE EITHER INDIGENT OR UNINSURED. IN 2013, THE PHARMACY ASSISTED 6,974 PATIENTS AT A COST OF $288,868.

IV. CLINICAL RESEARCH

PPMH OFFERS CLINICAL TRIALS TO CANCER PATIENTS WHO ARE RESIDENTS OF SOUTHWEST GEORGIA. IN 2013, PATIENT PARTICIPATION IN THE TRIALS COST $470,922. PPMH IS ALSO A REGIONAL SITE FOR THE COLLECTION OF TISSUE FOR THE STATEWIDE TUMOR, TISSUE AND SERUM BIOREPOSITORY AT AN ADDITIONAL COST OF $258,960.

V. FINANCIAL AND IN-KIND SUPPORT

IN 2013, PPHS PROVIDED $866,428 IN CASH DONATIONS AND IN-KIND SUPPORT TO NON-PROFIT ORGANIZATIONS IN SOUTHWEST GEORGIA. LISTED ARE SOME HIGHLIGHTS:

THE SOUTHWEST GEORGIA CANCER COALITION RECEIVED $187,500 FOR STAFF SUPPORT AND VARIOUS PROJECTS AND PARTNERED WITH PPMH ON A COLONOSCOPY PROGRAM THAT PROVIDED 457 FREE COLONOSCOPIES TO THOSE WHO COULD NOT AFFORD ONE. THIS WAS ESTIMATED AT A COST OF $691,008 OF WHICH $521,000 WAS CAPTURED IN THE CLINIC LOSS SECTION.

ALBANY AREA PRIMARY HEALTH CARE RECEIVED $167,000 TO FUND ITS MIDWIFERY PROGRAM.

PPHS PROVIDED, AT A REDUCED COST, A MAMMOGRAPHY TO DOUGHERTY COUNTY HEALTH DEPARTMENT WOMEN AT AN ESTIMATED COST OF $20,621.

GRACEWAY RECOVERY FOR WOMEN RECEIVED A CASH DONATION OF $11,000 FOR ITS SUBSTANCE ABUSE PROGRAM.

100 BLACK MEN OF ALBANY, GA RECEIVED A $10,000 DONATION FOR ITS MENTORING PROGRAM.

ALBANY MARATHON RECEIVED A $20,000 DONATION TO RAISE FUNDS FOR HOSPICE SERVICES.

IN-KIND SUPPORT OF FOREGONE RENT WAS PROVIDED TO SEVENTEEN NON-PROFIT ORGANIZATIONS AT AN ESTIMATED COST OF $148,497.

ALBANY ADVOCACY RESOURCE CENTER RECEIVED $20,000 TO BUILD A TRAINING ROOM FOR CHILDREN WITH AUTISM.

SOWEGA COUNCIL ON AGING RECEIVED $11,800 TO FUND ITS ON BALANCE PROGRAM, A FALLS PREVENTION ACTIVITY.

PWMC GAVE $45,619 TO THE WORTH COUNTY HEALTH DEPARTMENT FOR HEART HEALTH AND DIABETES.

VI. COMMUNITY BUILDING ACTIVITIES

A. ECONOMIC DEVELOPMENT

AS A CORPORATE CITIZEN, PPHS IS INVOLVED IN VARIOUS ECONOMIC DEVELOPMENT ACTIVITIES THROUGHOUT THE YEAR. IN 2013, PPHS CONTRIBUTED $84,126 TO VARIOUS ECONOMIC DEVELOPMENT INITIATIVES IN THE COMMUNITY, HIGHLIGHTED BY A $50,000 CONTRIBUTION TO MOVE THE MOUNTAIN AND A $30,000 CONTRIBUTION TO STRIVE TO THRIVE, BOTH ANTI-POVERTY PROGRAMS.

VII. COMMUNITY BENEFIT OBLIGATIONS

PPHS INCURRED $335,335 IN SUPPORT STAFF AND COMMUNITY HEALTH NEEDS ASSESSMENT COSTS AND INCLUDED A $32,000 RENEWAL OF HEALTHY COMMUNITIES INSTITUTE'S DASHBOARD FEATURE ON THE WEBSITE: HTTP://PHOEBEPUTNEY.COM/PHOEBECONTENTPAGE.ASPX?ND=1660

SUMMARY

COMMUNITY HEALTH IMPROVEMENT SERVICES:	
COMMUNITY HEALTH EDUCATION	796,025
COMMUNITY BASED CLINICAL SERVICES	1,426,927
HEALTH CARE SUPPORT SERVICES	1,513,409

FOR PUBLIC INSPECTION

Name of the organization: PHOEBE PUTNEY HEALTH SYSTEM, INC.

Employer identification number: 58-2001014

TOTAL COMMUNITY HEALTH IMPROVEMENT SERVICES	3,736,361
HEALTH PROFESSIONS EDUCATION:	
NURSES/NURSING STUDENTS	879,146
OTHER HEALTH PROFESSIONAL EDUCATION	353,929
TOTAL HEALTH PROFESSIONS EDUCATION	1,233,075
SUBSIDIZED HEALTH SERVICES:	
HOSPITAL OUTPATIENT SERVICES	6,430,556
BEHAVIORAL HEALTH SERVICES	469,984
OTHER SUBSIDIZED HEALTH SERVICES	1,059,411
TOTAL SUBSIDIZED HEALTH SERVICES	7,959,951
RESEARCH:	
CLINICAL RESEARCH	729,882
TOTAL RESEARCH	729,882
FINANCIAL AND IN-KIND SUPPORT:	
CASH DONATIONS	537,349
IN-KIND DONATIONS	329,079
TOTAL FINANCIAL AND IN-KIND SUPPORT	866,428
COMMUNITY BUILDING ACTIVITIES:	
ECONOMIC DEVELOPMENT ACTIVITIES	84,126
TOTAL COMMUNITY BUILDING ACTIVITIES	84,126
COMMUNITY BENEFIT OPERATIONS:	
DEDICATED STAFF AND OTHER RESOURCES	335,335
TOTAL COMMUNITY BENEFIT OPERATIONS	335,335
OTHER:	
TRADITIONAL CHARITY CARE - ESTIMATED UNREIMBURSED COST OF CHARITY SERVICES	32,000,000
UNPAID COST OF MEDICARE SERVICES - ESTIMATED	

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UNREIMBURSED COST OF MEDICARE SERVICES 192,000,000

UNPAID COST OF MEDICAID SERVICES - ESTIMATED

UNREIMBURSED COST OF MEDICAID SERVICES 77,000,000

TOTAL OTHER 301,000,000

TOTAL SUMMARY $315,945,158

THIS REPORT HAS BEEN PREPARED IN ACCORDANCE WITH THE COMMUNITY BENEFIT REPORTING GUIDELINES ESTABLISHED BY CATHOLIC HEALTH ASSOCIATION (CHA) AND VETERAN'S HEALTH ADMINISTRATION (VHA). THE INTERNAL REVENUE SERVICE'S REQUIREMENTS FOR REPORTING COMMUNITY BENEFITS ARE DIFFERENT THAN THE GUIDELINES UNDER WHICH THIS REPORT HAS BEEN PREPARED.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES

CAYMAN ISLANDS, BERMUDA, IRELAND, CANADA, BRITISH VIRGIN ISLANDS

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

JOHN T. PHILLIPS, III — BRUCE MELTON

BOARD MEMBER — BOARD MEMBER

BUSINESS RELATIONSHIP

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE INDEPENDENT ACCOUNTING FIRM THAT PREPARES THE FORM 990 (BASED UPON INFORMATION PROVIDED BY THE ORGANIZATION) PROVIDES A COPY OF THE RETURN TO BE REVIEWED BY MANAGEMENT. UPON REVIEW, THE FORM 990 IS THEN FORWARDED TO THE FINANCE COMMITTEE FOR THEIR REVIEW, TO GAIN THEIR COMMENTS AND APPROVAL. UPON APPROVAL FROM THE FINANCE COMMITTEE, THE FORM 990 AND RELATED SCHEDULES ARE PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND FEEDBACK. ONCE THE FORM 990 IS REVIEWED BY ALL APPLICABLE PARTIES, A COPY

FOR PUBLIC INSPECTION

OF THE FINAL VERSION IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ON AN ANNUAL BASIS, PHOEBE PUTNEY HEALTH SYSTEM (PPHS) BOARD MEMBERS AS WELL AS ALL OFFICERS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. THIS QUESTIONNAIRE IS ADMINISTERED BY THE PPHS COMPLIANCE DEPARTMENT AND THE DOCUMENT ASKS EACH INDIVIDUAL TO DISCLOSE ANY PERSONAL, BUSINESS, OR OTHER AFFILIATIONS AND MONETARY AMOUNT IF APPLICABLE THAT THEY OR THEIR IMMEDIATE FAMILY MEMBERS HAVE HAD WITHIN THE PAST 12 MONTHS WITH PPHS OR ANY RELATED ENTITIES. ALL RESPONSES ARE THEN EVALUATED BY THE PPHS COMPLIANCE DEPARTMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION'S FORMAL PROCESS FOR DETERMINING TOTAL COMPENSATION FOR THE CEO IS INTENDED TO PROVIDE REASONABLE COMPENSATION FOR ACCOMPLISHING THE ORGANIZATION'S MISSION, ACHIEVE ITS STRATEGIC GOALS, TO RECOGNIZE PERFORMANCE, AND TO OPERATE IN KEEPING WITH THE ORGANIZATION'S OBLIGATIONS AS A TAX-EXEMPT CHARITABLE ORGANIZATION.

THE EXECUTIVE COMPENSATION COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF THE COMPENSATION OF THE CEO. THE COMMITTEE RETAINS A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT COMPETITIVE MARKET ANALYSIS OF THE MARKET RANGES OF BASE, INCENTIVE AND TOTAL CASH COMPENSATION. THE INFORMATION THE COMMITTEE MAY CONSIDER CAN INCLUDE BUT IS NOT LIMITED TO THE PERFORMANCE OF AN INDIVIDUAL, THE PERFORMANCE OF THE ORGANIZATION, AN INDIVIDUAL'S LENGTH OF SERVICE, CREDENTIALS AND EXPERIENCE, THE ELEMENTS OF TOTAL COMPENSATION AND SALARY

HISTORY, THE ORGANIZATION'S COMPENSATION TARGETS, AND COMPARABILITY DATA, INCLUDING THE DATA PREPARED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE COMMITTEE.

THE COMMITTEE INCORPORATES A FORMAL PERFORMANCE APPRAISAL PROCESS IN THE CEO COMPENSATION REVIEW. IT UTILIZES A MULTI-PERSPECTIVE APPROACH AND PERFORMANCE MEASURES WHICH ARE LINKED TO THE ORGANIZATION'S LONG-TERM STRATEGIC PLAN AND ACHIEVEMENT OF ANNUAL SYSTEM OBJECTIVES. THE CEO IS NOT PRESENT WHEN THE COMMITTEE DISCUSSES AND ESTABLISHES HIS COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ORGANIZATION'S FORMAL PROCESS FOR DETERMINING TOTAL COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES IS INTENDED TO PROVIDE REASONABLE COMPENSATION FOR ACCOMPLISHING THE ORGANIZATION'S MISSION, ACHIEVE ITS STRATEGIC GOALS, TO RECOGNIZE PERFORMANCE, AND TO OPERATE IN KEEPING WITH THE ORGANIZATION'S OBLIGATIONS AS A TAX-EXEMPT CHARITABLE ORGANIZATION.

THE EXECUTIVE COMPENSATION COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF THE COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES. THE COMMITTEE RETAINS A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT COMPETITIVE MARKET ANALYSIS OF THE MARKET RANGES OF BASE, INCENTIVE AND TOTAL CASH COMPENSATION. THE INFORMATION THE COMMITTEE MAY CONSIDER CAN INCLUDE BUT IS NOT LIMITED TO THE PERFORMANCE OF AN INDIVIDUAL, THE PERFORMANCE OF THE ORGANIZATION, AN INDIVIDUAL'S LENGTH OF SERVICE, CREDENTIALS AND EXPERIENCE, THE ELEMENTS OF TOTAL COMPENSATION AND SALARY HISTORY, THE ORGANIZATION'S COMPENSATION TARGETS, AND COMPARABILITY DATA, INCLUDING THE DATA PREPARED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE COMMITTEE.

THE COMMITTEE INCORPORATES A FORMAL PERFORMANCE APPRAISAL PROCESS IN THE

FOR PUBLIC INSPECTION

Name of the organization: PHOEBE PUTNEY HEALTH SYSTEM, INC.

Employer identification number: 58-2001014

OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION REVIEW. IT UTILIZES A MULTI-PERSPECTIVE APPROACH AND PERFORMANCE MEASURES WHICH ARE LINKED TO THE ORGANIZATION'S LONG-TERM STRATEGIC PLAN AND ACHIEVEMENT OF ANNUAL SYSTEM OBJECTIVES. THE CEO PROVIDES A PERFORMANCE NARRATIVE AND RECOMMENDED COMPENSATION ADJUSTMENT FOR THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THE COMMITTEE DETERMINES THE REASONABLENESS OF ANY COMPENSATION ADJUSTMENTS FOR OTHER OFFICERS AND KEY EMPLOYEES BASED ON THE PRESENTED EVALUATION AND COMPARATIVE COMPENSATION DATA.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC ITS CONFLICT OF INTEREST AND AUDITED FINANCIAL STATEMENTS ON THE ORGANIZATION'S WEBSITE, BY PROVIDING COPIES UPON REQUEST, AND BY INSPECTION AT THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION.

68200PPHS

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

PHOEBE PUTNEY HEALTH SYSTEM, INC.

Employer identification number

58-2001014

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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)	PHOEBE PUTNEY INDEMNITY, LLC 1327 ASHLEY RIVER ROAD 51-0599645 CHARLESTON SC 29407	INSURANCE	SC	14,232,983	73,750,408	PPHS
(2)						
(3)						
(4)						
(5)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	PHOEBE PUTNEY MEMORIAL HOSPITAL INC P.O. BOX 3770 58-1928247 ALBANY GA 31706	HEALTHCARE	GA	501C3	3	PPHS	X	
(2)	PHOEBE FOUNDATION, INC. P.O. BOX 3770 58-1847104 ALBANY GA 31706	FOUNDATION	GA	501C3	11D	PPHS	X	
(3)	PHOEBE SUMTER MEDICAL CENTER, INC. 126 HIGHWAY 280 W. 26-3975185 AMERICUS GA 31719	HEALTHCARE	GA	501C3	3	PPHS	X	
(4)	PHOEBE WORTH MEDICAL CENTER, INC. P.O. BOX 545 38-3647394 SYLVESTER GA 31791	HEALTHCARE	GA	501C3	3	PPHS	X	
(5)	PHOEBE PHYSICIAN GROUP, INC. P.O. BOX 3770 26-3792403 ALBANY GA 31706	HEALTHCARE	GA	501C3	9	PPHS	X	

FOR PUBLIC INSPECTION

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) PHOEBE PUTNEY HEALTH VENTURES, INC. P.O. BOX 3770 ALBANY GA 31706 58-1963401	HEALTHCARE	GA	PPHS	C	3,107,865	7,336,486	100.000000	X	
(2)									
(3)									
(4)									

FOR PUBLIC INSPECTION

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

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

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

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

	(a) Name of other organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PHOEBE PUTNEY MEMORIAL HOSPITAL INC	J	687,000	GENERAL LEDGER
(2)	PHOEBE PHYSICIANS GROUP, INC	J	1,215,000	GENERAL LEDGER
(3)	ALL ENTITIES	L	19,490,000	GENERAL LEDGER
(4)	ALL ENTITIES	O		VALUE UNDETERMINED
(5)	PHOEBE PHYSICIANS GROUP, INC	R	38,000,000	GENERAL LEDGER
(6)	PHOEBE PUTNEY HEALTH VENTURES	R	356,000	GENERAL LEDGER

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

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

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s	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 other organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PHOEBE PUTNEY MEMORIAL HOSPITAL INC	S	62,000,000	GENERAL LEDGER
(2)				
(3)				
(4)				
(5)				
(6)				

FOR PUBLIC INSPECTION

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

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Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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68200PPHS

Forms **990 / 990-PF**

Other Notes and Loans Receivable

For calendar year 2012, or tax year beginning 08/01/12 , and ending 07/31/13

2012

Name

PHOEBE PUTNEY HEALTH SYSTEM, INC.

Employer Identification Number

58-2001014

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

	Name of borrower	Relationship to disqualified person
(1)	TROY KIMSEY	NONE
(2)	CHERINOR SILLAH	NONE
(3)	DR. ROBERT R. ADERHOLD	
(4)	SEAN SHEFF	NONE
(5)	SEAN SHEFF	NONE
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	237,500	04/01/03	08/01/13	5 YEARS BEGINNING 8/1/09	6.250
(2)	60,000	05/16/06	12/01/09	3 YEARS BEGINNING 12/1/07	8.750
(3)	23,590	08/01/08	08/01/12	3 YEARS BEGINNING 08/01/09	6.000
(4)	100,000	07/08/09	09/01/15	4 YEARS BEGINNING 9/1/2012	4.250
(5)	5,000	07/08/09	09/01/15	4 YEARS BEGINNING 9/1/2012	4.250
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	NONE	INCOME GUARANTEE
(2)	NONE	INCOME GUARANTEE
(3)	NONE	INCOME GUARANTEE
(4)	NONE	STUDENT LOAN
(5)	NONE	INCOME GUARANTEE
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		69,875	5,375	
(2)		5,354		
(3)		13,731		
(4)		77,878	52,083	
(5)		46,532	31,250	
(6)				
(7)				
(8)				
(9)				
(10)				
Totals		213,370	88,708	

FOR PUBLIC INSPECTION