

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 08/01/19, and ending 07/31/20**

|  |   |                                  |   |
|--|---|----------------------------------|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Phoebe Putney Health System, Inc.                                    |                                  | <b>D</b> Employer identification number<br>58-2001014   |
|  | Doing business as<br>P O Box 3770   |                                  | <b>E</b> Telephone number<br>229-312-1000   |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>P O Box 3770 |                                  | <b>G</b> Gross receipts \$ 112,098,930  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>Albany GA 31706-3770      |                                  |   |
| <b>F</b> Name and address of principal officer:<br>Scott Steiner<br>P.O. Box 3770<br>Albany GA 31706-3770  |   |                                  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |                                  |   |
| <b>J</b> Website: <b>u</b> <a href="http://www.phoebehealth.com">www.phoebehealth.com</a>  |   |                                  | <b>H(c)</b> Group exemption number <b>u</b>   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>   |   | <b>L</b> Year of formation: 1990 | <b>M</b> State of legal domicile: GA  |

**Part I Summary**

|                                    |  |  |   |                           |              |
|------------------------------------|--|--|---|---------------------------|--------------|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>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. |  |   |                           |              |
|                                    | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |  |   |                           |              |
|                                    | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)                  | 12  |                           |              |
|                                    | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)      | 9   |                           |              |
|                                    | <b>5</b>   | Total number of individuals employed in calendar year 2019 (Part V, line 2a)       | 207   |                           |              |
|                                    | <b>6</b>   | Total number of volunteers (estimate if necessary)                                 | 10  |                           |              |
|                                    | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12               | 0   |                           |              |
|                                    | <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 39                     | 0   |                           |              |
|                                    | <b>Revenue</b>   |  |   | Prior Year                | Current Year |
|                                    |  | <b>8</b>   | Contributions and grants (Part VIII, line 1h)                                     |                           | 318,599      |
| <b>9</b>                           |  | Program service revenue (Part VIII, line 2g)                                       | 31,383,469  | 35,698,754                |              |
| <b>10</b>                          |  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 13,092,721  | 8,856,194                 |              |
| <b>11</b>                          |  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 2,248,948   | 2,556,892                 |              |
| <b>12</b>                          |  | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 46,725,138  | 47,430,439                |              |
| <b>Expenses</b>                    |  | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 255,801                   | 263,857      |
|                                    |  | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)                     |                           | 0            |
|                                    |  | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 19,222,658                | 21,743,149   |
|                                    |  | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e)                     |                           | 0            |
|                                    | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>                 | 0   |                           |              |
|                                    | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                       | 14,610,377  | 13,164,921                |              |
|                                    | <b>18</b>  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)          | 34,088,836  | 35,171,927                |              |
|                                    | <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12                               | 12,636,302  | 12,258,512                |              |
|                                    | <b>Net Assets or Fund Balances</b>   |  |   | Beginning of Current Year | End of Year  |
|                                    |  | <b>20</b>  | Total assets (Part X, line 16)  | 526,154,204               | 546,723,003  |
| <b>21</b>                          |  | Total liabilities (Part X, line 26)  | 13,665,990  | 14,019,265                |              |
| <b>22</b>                          | Net assets or fund balances. Subtract line 21 from line 20   | 512,488,214  | 532,703,738   |                           |              |

**Part II Signature Block**

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

|                               |   |                               |                          |
|-------------------------------|---|-------------------------------|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br>Brian Church  | Date<br>CFO                   |                          |
|                               | Type or print name and title  |                               |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Stephen Harrell                               | Preparer's signature<br>_____ | Date<br>_____            |
|                               | Check <input checked="" type="checkbox"/> if PTIN self-employed P01554887   |                               |                          |
|                               | Firm's name } Draffin & Tucker LLP<br>PO Box 71309<br>Albany, GA 31708-1309 | Firm's EIN } 58-0914992       | Phone no. } 229-883-7878 |

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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 \$ 14,064,056 including grants of \$ 263,857 ) (Revenue \$ 35,731,599 )

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 \$ )

N/A

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

N/A

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

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

4e Total program service expenses u 14,064,056

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>   | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | X   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  |     | X  |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>   | X   |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>   | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X   |    |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | X   |    |

**Part IV Checklist of Required Schedules (continued)**

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

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

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

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

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 207  |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | X   |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>u</b> See Schedule O<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>  |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>  |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders <b>11a</b>   |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>  |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>   |     |    |
| <b>c</b>   | Enter the amount of reserves on hand <b>13c</b>  |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  |     |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | X   |    |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   |     | X  |

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** GA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**  
 Brian Church, CFO P.O. Box 3770  
 Albany GA 31706-3770 229-312-4068

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title      | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |           | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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           | 0.00  |   |                       |         |              |                              |           |  |   |   |
| Past CEO/Pres/Bd Mem       | 0.00  |   |                       |         |              | X                            | 1,358,367 | 0  | 17,551  |   |
| (2) Suresh Lakhanpal, M.D. | 50.00   |   |                       |         |              |                              |           |  |   |   |
| SVP Physician Svcs         | 1.00  |   |                       |         | X            |                              | 777,862   | 1,508  | 248,858   |   |
| (3) Scott Steiner          | 25.00   |   |                       |         |              |                              |           |  |   |   |
| CEO                        | 30.00   | X   |                       | X       |              |                              | 751,780   | 0  | 169,937   |   |
| (4) Lamar H. Moree, M.D.   | 1.00  |   |                       |         |              |                              |           |  |   |   |
| Board Member               | 50.00   | X   |                       |         |              |                              | 0         | 778,410  | 21,211  |   |
| (5) Joe Austin             | 25.00   |   |                       |         |              |                              |           |  |   |   |
| VP to 9//PPMH CEO          | 28.00   |   |                       |         | X            |                              | 618,459   | 0  | 166,974   |   |
| (6) Brian Church           | 25.00   |   |                       |         |              |                              |           |  |   |   |
| CFO                        | 30.00   |   |                       | X       |              |                              | 600,343   | 0  | 129,233   |   |
| (7) Dawn Benson            | 25.00   |   |                       |         |              |                              |           |  |   |   |
| SVP Gen Counsel            | 25.00   |   |                       |         | X            |                              | 519,805   | 0  | 129,295   |   |
| (8) Steven Kitchen, M.D.   | 50.00   |   |                       |         |              |                              |           |  |   |   |
| SVP CMO                    | 0.00  |   |                       |         | X            |                              | 526,214   | 0  | 84,116  |   |
| (9) Jeffery Flowers        | 25.00   |   |                       |         |              |                              |           |  |   |   |
| PPMH COO                   | 25.00   |   |                       |         | X            |                              | 501,139   | 0  | 80,555  |   |
| (10) Brandi Lunneborg      | 0.00  |   |                       |         |              |                              |           |  |   |   |
| PSMC CEO                   | 50.00   |   |                       |         |              | X                            | 415,959   | 0  | 69,975  |   |
| (11) Tony Welch            | 50.00   |   |                       |         |              |                              |           |  |   |   |
| VP HR Officer              | 0.00  |   |                       | X       |              |                              | 319,149   | 0  | 64,769  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |                  | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) Thomas Sullivan   | 25.00   |   |                       |         |              |                              |                  |  |   |   |
| SVP North Campus   | 25.00   |   |                       | X       |              |                              | 314,961          | 0  | 68,260  |   |
| (13) Kim Gilman  | 25.00   |   |                       |         |              |                              |                  |  |   |   |
| PWMC & SGRMC CEO/CNO   | 25.00   |   |                       |         | X            |                              | 265,489          | 0  | 65,150  |   |
| (14) Jane Gray   | 50.00   |   |                       |         |              |                              |                  |  |   |   |
| VP - Revenue Cycle   | 0.00  |   |                       |         | X            |                              | 273,969          | 0  | 20,634  |   |
| (15) Audrey Pike Wilson  | 50.00   |   |                       |         |              |                              |                  |  |   |   |
| Chief Compliance Off   | 0.00  |   |                       |         | X            |                              | 272,386          | 0  | 9,671   |   |
| (16) Martin Kelvas   | 50.00   |   |                       |         |              |                              |                  |  |   |   |
| Corp Dir Pharm Svcs  | 0.00  |   |                       |         | X            |                              | 212,843          | 0  | 28,810  |   |
| (17) Mary Helen Dykes  | 1.00  |   |                       |         |              |                              |                  |  |   |   |
| Board Member   | 0.00  | X   |                       |         |              |                              | 0                | 0  | 0   |   |
| (18) Mary King Givens  | 1.00  |   |                       |         |              |                              |                  |  |   |   |
| Board Member   | 2.00  | X   |                       |         |              |                              | 0                | 0  | 0   |   |
| (19) Lemuel V. Griffin   | 1.00  |   |                       |         |              |                              |                  |  |   |   |
| Chairman   | 0.00  | X   | X                     |         |              |                              | 0                | 0  | 0   |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | <b>7,728,725</b> | <b>779,918</b>   | <b>1,374,999</b>  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |                  |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | <b>7,728,725</b> | <b>779,918</b>   | <b>1,374,999</b>  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 43**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                | (B)<br>Description of services          | (C)<br>Compensation |
|---|---|---------------------|
| Dentons US LLP<br>Carol Stream IL 60132-3078    | P O Box Dept 3078<br>Legal              | 1,030,230           |
| Tailfin Marketing, LLC<br>Atlanta GA 30306-4802 | 1246 Virginia Ave NE<br>Mrkting Consult | 979,782             |
| Watson Spence LLP<br>Albany GA 31702            | PO BOX 2008<br>Legal                    | 680,323             |
| Change Healthcare<br>Murray UT 84157-2490       | P O Box 572490<br>Consulting            | 574,479             |
| Hall Booth Smith, PC<br>Atlanta GA 30303-1775   | 191 Peachree St NE, Suite 2900<br>Legal | 566,946             |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 21**



**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue                                | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|---|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>       | <b>1a</b> Federated campaigns  | <b>1a</b>   |  |                                      |   |  |
|   | <b>b</b> Membership dues   | <b>1b</b>   |  |                                      |   |  |
|   | <b>c</b> Fundraising events  | <b>1c</b>   |  |                                      |   |  |
|   | <b>d</b> Related organizations   | <b>1d</b>   |  |                                      |   |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>   | 318,599                                      |                                      |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above                                      | <b>1f</b>   |  |                                      |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f   | <b>1g</b>   | \$   |                                      |   |  |
|   | <b>h Total.</b> Add lines 1a-1f  | <b>u</b>  | 318,599                                      |                                      |   |  |
|   | <b>Program Service Revenue</b>   | <b>2a</b> Administrative Svcs. Reimb.               | Business Code<br>621990                      | 35,698,754                           | 35,698,754  |  |
| <b>b</b>  |  |   |  |                                      |   |  |
| <b>c</b>  |  |   |  |                                      |   |  |
| <b>d</b>  |  |   |  |                                      |   |  |
| <b>e</b>  |  |   |  |                                      |   |  |
| <b>f</b> All other program service revenue                          |  |   |  |                                      |   |  |
| <b>g Total.</b> Add lines 2a-2f                                     |  | <b>u</b>  | 35,698,754                                   |                                      |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  | <b>u</b>  | 3,471,821                                    |                                      | 3,471,821   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  | <b>u</b>  |  |                                      |   |  |
|   | <b>5</b> Royalties   | <b>u</b>  |  |                                      |   |  |
|   | <b>6a</b> Gross rents  | (i) Real  | 2,945,748                                    |                                      |   |  |
|   |  | (ii) Personal                                       |  |                                      |   |  |
|   |  | <b>6b</b> Less: rental expenses                     | 421,700                                      |                                      |   |  |
|   | <b>c</b> Rental inc. or (loss)   | <b>6c</b>   | 2,524,048                                    |                                      |   |  |
|   | <b>d</b> Net rental income or (loss)   | <b>u</b>  | 2,524,048                                    |                                      | 2,524,048   |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities                                      | 69,484,292                                   | 146,872                              |   |  |
|   |  | (ii) Other  |  |                                      |   |  |
|   |  | <b>7b</b> Less: cost or other basis and sales exps. | 64,004,062                                   | 242,729                              |   |  |
|   |  | <b>7c</b> Gain or (loss)                            | 5,480,230                                    | -95,857                              |   |  |
|   | <b>d</b> Net gain or (loss)  | <b>u</b>  | 5,384,373                                    |                                      | 5,384,373   |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |  |                                      |   |  |
|   |  | <b>8b</b> Less: direct expenses                     | <b>8b</b>                                    |                                      |   |  |
| <b>c</b> Net income or (loss) from fundraising events               | <b>u</b>   |   |  |                                      |   |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 | <b>9a</b>  |   |  |                                      |   |  |
|   | <b>9b</b> Less: direct expenses  | <b>9b</b>   |  |                                      |   |  |
| <b>c</b> Net income or (loss) from gaming activities                | <b>u</b>   |   |  |                                      |   |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances    | <b>10a</b>   |   |  |                                      |   |  |
|   | <b>10b</b> Less: cost of goods sold  | <b>10b</b>  |  |                                      |   |  |
| <b>c</b> Net income or (loss) from sales of inventory               | <b>u</b>   |   |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>  | <b>11a</b> Miscellaneous   | Business Code<br>621990                             | 32,844                                       | 32,844                               |   |  |
|   | <b>b</b>   |   |  |                                      |   |  |
|   | <b>c</b>   |   |  |                                      |   |  |
|   | <b>d</b> All other revenue   |   |  |                                      |   |  |
|   | <b>e Total.</b> Add lines 11a-11d  | <b>u</b>  | 32,844                                       |                                      |   |  |
| <b>12 Total revenue.</b> See instructions                           | <b>u</b>   | 47,430,439  | 35,731,598                                   | 0                                    | 11,380,242  |  |

**Part IX Statement of Functional Expenses**

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

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

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

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 198,080               | 198,080                         |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   | 65,777                | 65,777                          |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 5,161,399             | 2,870,535                       | 2,290,864                              |                             |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 1,375,918             | 750,563                         | 625,355                                |                             |
| 7 Other salaries and wages  | 11,840,590            | 4,005,260                       | 7,835,330                              |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 172,467               | 38,098                          | 134,369                                |                             |
| 9 Other employee benefits   | 2,165,985             | 478,466                         | 1,687,519                              |                             |
| 10 Payroll taxes  | 1,026,790             | 226,818                         | 799,972                                |                             |
| 11 Fees for services (nonemployees):  |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 983,436               |                                 | 983,436                                |                             |
| c Accounting  | 84,685                |                                 | 84,685                                 |                             |
| d Lobbying  | 254,251               | 254,251                         |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  | 1,486,323             |                                 | 1,486,323                              |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | 2,954,302             | 1,905,539                       | 1,048,763                              |                             |
| 12 Advertising and promotion  | 2,175,320             | 2,131,546                       | 43,774                                 |                             |
| 13 Office expenses  | 269,162               | 74,501                          | 194,661                                |                             |
| 14 Information technology   | 611,956               | 95,865                          | 516,091                                |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 349,160               | 146,193                         | 202,967                                |                             |
| 17 Travel   | 443,227               | 2,093                           | 441,134                                |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   | 1,069                 |                                 | 1,069                                  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 1,316,790             | 551,340                         | 765,450                                |                             |
| 23 Insurance  | 530,289               |                                 | 530,289                                |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| a Allocated recruitment   | 699,156               | 154,444                         | 544,712                                |                             |
| b Dues and Subscriptions  | 321,721               | 1,231                           | 320,490                                |                             |
| c Licenses and taxes  | 194,126               |                                 | 194,126                                |                             |
| d Repairs and Maintenance   | 160,371               |                                 | 160,371                                |                             |
| e All other expenses  | 329,577               | 113,456                         | 216,121                                |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 35,171,927            | 14,064,056                      | 21,107,871                             | 0                           |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

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

|   |  | (A)                   |             | (B)                   |
|---|--|-----------------------|-------------|-----------------------|
|   |  | Beginning of year     |             | End of year           |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing   | 4,825,528             | <b>1</b>    | 10,117,769            |
|   | <b>2</b> Savings and temporary cash investments  |                       | <b>2</b>    |                       |
|   | <b>3</b> Pledges and grants receivable, net  |                       | <b>3</b>    |                       |
|   | <b>4</b> Accounts receivable, net  |                       | <b>4</b>    |                       |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                       | <b>5</b>    |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                       | <b>6</b>    |                       |
|   | <b>7</b> Notes and loans receivable, net   |                       | <b>7</b>    |                       |
|   | <b>8</b> Inventories for sale or use   |                       | <b>8</b>    |                       |
|   | <b>9</b> Prepaid expenses and deferred charges   | 227,000               | <b>9</b>    | 227,000               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 63,102,124 |             |                       |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 20,834,279 | 39,539,802  | <b>10c</b> 42,267,845 |
|   | <b>11</b> Investments—publicly traded securities   | 395,345,385           | <b>11</b>   | 409,098,587           |
|   | <b>12</b> Investments—other securities. See Part IV, line 11   | 2,121,632             | <b>12</b>   | 2,121,632             |
|   | <b>13</b> Investments—program-related. See Part IV, line 11  |                       | <b>13</b>   |                       |
|   | <b>14</b> Intangible assets  | 4,330,000             | <b>14</b>   | 4,330,000             |
|   | <b>15</b> Other assets. See Part IV, line 11   | 79,764,857            | <b>15</b>   | 78,560,170            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) | 526,154,204  | <b>16</b>             | 546,723,003 |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 13,665,990            | <b>17</b>   | 13,998,223            |
|   | <b>18</b> Grants payable   |                       | <b>18</b>   |                       |
|   | <b>19</b> Deferred revenue   |                       | <b>19</b>   |                       |
|   | <b>20</b> Tax-exempt bond liabilities  |                       | <b>20</b>   |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                       | <b>21</b>   |                       |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     |                       | <b>22</b>   |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |                       | <b>23</b>   | 21,042                |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                       | <b>24</b>   |                       |
|   | <b>25</b> 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  |                       | <b>25</b>   |                       |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 13,665,990            | <b>26</b>   | 14,019,265            |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                       |             |                       |
|   | <b>27</b> Net assets without donor restrictions  | 512,488,214           | <b>27</b>   | 532,703,738           |
|   | <b>28</b> Net assets with donor restrictions   |                       | <b>28</b>   |                       |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                       |             |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds   |                       | <b>29</b>   |                       |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund   |                       | <b>30</b>   |                       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                       | <b>31</b>   |                       |
|   | <b>32</b> Total net assets or fund balances  | 512,488,214           | <b>32</b>   | 532,703,738           |
| <b>33</b> Total liabilities and net assets/fund balances            | 526,154,204  | <b>33</b>             | 546,723,003 |                       |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 47,430,439  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 35,171,927  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 12,258,512  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 512,488,214 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 7,957,012   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  |             |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 532,703,738 |

**Part XII Financial Statements and Reporting**

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

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (20) John T. Phillips, III<br>Board Member                     | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (21) Brad Lafevers<br>Board Member                             | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (22) Charles Mendenhall,<br>Board Member                       | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (23) Frank Middleton, MD<br>Board Member                       | 1.00<br>1.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (24) Bruce Melton<br>Board Member                              | 1.00<br>1.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (25) Anthony Parker, Ph.D.<br>Board Member                     | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (26) Will Sims<br>Vice Chairman                                | 1.00<br>1.00  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        |  |   |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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 12, check only one box.)

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

| (i) Name of supported organization        | (ii) EIN   | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|------------|---|---|----|---|---|
|   |            |   | Yes   | No |   |   |
| (A) Phoebe Putney Memorial Hospital, Inc. | 58-1928247 | 3   | X   |    |   | 24,110,346                                      |
| (B) Phoebe Sumter Medical Center, Inc.    | 26-3975185 | 3   |   | X  |   | 3,509,696                                       |
| (C) Phoebe Worth Medical Center, Inc.     | 38-3647394 | 3   |   | X  |   | 857,658   |
| (D) Phoebe Physician Group, Inc.          | 26-3792403 | 10  |   | X  |   | 2,261,171                                       |
| (E) Phoebe Dorminy Medical Center, Inc.   | 45-2041878 | 3   |   | X  |   | 0   |
| <b>Total</b>                              |            |   |   |    | 0   | 30,738,871                                      |

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

Section A. Public Support

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

Section B. Total Support

Table with 6 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) <b>u</b>  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) <b>u</b>   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17                         | <b>18</b> | % |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d.  | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by .035.   | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1.   | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3.   | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | <b>6</b>       |                             |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

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

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2019 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019   |                             |  |   |
| a From 2014 .....   |                             |  |   |
| b From 2015 .....   |                             |  |   |
| c From 2016 .....   |                             |  |   |
| d From 2017 .....   |                             |  |   |
| e From 2018 .....   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2019 distributable amount  |                             |  |   |
| i Carryover from 2014 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2019 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2019 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2015 .....  |                             |  |   |
| b Excess from 2016 .....  |                             |  |   |
| c Excess from 2017 .....  |                             |  |   |
| d Excess from 2018 .....  |                             |  |   |
| e Excess from 2019 .....  |                             |  |   |

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

Part I, Line 11h - List of Supported Organizations Continued

| Name and EIN                        | Type | In Gov Doc | Amount | Other |
|-------------------------------------|------|------------|--------|-------|
| South Georgia Shared Services, Inc. |      |            |        |       |
| 46-2746977                          | 3    |            | \$ 0   | \$ 0  |

Part IV, Section A, Line 1 - Supported Organizations Not Listed by Name

The filing organization's governing documents state that Phoebe Putney Health System, Inc.'s (PPHS) tax-exempt purpose is to support, promote, advance, and strengthen Phoebe Putney Memorial Hospital, Inc. (PPMH) and other nonprofit health care providers organized for charitable and civic purposes. PPHS, in an effort to promote such purposes, may create subsidiary corporations wherein PPHS is the sole member of the subsidiary corporation. All corporations listed in this section are under the direction and control of PPHS as their sole member.

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

The board of directors of PPHS has the right to appoint all directors of the supported organizations, and to select or remove the officers of each supported organization.

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

As sole member of each supported organization, PPHS has the following responsibilities:

- Appoint or remove directors of the supported organizations.
- Select or remove the organization's officers.
- Approve all amendments to the organization's Articles of Incorporation and Bylaws before they may become effective.

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

- Approve any annual operating or capital budgets.

- Appoint or remove the independent auditors.

Supplemental Information

Part I, Line 12g, Column (vi)

PPHS was formed to serve as the parent organization of the supported organizations and as such, its primary purposes is to plan, coordinate, and direct the supported organizations and to provide centralized administrative and management services to the supported organizations. The amounts included in column (vi) are the amounts related to the management services provided to the supported organizations.

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

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

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

Name of the organization **Phoebe Putney Health System, Inc.** Employer identification number **58-2001014**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Employer identification number

Phoebe Putney Health System, Inc.

58-2001014

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | .....<br>.....<br>.....           | \$ 318,599                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

**U** Complete if the organization is described below.

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

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

**Open to Public Inspection**

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

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

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

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

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

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

|  |   |
|--|---|
| Name of organization<br><b>Phoebe Putney Health System, Inc.</b> | Employer identification number<br><b>58-2001014</b> |
|--|---|

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

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

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

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

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

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

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

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

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

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

|   | (a) Filing organization's totals                   | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                 |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.                                       |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

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

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

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

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

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  | (a) |    | (b)     |
|---|-----|----|---------|
|   | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| <b>a</b> Volunteers?  |     | X  |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | X  |         |
| <b>c</b> Media advertisements?  |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public?   |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements?  |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | X  |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | X  |         |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | X  |         |
| <b>i</b> Other activities?  | X   |    | 135,576 |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 135,576 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |         |

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

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

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

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

**Part IV Supplemental Information**

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

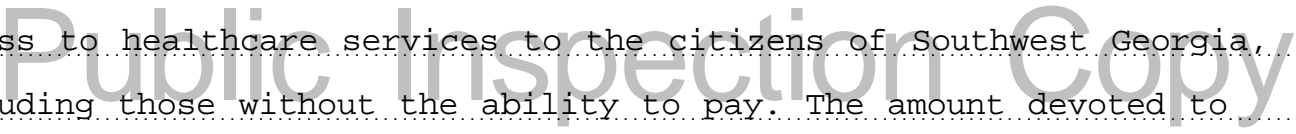
Schedule C, Part II-B, Line 1

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

**Part IV Supplemental Information** *(continued)*

legislation directly impacting the organization's ability to increase access to healthcare services to the citizens of Southwest Georgia, including those without the ability to pay. The amount devoted to consultants fees related to legislative matters in FY2020 was \$135,576.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

Phoebe Putney Health System, Inc.

58-2001014

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

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

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

- a Board designated or quasi-endowment **u** %
- b Permanent endowment **u** %
- c Term endowment **u** %

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

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

|                             | Yes    | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |

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

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value      |
|--|--------------------------------------|---------------------------------|------------------------------|---------------------|
| 1a Land  |                                      | 16,958,650                      |                              | 16,958,650          |
| b Buildings  |                                      | 44,027,664                      | 19,562,055                   | 24,465,609          |
| c Leasehold improvements   |                                      |                                 |                              |                     |
| d Equipment  |                                      | 2,095,361                       | 1,272,224                    | 823,137             |
| e Other  |                                      | 20,449                          |                              | 20,449              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>u</b> 42,267,845 |

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value      |
|---|---------------------|
| (1) Due from Related Parties  | 76,173,104          |
| (2) Other Receivables   | 2,345,712           |
| (3) Due from SWGA Reg Medical Center                                      | 41,354              |
| (4)   |                     |
| (5)   |                     |
| (6)   |                     |
| (7)   |                     |
| (8)   |                     |
| (9)   |                     |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | <b>u</b> 78,560,170 |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>u</b>       |

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**Part X - FIN 48 Footnote**

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 Indemnity, Ltd. is exempted from all local income, profit, or capital gains taxes until November 19, 2038 under the Cayman Islands Tax Concessions Law. Phoebe Putney Health Ventures, Inc. is a for-profit entity.



**Part XIII Supplemental Information** (continued)

The Corporation applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the 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 the 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 consolidated balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of July 31, 2020 and 2019 or for the years then ended. The Corporation's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

u Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

Phoebe Putney Health System, Inc.

Employer identification number

58-2001014

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| Central America and the Caribbean                           | 1                                   | 1  | Investments  |  | 81,726,873   |
| (1)   |                                     |  |  |  |  |
| (2)   |                                     |  |  |  |  |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a Subtotal</b> . . . . .                                | 1                                   | 1  |  |  | 81,726,873   |
| <b>b Total from continuation sheets to Part I</b> . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 1                                   | 1  |  |  | 81,726,873   |

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (2)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (3)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (4)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (5)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (6)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (7)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (8)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (9)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (10) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (11) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (12) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (13) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (14) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (15) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (16) |                          |  |            |                      |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)                             |            |                          |                          |                                 |                                  |                                       |   |
| (2)                             |            |                          |                          |                                 |                                  |                                       |   |
| (3)                             |            |                          |                          |                                 |                                  |                                       |   |
| (4)                             |            |                          |                          |                                 |                                  |                                       |   |
| (5)                             |            |                          |                          |                                 |                                  |                                       |   |
| (6)                             |            |                          |                          |                                 |                                  |                                       |   |
| (7)                             |            |                          |                          |                                 |                                  |                                       |   |
| (8)                             |            |                          |                          |                                 |                                  |                                       |   |
| (9)                             |            |                          |                          |                                 |                                  |                                       |   |
| (10)                            |            |                          |                          |                                 |                                  |                                       |   |
| (11)                            |            |                          |                          |                                 |                                  |                                       |   |
| (12)                            |            |                          |                          |                                 |                                  |                                       |   |
| (13)                            |            |                          |                          |                                 |                                  |                                       |   |
| (14)                            |            |                          |                          |                                 |                                  |                                       |   |
| (15)                            |            |                          |                          |                                 |                                  |                                       |   |
| (16)                            |            |                          |                          |                                 |                                  |                                       |   |
| (17)                            |            |                          |                          |                                 |                                  |                                       |   |
| (18)                            |            |                          |                          |                                 |                                  |                                       |   |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 3 - Activities per Region

| Region                            | Expenditures | Investments   |
|-----------------------------------|--------------|---------------|
| Central America and the Caribbean | \$ 0         | \$ 81,726,873 |

Part V - Additional Information

PPHS board of directors relies on its Health System Board Investment Committee, independent investment advisor, PPHS board approved investment policy statement, and regular Investment Committee meetings to manage and maintain a well-diversified investment fund portfolio which includes U.S. Equities, Global non-US Equities, Emerging Markets, Hedge Funds, Real Assets, Opportunistic, Fixed Income, and Cash and Equivalents. These PPHS investment accounts have long term strategies, goals and objectives and are related to specific healthcare related purposes including Defined Pension liabilities for employees, Malpractice Insurance liabilities and Hospital designated funds for future capital replacement of facilities and equipment as they wear out and need to be updated. Much like a retirement 401K or 403B account for an individual that accesses mutual funds that are well diversified, it is common for Funds, Fund managers and/or Specific Investments to be in United States jurisdictions or foreign jurisdictions in order to accomplish a greater investment risk diversification.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

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

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

| 1   | (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Albany Area Chamber of Commerce Inc<br>225 W. Broad Ave.<br>Albany GA 31701-2566      | 58-0134930 | 501c6                           | 5,500                    |                                   |   |                                       | General Support                    |
| (2) | Georgia Southwestern Foundation<br>800 Georgia Southwestern<br>Americus GA 31709-4379 | 58-1386358 | 501c3                           | 110,000                  |                                   |   |                                       | General Support                    |
| (3) | United Parents, Inc<br>2500 Nottingham Way<br>Albany GA 31707-6677                    | 58-6043206 | 501c3                           | 7,500                    |                                   |   |                                       | General Support                    |
| (4) | Fellowship of Christian Athletes<br>P O Box 72122<br>Albany GA 31708                  | 44-0610626 | 501c3                           | 10,000                   |                                   |   |                                       | General Support                    |
| (5) | Albany CVB-Albany Marathon<br>112 North Front St<br>Albany GA 31701                   | 26-1750573 | GOV                             | 20,000                   |                                   |   |                                       | General Support                    |
| (6) | Albany Civic Center<br>P O Box 447<br>Albany GA 31702                                 | 58-6000504 | GOV                             | 7,500                    |                                   |   |                                       | General Support                    |
| (7) |   |            |                                 |                          |                                   |   |                                       |                                    |
| (8) |   |            |                                 |                          |                                   |   |                                       |                                    |
| (9) |   |            |                                 |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 6

3 Enter total number of other organizations listed in the line 1 table u 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 Educational Loans             | 7                        | 65,777                   |                                  |   |                                       |
| 2                               |                          |                          |                                  |   |                                       |
| 3                               |                          |                          |                                  |   |                                       |
| 4                               |                          |                          |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

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

See Schedule I Supplemental Information Worksheet



|   |                                 |             |
|---|---------------------------------|-------------|
| <b>SCHEDULE I<br/>(Form 990)</b>  | <b>Supplemental Information</b> | <b>2019</b> |
| For calendar year 2019, or tax year beginning 08/01/19, and ending 07/31/20 |                                 |             |

|   |  |
|---|--|
| Name of the organization<br>Phoebe Putney Health System, Inc. | Employer identification number<br>58-2001014 |
|---|--|

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Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Contributions are made only to tax exempt entities. Board approval is required for major contributions and a follow-up with the tax exempt entity is required for monitoring the use of the funds.

Tuition Policy:

Employee must be employed as a regular full time employee (64+ hours per pay period) for at least one year, 12 months. They must score a "Meets Expectations" or greater on their last evaluation. The employee must maintain a semester or quarter GPA of 2.5 for undergraduate studies and 3.0 for graduate studies to receive Tuition Assistance. Employee must submit a copy of grade to the benefits department and manager after the completion of each course. An employee receiving tuition assistance is required to work for Phoebe one year, full-time upon degree completion or cessation from the degree program.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

u Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

Phoebe Putney Health System, Inc.

Employer identification number

58-2001014

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |

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

|          |   |  |
|----------|---|--|
| <b>2</b> | X |  |
|----------|---|--|

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

|           |   |   |
|-----------|---|---|
| <b>4a</b> | X |   |
| <b>4b</b> | X |   |
| <b>4c</b> |   | X |

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" on line 5a or 5b, describe in Part III.

|           |  |   |
|-----------|--|---|
| <b>5a</b> |  | X |
| <b>5b</b> |  | X |

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" on line 6a or 6b, describe in Part III.

|           |  |   |
|-----------|--|---|
| <b>6a</b> |  | X |
| <b>6b</b> |  | X |

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

|          |  |   |
|----------|--|---|
| <b>7</b> |  | X |
|----------|--|---|

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

|          |  |   |
|----------|--|---|
| <b>8</b> |  | X |
|----------|--|---|

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

|          |  |  |
|----------|--|--|
| <b>9</b> |  |  |
|----------|--|--|

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

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

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

| (A) Name and Title      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                         | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| Joel Wernick            | (i) 484,128  | 847,462                             | 26,777                              | 7,873  | 9,678                   | 1,375,918                       | 0   |
| 1 Past CEO/Pres/Bd Mem  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Suresh Lakhanpal, M.D.  | (i) 594,517  | 151,533                             | 31,812                              | 224,134  | 24,724                  | 1,026,720                       | 0   |
| 2 SVP Physician Svcs    | (ii) 1,508   | 0                                   | 0                                   | 0  | 0                       | 1,508                           | 0   |
| Scott Steiner           | (i) 628,405  | 97,805                              | 25,570                              | 151,535  | 18,402                  | 921,717                         | 0   |
| 3 CEO                   | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Lamar H. Moree, M.D.    | (i) 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 Board Member          | (ii) 557,993                                       | 219,136                             | 1,281                               | 8,400  | 12,811                  | 799,621                         | 0   |
| Joe Austin              | (i) 474,100  | 120,452                             | 23,907                              | 144,739  | 22,235                  | 785,433                         | 0   |
| 5 VP to 9//PPMH CEO     | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Brian Church            | (i) 469,857  | 110,996                             | 19,490                              | 105,680  | 23,553                  | 729,576                         | 0   |
| 6 CFO                   | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Dawn Benson             | (i) 397,279  | 100,618                             | 21,908                              | 129,295  | 0                       | 649,100                         | 0   |
| 7 SVP Gen Counsel       | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Steven Kitchen, M.D.    | (i) 390,320  | 79,826                              | 56,068                              | 68,383   | 15,733                  | 610,330                         | 39,510  |
| 8 SVP CMO               | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Jeffery Flowers         | (i) 266,736  | 53,884                              | 180,519                             | 61,496   | 19,059                  | 581,694                         | 152,914   |
| 9 PPMH COO              | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Brandi Lunneborg        | (i) 286,201  | 122,308                             | 7,450                               | 48,631   | 21,344                  | 485,934                         | 0   |
| 10 PSMC CEO             | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Tony Welch              | (i) 270,751  | 47,190                              | 1,208                               | 48,506   | 16,263                  | 383,918                         | 0   |
| 11 VP HR Officer        | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Thomas Sullivan         | (i) 250,768  | 51,884                              | 12,309                              | 47,535   | 20,725                  | 383,221                         | 0   |
| 12 SVP North Campus     | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Kim Gilman              | (i) 219,284  | 43,441                              | 2,764                               | 63,862   | 1,288                   | 330,639                         | 0   |
| 13 PWMC & SGRMC CEO/CNO | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Jane Gray               | (i) 229,370  | 41,477                              | 3,122                               | 6,283  | 14,351                  | 294,603                         | 0   |
| 14 VP - Revenue Cycle   | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Audrey Pike Wilson      | (i) 178,165  | 94,064                              | 157                                 | 1,450  | 8,221                   | 282,057                         | 0   |
| 15 Chief Compliance Off | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Martin Kelvas           | (i) 182,523  | 28,125                              | 2,195                               | 5,847  | 22,963                  | 241,653                         | 0   |
| 16 Corp Dir Pharm Svcs  | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

**Part III Supplemental Information**

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

## Part I, Line 1a - Fringe or Expense Explanation

Country Club dues are part of Joel Wernick's compensation package. These dues are included in his taxable income and reported on his W-2.

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

|                        | Severance | Nonqualified | Equity-based |
|------------------------|-----------|--------------|--------------|
| Suresh Lakhanpal, M.D. | 0         | 215,734      | 0            |
| Scott Steiner          | 0         | 143,135      | 0            |
| Joe Austin             | 0         | 136,339      | 0            |
| Brian Church           | 0         | 100,626      | 0            |
| Dawn Benson            | 0         | 121,137      | 0            |
| Steven Kitchen, M.D.   | 0         | 59,983       | 0            |
| Jeffery Flowers        | 0         | 53,574       | 0            |
| Brandi Lunneborg       | 0         | 44,284       | 0            |
| Tony Welch             | 0         | 40,451       | 0            |
| Thomas Sullivan        | 0         | 39,332       | 0            |
| Kim Gilman             | 0         | 56,908       | 0            |
| Audrey Pike Wilson     | 52,586    | 0            | 0            |

**Part III Supplemental Information**

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

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Part III - Other Additional Information

Schedule J, Part I, Line 4 - Supplemental Nonqualified Retirement Plans:

Deferred Compensation Plan 457(b):

The Deferred Compensation Plan is an additional retirement plan offered through Phoebe Putney. The 457(b) plan is an eligible deferred compensation 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.

An eligible Employee is one who is determined by the Employer to be a member of a select group of management or highly compensated employees within the meaning of Sections 201(2), 301(a)(3), and 401(a)(1) of ERISA.

Supplemental Executive Retirement Plan (SERP) 457(f):

The organization relies on an independent compensation committee,

**Part III Supplemental Information**

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

independent compensation consultant, surveys, well documented methods and board approval to establish total compensation of the CEO and executive officers. Certain board approved employees are eligible to participate in a SERP that provides certain defined annual pay credits that are subject to a substantial risk of forfeiture. The purpose of the SERP is to provide a long-term incentive and 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 eligible employees in Schedule J represent credited, but not vested, benefits, and the amounts are available in future periods to the employee subject to continuing employment. PPHS maintains ownership of the funds allocated to each participant until vesting and payment.

For a participant in the SERP prior to 1/1/2017 (a "grandfathered participant"), the first vesting date will occur on the date the participant attains five years of participation under the plan. After the initial vesting date, a grandfathered participant shall have a new vesting

**Part III Supplemental Information**

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

date once every 5 years. These additional vesting dates will occur on the 5th anniversary of each vesting date after the initial vesting date. On each vesting date, a grandfathered participant will become 100% vested in an amount equal to the participant's account balance reduced by any pay credits credited to the account for the 2 most recent plan years.

For participants initially participating in the SERP after 12/31/2016, each year's annual pay credit plus subsequent earnings and/or losses will 100% vest on that pay credits' 5th anniversary, provided that the participant remains in the continuous employment throughout the 5-year period for each annual pay credit.

If any eligible participant attains normal retirement age prior to this separation from service, they shall vest in 100% of the account balance. Once vested, each participant shall receive a distribution of their entire vested amount within a reasonable period not to exceed 2.5 months. This distribution is treated as reportable compensation to the participant and is included in Part II, Column B(iii). Therefore, Part II, Column B(iii)

**Part III Supplemental Information**

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

includes prior year SERP deferrals previously reported in Part II, Column C. Any distribution amount included in Part II, Column B(iii) that was previously reported in prior periods as deferred compensation in Part II, Column C is disclosed in Part II, Column F. The following participants vested and received payment of SERP benefits in the 2019 calendar year.

|                 |         |                            |
|-----------------|---------|----------------------------|
| Steve Kitchen   | 39,510  | (Multi-Year Vested Amount) |
| Jeffery Flowers | 152,914 | (Multi-Year Vested Amount) |

Schedule J, Part II, Column B(ii)

Certain executive officers and physicians are eligible for bonus/incentive payments. These bonuses are determined based on the achievement of various organizational and personal performance goals established by a formal process in keeping with the organization's tax-exempt status.



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

**u** Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

OMB No. 1545-0047

**2019**

Open To Public Inspection

Phoebe Putney Health System, Inc.

Employer identification number

58-2001014

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

- 2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... **u** \$ \_\_\_\_\_
- 3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... **u** \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| 1    | (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the org.? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|------|-------------------------------|------------------------------------|---------------------|-------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|      |                               |                                    |                     | To                            | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|      |                               |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (1)  |                               |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)  |                               |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)  |                               |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)  |                               |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)  |                               |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)  |                               |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)  |                               |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)  |                               |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)  |                               |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (10) |                               |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |

**Total** ..... **u** \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| 1    | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|------|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)  |                               |   |                          |                        |                           |
| (2)  |                               |   |                          |                        |                           |
| (3)  |                               |   |                          |                        |                           |
| (4)  |                               |   |                          |                        |                           |
| (5)  |                               |   |                          |                        |                           |
| (6)  |                               |   |                          |                        |                           |
| (7)  |                               |   |                          |                        |                           |
| (8)  |                               |   |                          |                        |                           |
| (9)  |                               |   |                          |                        |                           |
| (10) |                               |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of org. revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|-------------------------------|----|
|                               |   |                           |                                | Yes                           | No |
| (1) Justin Griffin            | Family -- Bd Mbr  | 29,497                    | Employee                       |                               | X  |
| (2)                           |   |                           |                                |                               |    |
| (3)                           |   |                           |                                |                               |    |
| (4)                           |   |                           |                                |                               |    |
| (5)                           |   |                           |                                |                               |    |
| (6)                           |   |                           |                                |                               |    |
| (7)                           |   |                           |                                |                               |    |
| (8)                           |   |                           |                                |                               |    |
| (9)                           |   |                           |                                |                               |    |
| (10)                          |   |                           |                                |                               |    |

**Part V Supplemental Information.**

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

Schedule L, Part V - Additional Information

Justin Griffin is the grandson of board member, Lemuel Griffin, and is employed and compensated by PPHS.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public Inspection**

|   |  |
|---|--|
| Name of the organization<br>Phoebe Putney Health System, Inc. | Employer identification number<br>58-2001014 |
|---|--|

Form 990 - Additional Information

Service to the Community

Phoebe Putney Health System, Inc. (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 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, Inc. (Foundation), Phoebe Putney Health Ventures, Inc. (Health Ventures), Phoebe Physician Group, Inc. (PPG), Phoebe Putney Indemnity, Ltd., Phoebe Sumter Medical Center, Inc. (PSMC) and Phoebe Worth Medical Center, Inc. (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.

Phoebe Putney Health System, Inc. 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

|   |  |
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| Name of the organization<br>Phoebe Putney Health System, Inc. | Employer identification number<br>58-2001014 |
|---|--|

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 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. PPHS often works 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. PPHS'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

|   |  |
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| Name of the organization<br>Phoebe Putney Health System, Inc. | Employer identification number<br>58-2001014 |
|---|--|

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.

As Southwest Georgia's leading provider of cost-effective, patient-centered health care, PPHS's 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 (computed by applying a total cost factor to charges foregone) incurred by the organizations due to inadequate payments by these programs and for indigent/charity. This table does not include discounts offered by the organizations under managed care and other agreements:

|                  | Charges Foregone | Estimated Unreimbursed Cost |
|------------------|------------------|-----------------------------|
| Medicare         | \$ 827,000,000   | \$ 253,000,000              |
| Medicaid         | 310,000,000      | 95,000,000                  |
| Indigent/charity | 85,000,000       | 26,000,000                  |
|                  | \$ 1,222,000,000 | \$ 374,000,000              |

The following is a summary of the community benefit activities and health improvement services offered by the hospitals and illustrates the activities and donations during fiscal year 2020.

Name of the organization

Employer identification number

Phoebe Putney Health System, Inc.

58-2001014

## I. Community Health Improvement Services

## A. Community Health Education

PPHS's affiliated hospitals provided health education services that reached 12,569 individuals in 2020 at a cost of \$330,177. These services included the following free classes and seminars:

- 8th Grade Wellness Events
- CPR Training
- Safe Sitter Classes
- School-based Opioid Prevention Program
- Asthma and Epi-Pen Education
- Safe Sleep Education
- COVID-19 Press Conferences and Updates to the Community

## COVID-19 Updates to the Media and Community

The Phoebe Command Center provided daily updates of confirmed COVID cases and hospitalizations through the media and on Phoebe's website. In addition, Phoebe physicians and administrative staff attended city and county press conferences to provide updates to the community at large. Physicians and executive staff provided numerous interviews to major news outlets such as ABC, NBC, CNN and others. The estimated cost to Phoebe was \$33,387.

## Men's and Women's Health Conferences

PPMH hosted its annual Women's conference in October of 2019. There were 421 attendees at a cost of \$12,600. The Men's conference, due to COVID-19 restrictions, was held at an outside venue with approximately 370 in attendance at a cost of \$12,600.

|                                   |                                |
|-----------------------------------|--------------------------------|
| Name of the organization          | Employer identification number |
| Phoebe Putney Health System, Inc. | 58-2001014                     |

Due to the COVID-19 pandemic, many of PSMC's annual community health education programs were cancelled. However, PSMC did host the following events:

| Event                                    | Date      | Number of Participants |
|--|-----------|------------------------|
| GSW Resource Fair for New Students       | 8/16/2019 | 150                    |
| Wellness Class at St Paul AME            | 8/21/2019 | 15                     |
| Men's Health Fair                        | 9/14/2019 | 150                    |
| Prostate Cancer Awareness Walk           | 9/21/2019 | 25                     |
| Americus & Sumter County Fair            | 9/25/2019 | 150                    |
| Plains Community Fair                    | 11/2/2019 | 200                    |
| Macon County Health Fair                 | 11/9/2019 | 200                    |
| Sumter County Gov't Employee Health Fair | 1/31/2020 | 100                    |
| Heart Walk/Run                           | 2/8/2020  | 75                     |
| Sumter EMC Health Fair                   | 3/12/2020 | 100                    |
| Total                                    | 10        | 1,165                  |

PWMC incurred expenses of approximately \$2,800 offering health screenings and education on health and wellness topics at various community events including church gatherings, health fairs for county employees, new school system employee orientations, etc. in 2020. Expenses for these services are nominal but serve an important role within the community of Worth County.

#### Network of Trust

This is a nationally recognized program aimed at teen mothers to provide parenting skills, attempt to reduce repeat pregnancies, and complete high

|                                   |                                |
|-----------------------------------|--------------------------------|
| Name of the organization          | Employer identification number |
| Phoebe Putney Health System, Inc. | 58-2001014                     |

school. This program also includes a teen father program along with other teenaged children programs. Internal evaluations show teens participating in the program are less likely to repeat a pregnancy prior to graduation. Network of Trust enrolled 50 teen parents during the 2019/2020 school year at a cost of \$268,790. Project results demonstrate teens that graduated from the two-semester program are less likely to have a second pregnancy prior to age 21. 24 of the 28 Network of Trust seniors graduated. In addition, Network of Trust and the school nurse program provided health fairs to children at various public schools with 504 students participating and an additional 5,711 students participating in the Opioid Prevention Project.

#### B. Community Based Clinical Services

##### Flu Shots

PPHS provides free flu shots to volunteers and students. In 2020, PPHS administered 414 flu shots at an unreimbursed cost of \$8,600.

##### Mammography

PPMH provided 100 mammograms to the uninsured in 2020 at a cost of \$14,000.

##### School Nurse Program

PPMH and PSMC provide nurses in elementary schools and middle schools, and seven high schools in Dougherty with a goal of creating access to care for students, assessing the health care status of each population represented and effectively establishing referrals for all health care needs. Nurses also conducted the various school based health fairs throughout the school year. During the 2019/2020 school year, the school nurse program covered



|                                   |                                |
|-----------------------------------|--------------------------------|
| Name of the organization          | Employer identification number |
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13,000 lives. These programs operated at a loss of \$376,371 in 2020.

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C. Health Care Support Services

COVID-19 Nurse Hotline

In response to an unprecedented early surge of COVID-19 cases in our community, PPMH added a Nurse Hotline. Summary documents show approximately 4,000 fielded calls covering 1,720 hours of nurse time during the surge. The cost to the organization was \$81,748.

Government Sponsored Eligibility Applications to the Poor and Needy

Phoebe contracts for eligibility 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 2020 PPHS paid \$781,419 to process these applications.

- Financial Assistance Policy (FAP)

PPHS Hospital Facilities will extend free or discounted care to eligible individuals for all urgent, emergent, or otherwise medically necessary services. Patients whose household income is at or below 125% of the Federal Poverty Guidelines are eligible for free care. Patients whose household income is between 126% and 400% of the Federal Poverty Guidelines qualify for discounted charges based on a sliding fee schedule in the FAP. Phoebe will not charge eligible individuals more for emergency or other medically necessary care than the Amount Generally Billed (AGB) to individuals who have insurance coverage, and is compliant with the requirements for a not-for-profit charitable corporation in accordance with Internal Revenue Service Regulation §1.501(r).

|   |  |
|---|--|
| Name of the organization<br>Phoebe Putney Health System, Inc. | Employer identification number<br>58-2001014 |
|---|--|

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II. Health Professions Education

The organization recognizes that to continuously improve PPHS's long-term value to our community and our customers, to encourage life-long learning among employees and to achieve a world-class employer status, it is in the organization's best interest to provide opportunities that will assist eligible employees in pursuing formal, healthcare related educational opportunities. The organization also provides non-employees financial support in pursuing healthcare related degrees. In fiscal year 2020, PPHS provided \$841,758 in clinical supervision and training of 385 nursing students, and an additional \$668,439 in clinical supervision and training to pharmacy, pharmacy techs and other allied health professionals. In all, 617 students received clinical instruction from one of our facilities at a total cost of \$1,510,197.

III. Subsidized Health Services

A. Other Subsidized Services

Inmate Care

PPHS provides care to persons in jail for Dougherty County. In 2020 PPHS provided \$257,140 of unreimbursed medical and drug treatment to 211 inmates.

Indigent Drug Pharmacy

Indigent Drug Pharmacy provides medication upon discharge to patients that are either indigent or uninsured. In 2020, the pharmacy filled 4,499 prescriptions at a cost of \$154,269.

|                                   |                                |
|-----------------------------------|--------------------------------|
| Name of the organization          | Employer identification number |
| Phoebe Putney Health System, Inc. | 58-2001014                     |

#### IV. Clinical Research

PPMH participated with the Mayo Clinic in Rochester, MN and the American Red Cross to study whether the blood of recovered COVID-19 patients may help other patients survive the illness. The study was named Expanded Access Program (EAP) Convalescent Plasma for the Treatment of Patients with COVID-19. PPMH began this program on April 9, 2020. The American Red Cross provided the plasma of former COVID-19 patients at no charge. PPMH administered the plasma to 77 participants in the trial at no charge to the participant. The total estimated unreimbursed cost to participate in the study was \$129,312. Two research papers: COVID demographics in Rural SOWEGA and Journal of Hypertension ACE ARB in African Americans were published with estimated staff time cost at \$5,893.

#### V. Financial and In-Kind Support

In 2020, PPHS provided \$445,566 in cash donations and in-kind support to non-profit organizations in Southwest Georgia. Listed are some highlights:

- The Horizons Community Health Solutions received \$151,252 for staff support and various projects centered on prevention, screening and early detection.
- In-kind support of Foregone Rent to non-profit organizations at an estimated cost of \$96,165.
- Georgia Southwestern State University received \$50,000 to support the nursing program.
- Gave \$2,500 to The Boys and Girls Club.
- PWMC gave \$45,619 to the Worth County Health Department for chronic disease management.

|                                   |                                |
|-----------------------------------|--------------------------------|
| Name of the organization          | Employer identification number |
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- PPMH donated land, volunteer manpower, and infrastructure support to design and construct a community garden near the hospital on 5th avenue. The non-profit Flint River Fresh will operate the day to day activities. This was at a cost of \$15,326.

## VI. Community Building Activities

### A. Economic Development

PPHS supports the Economic Development Commission of Dougherty County with funding to support improved employment and health coverage as a way to improve the overall health of the residents of the region.

## VII. Community Benefit Obligations

PPHS incurred \$192,221 to support staff and community health needs assessment costs that included the renewal of Healthy Communities Institute's dashboard feature on our website:

<http://www.phoebehealth.com/health-matters/building-healthy-communities>

| Summary                                     | 2020       |
|---|------------|
| Community Health Improvement Services:      |            |
| Community Health Education                  | \$ 330,177 |
| Community Based Clinical Services           | 398,971    |
| Healthcare Support Services                 | 863,167    |
| Total community health improvement services | 1,592,315  |
| Health Professions Education:               |            |
| Nurses/nursing students                     | 841,758    |

|                                   |                                |
|-----------------------------------|--------------------------------|
| Name of the organization          | Employer identification number |
| Phoebe Putney Health System, Inc. | 58-2001014                     |

|                                     |           |
|-------------------------------------|-----------|
| Other health professional education | 668,439   |
| Total health professional education | 1,510,197 |

Subsidized Health Services:

|                                  |         |
|----------------------------------|---------|
| Other subsidized health services | 411,409 |
| Total subsidized health services | 411,409 |

Clinical Research:

|                              |         |
|------------------------------|---------|
| Clinical research activities | 135,205 |
| Total clinical research      | 135,205 |

Financial and In-Kind Support:

|                                     |         |
|-------------------------------------|---------|
| Cash donations                      | 334,075 |
| In-kind donations                   | 111,491 |
| Total financial and in-kind support | 445,566 |

Community Benefit Obligations:

|                                     |         |
|-------------------------------------|---------|
| Dedicated staff and other resources | 192,221 |
| Total community benefit obligations | 192,221 |

Other:

|   |             |
|---|-------------|
| Traditional charity care - estimated unreimbursed cost of charity services          | 26,000,000  |
| Unpaid cost of Medicare services - estimated unreimbursed cost of Medicare services | 253,000,000 |
| Unpaid cost of Medicaid services - estimated unreimbursed cost of Medicaid services | 95,000,000  |

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| Name of the organization<br>Phoebe Putney Health System, Inc. | Employer identification number<br>58-2001014 |
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Total other 374,000,000  
 Total summary \$ 378,286,913



This report has been prepared in accordance with the community benefit reporting guidelines established by Catholic Health Association (CHA) and VHA. The Internal Revenue Services' requirements for reporting community benefits are different than the guidelines under which this report has been prepared.

Form 990, Part V - Additional Information  
 Line 4b - Financial Accounts in Foreign Countries  
 PPHS board of directors relies on its Health System Board Investment Committee, independent investment advisor, PPHS board approved investment policy statement, and regular Investment Committee meetings to manage and maintain a well-diversified investment fund portfolio which includes U.S. Equities, Global non-US Equities, Emerging Markets, Hedge Funds, Real Assets, Opportunistic, Fixed Income, and Cash and Equivalents. These PPHS investment accounts have long term strategies, goals and objectives and are related to specific healthcare related purposes including Defined Pension liabilities for employees, Malpractice Insurance liabilities and Hospital designated funds for future capital replacement of facilities and equipment as they wear out and need to be updated. Much like a retirement 401K or 403B account for an individual that accesses mutual funds that are well diversified, it is common for Funds, Fund managers and/or Specific Investments to be in United States jurisdictions or foreign jurisdictions in order to accomplish a greater investment risk diversification.

|   |  |
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| Name of the organization<br>Phoebe Putney Health System, Inc. | Employer identification number<br>58-2001014 |
|---|--|

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries

Cayman Islands, Bermuda, Ireland, Canada

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 complete copy of the return with applicable schedules to be reviewed by management. Management performs a detailed review which consists of reviewing the financial data, the narratives disclosed, and other facts presented on the return. 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 of the final version is provided to all members of the governing body prior to filing with the Internal Revenue Service.

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

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| Name of the organization<br>Phoebe Putney Health System, Inc. | Employer identification number<br>58-2001014 |
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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



|   |  |
|---|--|
| Name of the organization<br>Phoebe Putney Health System, Inc. | Employer identification number<br>58-2001014 |
|---|--|

present when the committee discusses and establishes his compensation.

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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 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

|   |  |
|---|--|
| Name of the organization<br>Phoebe Putney Health System, Inc. | Employer identification number<br>58-2001014 |
|---|--|

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.

Form 990, Part XII, Line 3b - Reason for Not Undergoing Required Audit  
Considering PPHS and its subsidiaries during fiscal year 2020, Federal awards expended exceeded the \$750,000 threshold requiring a Single Audit (previously known as the OMB Circular A-133 audit). The substantial portion of these Federal expenditures related to the funding associated with the "Coronavirus Aid, Relief, and Economic Security Act" (CARES Act). Typically, the Single Audit due date would be nine months from the end of the fiscal year being reported on (April 30, 2021). However, the deadline to submit the required Single Audit has been extended by the Office of Management and Budget (OMB) to include an additional six months beyond the original nine-month period (November 1, 2021). As such, PPHS has not undergone the Single Audit associated with its fiscal year 2020, but arrangements have been made to undergo this Single Audit and to ensure its completion prior to the extended deadline.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

u Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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" on Form 990, Part IV, line 33.

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

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) Phoebe Putney Memorial Hospital Inc<br>P.O. Box 3770 58-1928247<br>Albany GA 31706-3770       | Healthcare              | GA   | 501C3                      | 3   | PPHS                             | X  |    |
| (2) Phoebe Foundation, Inc.<br>P.O. Box 3770 58-1847104<br>Albany GA 31706-3770                   | Foundation              | GA   | 501C3                      | 12a   | PPHS                             | X  |    |
| (3) Phoebe Sumter Medical Center, Inc.<br>126 Highway 280 W. 26-3975185<br>Americus GA 31719-8645 | Healthcare              | GA   | 501C3                      | 3   | PPHS                             | X  |    |
| (4) Phoebe Worth Medical Center, Inc.<br>P.O. Box 545 38-3647394<br>Sylvester GA 31791-0545       | Healthcare              | GA   | 501C3                      | 3   | PPHS                             | X  |    |
| (5) Phoebe Physician Group, Inc.<br>P.O. Box 3770 26-3792403<br>Albany GA 31706-3770              | Healthcare              | GA   | 501C3                      | 10  | PPHS                             | X  |    |

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

Schedule R (Form 990) 2019

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

u Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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" on Form 990, Part IV, line 33.

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

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) South Georgia Shared Services, Inc.<br>417 West Third Avenue 46-2746977<br>Albany GA 31701-1943 | Cooperativ              | GA   | 501C3                      | 3   | PPHS                             | X  |    |
| (2) Phoebe Dorminy Medical Center, Inc.<br>P.O. Box 3770 45-2041878<br>Albany GA 31706-3770         | Healthcare              | GA   | 501C3                      | 3   | PPHS                             | X  |    |
| (3)   |                         |  |                            |   |                                  |  |    |
| (4)   |                         |  |                            |   |                                  |  |    |
| (5)   |                         |  |                            |   |                                  |  |    |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate alloc.? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|---------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                             | No |  | Yes                                 | No |                             |
| (1)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (2)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (3)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (4)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) Phoebe Putney Health Ventures, Inc.<br>P.O. Box 3770<br>Albany GA 31706-3770<br>58-1963401                  | Healthcare              | GA   | PPHS                             | C  | -46,360                      | 11,320,737                         | 100.000000                  | X  |    |
| (2) Phoebe Putney Indemnity Ltd<br>113 S Church St 5th Fl Queensgate<br>Grand Cayman, CJ KY1-1102<br>98-1492026 | Self Insur              | CJ   | PPHS                             | C  | 1,860,610                    | 104,612,827                        | 100.000000                  | X  |    |
| (3)<br>.....  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)<br>.....  |                         |  |                                  |  |                              |                                    |                             |  |    |

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

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

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

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

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

| (a)<br>Name of related organization     | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) All Entities                        | d                             | 76,173,104             | General Ledger                               |
| (2) Phoebe Putney Memorial Hospital Inc | j                             | 747,547                | General Ledger                               |
| (3) Phoebe Physicians Group, Inc        | j                             | 1,590,386              | General Ledger                               |
| (4) Phoebe Putney Health Ventures       | j                             | 24,108                 | General Ledger                               |
| (5) All Entities                        | l                             | 30,738,871             | General Ledger                               |
| (6) All Entities                        | o                             |                        | Value Undetermined                           |

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

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

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

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

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

| (a)<br>Name of related organization     | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) Phoebe Physicians Group, Inc        | r                             | 93,000,000             | General Ledger                               |
| (2) Phoebe Putney Health Ventures       | s                             | 63,647                 | General Ledger                               |
| (3) Phoebe Putney Indemnity, Ltd        | r                             | 13,919,920             | General Ledger                               |
| (4) Phoebe Putney Memorial Hospital Inc | s                             | 131,529,980            | General Ledger                               |
| (5) All Entities                        | m                             |                        | Value Undetermined                           |
| (6)                                     |                               |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)<br>.....                           |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)<br>.....                           |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |



**Part VII**

**Supplemental Information.**

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

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