

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

2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 08/01/13, and ending 07/31/14

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

C Name of organization: Phoebe Putney Memorial Hospital, Inc.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address): P.O. Box 3770
 City or town, state or province, country, and ZIP or foreign postal code: Albany GA 31706-3770

D Employer identification number: 58-1928247

E Telephone number: 229-312-1000

F Name and address of principal officer:
Joel Wernick, CEO
P.O. Box 3770
Albany GA 31706-3770

G Gross receipts \$: 488,742,247

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: www.phoebeputney.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1990

M State of legal domicile: GA

Part I Summary

| | | | |
|---|---|--|--------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>To deliver superior health care services that improves the health and wellness of the people and communities we serve.</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | <u>13</u> | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | <u>12</u> | |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) | <u>3890</u> | |
| | 6 Total number of volunteers (estimate if necessary) | <u>643</u> | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | <u>905,147</u> | |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | <u>-146,692</u> | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | <u>5,090,002</u> | <u>3,384,887</u> |
| | 9 Program service revenue (Part VIII, line 2g) | <u>496,274,330</u> | <u>467,838,529</u> |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u>2,389,138</u> | <u>690,359</u> |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u>13,767,304</u> | <u>15,862,148</u> |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u>517,520,774</u> | <u>487,775,923</u> |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u>180,334</u> |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | <u>0</u> |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | <u>237,163,772</u> | <u>202,802,544</u> |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | <u>0</u> |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | <u>0</u> | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | <u>338,220,304</u> | <u>302,275,077</u> |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | <u>575,564,410</u> | <u>505,961,918</u> |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | <u>-58,043,636</u> | <u>-18,185,995</u> |
| Net Assets or Fund Balances | | 20 Total assets (Part X, line 16) | <u>626,679,567</u> |
| | 21 Total liabilities (Part X, line 26) | <u>463,041,830</u> | <u>440,654,616</u> |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | <u>163,637,737</u> | <u>176,864,451</u> |

Part II Signature Block

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

Sign Here Signature of officer: Kerry Loudermilk Date: _____
 Type or print name and title: PPHS CFO

Paid Preparer Use Only Print/Type preparer's name: Jeffrey S. Wright Preparer's signature: Jeffrey S. Wright Date: 5/18/15 Check if self-employed PTIN: P00226270
 Firm's name: Draffin & Tucker Firm's EIN: 58-0914992
 Firm's address: PO Box 71309 Albany, GA 31708-1309 Phone no.: 229-883-7878

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

FOR PUBLIC INSPECTION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
To deliver superior health care services that improves the health and wellness of the people and communities we serve.

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 \$ 377,989,682 including grants of\$ 884,297) (Revenue \$ 473,885,938)
Phoebe Putney Memorial Hospital is a 522-bed acute care hospital, with patient days of 117,425 in the current year. Intensive care, neonatal intensive care, nursery, rehab, and psychiatry services are included in the services provided. The hospital also operates a home health agency and a 12 bed hospice. Other: 20,195 inpatient admissions, 12,630 surgeries, 2,494 births, 103,094 emergency visits, and 800,990 clinic visits. See Schedule H, Part VI, Additional Information, which includes detailed discussions on all charitable and community activities of the hospital.

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

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

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

4e Total program service expenses 377,989,682

FOR PUBLIC INSPECTION

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|---|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | X | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (GA); 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: (Kerry Loudermilk, CFO, P.O. Box 3770).

Albany

GA 31706-3770 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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Joel Wernick CEO/PRES/BRD MEMBER | 25.00 30.00 | X | | X | | | | 0 | 796,528 | 1,003,659 |
| (2) Sally Whatley, PH.D. Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (3) John Culbreath Chairman | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (4) Bernard P. Scoggins, M.D. Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) Mary Helen Dykes Vice Chairman | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (6) Hasan Rizvi, M.D. Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) Steve E. Kitchen Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) Kimberly Fields, Ph.D. Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) Ron Wallace Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (10) Mark Lane Board Member | 1.00 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) Tim Dill Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) Clay Banks | 1.00 | | | | | | | | | |
| Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (13) Karen Iler | 1.00 | | | | | | | | | |
| Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (14) Lemuel Edwards | 1.00 | | | | | | | | | |
| Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (15) John Vance, M.D. | 1.00 | | | | | | | | | |
| Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (16) Joe Austin | 25.00 | | | | | | | | | |
| SVP/COO | 28.00 | | | X | | | 0 | 476,321 | 115,289 | |
| (17) Kerry Loudermilk | 25.00 | | | | | | | | | |
| SVP/CFO | 30.00 | | | X | | | 0 | 468,743 | 141,437 | |
| (18) Thomas Chambless | 25.00 | | | | | | | | | |
| SVP General Counsel | 25.00 | | | | X | | 0 | 425,885 | 5,175 | |
| (19) Doug Patten | 25.00 | | | | | | | | | |
| SVP CMO | 26.00 | | | | X | | 0 | 377,270 | 115,079 | |
| 1b Sub-total | | | | | | | | 2,544,747 | 1,380,639 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 1,386,772 | 488,545 | 380,236 | |
| d Total (add lines 1b and 1c) | | | | | | | 1,386,772 | 3,033,292 | 1,760,875 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **147**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---|---------------------|
| Accountable Healthcare Dallas TX 75320-3820 | P.O. Box 203820 Staffing | 1,308,444 |
| Dougherty Emergency Group Lafayette LA 70598-2368 | P.O. Box 82368 ER Management | 1,025,244 |
| Palmyra Emergency Group Dallas TX 75373-1587 | P.O. Box 731587 ER Management | 856,625 |
| Global Healthcare Exchange Denver CO 80291-2199 | P.O. Box 912199 Consulting | 781,503 |
| SOWEGA Anesthesia Albany GA 31721-1947 | 2003 Regalwood Drive Anesthesia Srvc | 755,047 |

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 **3**

FOR PUBLIC INSPECTION

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) Laura Shearer SVP CNO | 50.00 0.00 | | | | X | | | 273,370 | 0 | 71,412 |
| (13) David Baranski SVP HR | 50.00 0.00 | | | | X | | | 0 | 267,002 | 123,038 |
| (14) Thomas Sullivan VP Strategic Plan | 50.00 0.00 | | | | X | | | 0 | 221,543 | 87,616 |
| (15) Doug Calhoun Chief MIO | 50.00 0.00 | | | | | X | | 287,415 | 0 | 19,162 |
| (16) Bipin Agarwal Chief Physicist | 50.00 0.00 | | | | | X | | 233,999 | 0 | 24,425 |
| (17) Sam Peavy RN/Home Care | 50.00 0.00 | | | | | X | | 199,915 | 0 | 14,764 |
| (18) Rodolph Gilmore Pharmacist | 50.00 0.00 | | | | | X | | 198,062 | 0 | 27,207 |
| (19) Paul Pfeifer Corp Dir of Pharm Sv | 50.00 0.00 | | | | | X | | 194,011 | 0 | 12,612 |
| 1b Sub-total | | | | | | | | 1,386,772 | 488,545 | 380,236 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

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

Section B. Independent Contractors

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

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

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

FOR PUBLIC INSPECTION

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | | | | | |
| | b Membership dues | | | | | |
| | c Fundraising events | | | | | |
| | d Related organizations | 295,313 | | | | |
| | e Government grants (contributions) | 2,909,257 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 180,317 | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f | | 3,384,887 | | | |
| Program Service Revenue | | Busn. Code | | | | |
| | 2a Patient Service Revenue | 623000 | 466,933,382 | 466,933,382 | | |
| | b Laundry Services | 812300 | 592,085 | 592,085 | | |
| | c Retail Sales | 561499 | 192,362 | 192,362 | | |
| | d Reference Lab | 621500 | 120,700 | 120,700 | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 467,838,529 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 690,359 | | 690,359 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | 2,428,512 | | | |
| | | (ii) Personal | | | | |
| | b Less: rental exps. | 507,560 | | | | |
| | c Rental inc. or (loss) | 1,920,952 | | | | |
| | d Net rental income or (loss) | | 1,920,952 | | 1,920,952 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | b Less: cost or other basis & sales exps. | | | | | |
| | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | b Less: direct expenses | b | | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | 551,584 | | | | |
| | b Less: cost of goods sold | b | 458,764 | | | |
| c Net income or (loss) from sales of inventory | | 92,820 | | 92,820 | | |
| Miscellaneous Revenue | Busn. Code | | | | | |
| 11a Employee Revenue | 621990 | 3,987,640 | | 3,987,640 | | |
| b Electronic Health Records | 621990 | 3,793,763 | 3,793,763 | | | |
| c Cafeteria Sales | 722514 | 2,067,484 | | 2,067,484 | | |
| d All other revenue | 621990 | 3,999,489 | 3,158,793 | 840,696 | | |
| e Total. Add lines 11a-11d | | 13,848,376 | | | | |
| 12 Total revenue. See instructions. | | 487,775,923 | 473,885,938 | 905,147 | 9,599,951 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 764,776 | 764,776 | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 119,521 | 119,521 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 344,782 | | 344,782 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 153,461,781 | 136,037,627 | 17,424,154 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 11,891,841 | 10,540,524 | 1,351,317 | |
| 9 Other employee benefits | 25,969,127 | 23,018,509 | 2,950,618 | |
| 10 Payroll taxes | 11,135,013 | 9,869,698 | 1,265,315 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 12,036,823 | 4,415,893 | 7,620,930 | |
| b Legal | 3,281,858 | | 3,281,858 | |
| c Accounting | 155,530 | | 155,530 | |
| d Lobbying | 151,219 | 151,219 | | |
| e Professional fundraising services. See Part IV, line 7 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 58,913,140 | 42,471,604 | 16,441,536 | |
| 12 Advertising and promotion | 522,524 | 446,194 | 76,330 | |
| 13 Office expenses | 69,160,346 | 66,685,364 | 2,474,982 | |
| 14 Information technology | 8,120,476 | 803,914 | 7,316,562 | |
| 15 Royalties | | | | |
| 16 Occupancy | 8,783,195 | 7,162,675 | 1,620,520 | |
| 17 Travel | 1,400,910 | 1,204,587 | 196,323 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 7,322,538 | | 7,322,538 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 36,748,232 | 29,968,183 | 6,780,049 | |
| 23 Insurance | 7,441,979 | 737,685 | 6,704,294 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Clinic Loss (See Sch O) | 40,527,593 | | 40,527,593 | |
| b Medical Supplies | 28,158,775 | 28,158,775 | | |
| c Repairs & Maintenance | 8,243,599 | 7,262,497 | 981,102 | |
| d Provider Tax | 7,083,445 | 7,083,445 | | |
| e All other expenses | 4,222,895 | 1,086,992 | 3,135,903 | |
| 25 Total functional expenses. Add lines 1 through 24e | 505,961,918 | 377,989,682 | 127,972,236 | 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 SheetCheck if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|---|-----------------|--------------------|-------------|
| Assets | 1 | Cash—non-interest bearing | 11,849 | 1 | 11,249 |
| | 2 | Savings and temporary cash investments | 51,585,720 | 2 | 69,602,052 |
| | 3 | Pledges and grants receivable, net | 693,936 | 3 | 53,856 |
| | 4 | Accounts receivable, net | 105,475,197 | 4 | 94,774,919 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | 888 |
| | 8 | Inventories for sale or use | 11,454,189 | 8 | 10,538,133 |
| | 9 | Prepaid expenses and deferred charges | 10,899,029 | 9 | 9,272,592 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 670,819,391 | | |
| | b | Less: accumulated depreciation | 10b 380,904,036 | | |
| | | | 313,040,999 | 10c | 289,915,355 |
| | 11 | Investments—publicly traded securities | 3,006,854 | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 124,991,769 | 14 | 124,991,769 |
| 15 | Other assets. See Part IV, line 11 | 5,520,025 | 15 | 18,358,254 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 626,679,567 | 16 | 617,519,067 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 44,076,064 | 17 | 41,163,068 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | 309,017,020 | 20 | 303,593,467 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 109,948,746 | 25 | 95,898,081 |
| | 26 | Total liabilities. Add lines 17 through 25 | 463,041,830 | 26 | 440,654,616 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 157,360,441 | 27 | 167,626,210 |
| | 28 | Temporarily restricted net assets | 4,496,165 | 28 | 7,274,971 |
| | 29 | Permanently restricted net assets | 1,781,131 | 29 | 1,963,270 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 163,637,737 | 33 | 176,864,451 | |
| 34 | Total liabilities and net assets/fund balances | 626,679,567 | 34 | 617,519,067 | |

Form 990 (2013)

FOR PUBLIC INSPECTION

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 487,775,923 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 505,961,918 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -18,185,995 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 163,637,737 |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,292,759 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 32,705,468 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 176,864,451 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Phoebe Putney Memorial Hospital, Inc.** Employer identification number **58-1928247**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

FOR PUBLIC INSPECTION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |

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

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | % |

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

FOR PUBLIC INSPECTION

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests—2013. 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—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

FOR PUBLIC INSPECTION

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2013

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

| | |
|--|---|
| Name of organization Phoebe Putney Memorial Hospital, Inc. | Employer identification number 58-1928247 |
|--|---|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2013

FOR PUBLIC INSPECTION

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

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

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

| | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|-----------------------------|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| 1b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| 1c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| 1d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| 1e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| 1f 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. | | | | | | | | | | | | | |
| 1g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| 1h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| 1i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

FOR PUBLIC INSPECTION

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|--|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 151,218 |
| j Total. Add lines 1c through 1i | | | 151,218 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1

Part II-B, Line 1i

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 total amount paid to consultants in 2014 was \$135,829.

The organization pays membership dues to a national healthcare organization. A portion of those dues is allocated to lobbying activities in which the national healthcare organization participate. The total amount paid for membership dues in 2014 was \$15,389.

FOR PUBLIC INSPECTION

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: Phoebe Putney Memorial Hospital, Inc. Employer identification number: 58-1928247

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

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Form for Part II containing questions 1-9 regarding conservation easements, including a table for lines 2a-2d.

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

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

Form for Part III containing questions 1a, 1b, and 2 regarding collections of art and historical treasures.



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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 6,648,542 | 6,980,915 | 6,557,010 | 5,844,642 | 11,840,494 |
| b Contributions | 2,960,945 | 200,033 | 418,489 | 711,113 | 73,502 |
| c Net investment earnings, gains, and losses | 1,861 | 5,076 | 5,415 | 1,255 | 8,976 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | 537,482 | | | 6,078,330 |
| f Administrative expenses | | | | | |
| g End of year balance | 9,611,348 | 6,648,542 | 6,980,915 | 6,557,010 | 5,844,642 |

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

- a** Board designated or quasi-endowment ▶ 4.00 %
- b** Permanent endowment ▶ 20.00 %
- c** Temporarily restricted endowment ▶ 76.00 %

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

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

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

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" to 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" to 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 | | 13,145,697 | | 13,145,697 |
| b Buildings | | 340,486,582 | 138,222,712 | 202,263,870 |
| c Leasehold improvements | | | | |
| d Equipment | | 310,059,800 | 242,681,324 | 67,378,476 |
| e Other | | 7,127,312 | | 7,127,312 |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 289,915,355

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) Accrued Pension Cost | 68,031,420 |
| (3) Related party payables | 19,778,682 |
| (4) Interest Rate Swaps | 8,087,979 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 95,898,081 |

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 487,449,488 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | -1,292,759 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 966,324 |
| e | Add lines 2a through 2d | 2e | -326,435 |
| 3 | Subtract line 2e from line 1 | 3 | 487,775,923 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 487,775,923 |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 506,928,242 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 966,324 |
| e | Add lines 2a through 2d | 2e | 966,324 |
| 3 | Subtract line 2e from line 1 | 3 | 505,961,918 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 505,961,918 |

Part XIII Supplemental Information

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

Part V, Line 4 - Intended Uses for Endowment Funds

The intended use of the funds is to further the organization's tax-exempt purpose.

Part X - FIN 48 Footnote

The Corporation is a not-for-profit corporation that has been recognized as tax-exempt pursuant to Section 501(c)3 of the Internal Revenue Code.

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

Part XIII Supplemental Information (continued)

income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses. Based on the results of management's evaluation, no liability is recognized in the accompanying balance sheet for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of July 31, 2014 and 2013 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.

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

| | |
|-----------------|------------|
| Gift Shop COGS | \$ 458,764 |
| Rental Expenses | \$ 507,560 |

Part XII, Line 2d - Expense Amounts Included in Financials - Other

| | |
|-----------------|------------|
| Gift Shop COGS | \$ 458,764 |
| Rental Expenses | \$ 507,560 |

FOR PUBLIC INSPECTION

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Phoebe Putney Memorial Hospital,
Inc.

Employer identification number

58-1928247

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | <input checked="" type="checkbox"/> | |
| b If "Yes," was it a written policy? | <input checked="" type="checkbox"/> | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125</u> % | <input checked="" type="checkbox"/> | |
| b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____% | <input checked="" type="checkbox"/> | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | <input checked="" type="checkbox"/> | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | <input checked="" type="checkbox"/> | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | | <input checked="" type="checkbox"/> |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | |
| 6a Did the organization prepare a community benefit report during the tax year? | <input checked="" type="checkbox"/> | |
| b If "Yes," did the organization make it available to the public? | <input checked="" type="checkbox"/> | |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 22,808,982 | | 22,808,982 | 4.50 |
| b Medicaid (from Worksheet 3, column a) | | 29,800 | 55,708,173 | 42,969,161 | 12,739,012 | 2.51 |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | 35,926 | 35,268,649 | 29,913,863 | 5,354,786 | 1.06 |
| d Total Financial Assistance and Means-Tested Government Programs | | 65,726 | 113,785,804 | 72,883,024 | 40,902,780 | 8.07 |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | 113,824 | 3,297,932 | 397,754 | 2,900,178 | 0.57 |
| f Health professions education (from Worksheet 5) | | 608 | 5,308,242 | 2,048,892 | 3,259,350 | 0.64 |
| g Subsidized health services (from Worksheet 6) | | | 18,778,610 | | 18,778,610 | 3.70 |
| h Research (from Worksheet 7) | | | 756,752 | 73,664 | 683,088 | 0.13 |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 210,746 | | 210,746 | 0.04 |
| j Total Other Benefits | | 114,432 | 28,352,282 | 2,520,310 | 25,831,972 | 5.08 |
| k Total. Add lines 7d and 7j | | 180,158 | 142,138,086 | 75,403,334 | 66,734,752 | 13.15 |

FOR PUBLIC INSPECTION

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | 100,000 | | 100,000 | 0.02 |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | 16,500 | | 16,500 | 0.00 |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | 116,500 | | 116,500 | 0.02 |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | Yes | No |
|--|-----|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 | X | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 | | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 | | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | |

Section B. Medicare

| | | |
|--|----------|-------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 158,128,635 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 216,229,485 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -58,100,850 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
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| 5 | | | | |
| 6 | | | | |
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| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number

1 **Phoebe Putney Memorial Hospital Inc**

P.O. Box 3770
Albany GA 31706-3770
www.phoebeputney.com
047-682

| Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| X | X | | X | | | X | | HHA, Hospice | |
| | | | | | | | | | |
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FOR PUBLIC INSPECTION

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group Phoebe Putney Memorial Hospital Inc

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9

| | Yes | No |
|----------|-----|----|
| 1 | X | |

If "Yes," indicate what the CHNA report describes (check all that apply):

- a** A definition of the community served by the hospital facility
- b** Demographics of the community
- c** Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d** How data was obtained
- e** The health needs of the community
- f** Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g** The process for identifying and prioritizing community health needs and services to meet the community health needs
- h** The process for consulting with persons representing the community's interests
- i** Information gaps that limit the hospital facility's ability to assess the community's health needs
- j** Other (describe in Section C)

2 Indicate the tax year the hospital facility last conducted a CHNA: 20 13

3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

| | | |
|----------|---|--|
| 3 | X | |
|----------|---|--|

4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

| | | |
|----------|--|---|
| 4 | | X |
|----------|--|---|

5 Did the hospital facility make its CHNA report widely available to the public?

| | | |
|----------|---|--|
| 5 | X | |
|----------|---|--|

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

- a** Hospital facility's website (list url): www.phoebeputney.com
- b** Other website (list url): _____
- c** Available upon request from the hospital facility
- d** Other (describe in Section C)

6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):

- a** Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA
- b** Execution of the implementation strategy
- c** Participation in the development of a community-wide plan
- d** Participation in the execution of a community-wide plan
- e** Inclusion of a community benefit section in operational plans
- f** Adoption of a budget for provision of services that address the needs identified in the CHNA
- g** Prioritization of health needs in its community
- h** Prioritization of services that the hospital facility will undertake to meet health needs in its community
- i** Other (describe in Section C)

7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs

| | | |
|----------|---|--|
| 7 | X | |
|----------|---|--|

8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?

| | | |
|-----------|--|---|
| 8a | | X |
|-----------|--|---|

b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?

| | | |
|-----------|--|--|
| 8b | | |
|-----------|--|--|

c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

| | | |
|--|--|--|
| | | |
|--|--|--|

Part V Facility Information (continued)

| Financial Assistance Policy | | Yes | No |
|---|--|-------------------------------------|-------------------------------------|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 9 | Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? | <input checked="" type="checkbox"/> | |
| 10 | Used federal poverty guidelines (FPG) to determine eligibility for providing free care? | <input checked="" type="checkbox"/> | |
| | If "Yes," indicate the FPG family income limit for eligibility for free care: <u>125</u> % | | |
| | If "No," explain in Section C the criteria the hospital facility used. | | |
| 11 | Used FPG to determine eligibility for providing discounted care? | <input checked="" type="checkbox"/> | |
| | If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>200</u> % | | |
| | If "No," explain in Section C the criteria the hospital facility used. | | |
| 12 | Explained the basis for calculating amounts charged to patients? | <input checked="" type="checkbox"/> | |
| | If "Yes," indicate the factors used in determining such amounts (check all that apply): | | |
| a | <input checked="" type="checkbox"/> Income level | | |
| b | <input checked="" type="checkbox"/> Asset level | | |
| c | <input checked="" type="checkbox"/> Medical indigency | | |
| d | <input checked="" type="checkbox"/> Insurance status | | |
| e | <input checked="" type="checkbox"/> Uninsured discount | | |
| f | <input checked="" type="checkbox"/> Medicaid/Medicare | | |
| g | <input checked="" type="checkbox"/> State regulation | | |
| h | <input checked="" type="checkbox"/> Residency | | |
| i | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 13 | Explained the method for applying for financial assistance? | <input checked="" type="checkbox"/> | |
| 14 | Included measures to publicize the policy within the community served by the hospital facility? | <input checked="" type="checkbox"/> | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | |
| a | <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website | | |
| b | <input checked="" type="checkbox"/> The policy was attached to billing invoices | | |
| c | <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms | | |
| d | <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices | | |
| e | <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility | | |
| f | <input checked="" type="checkbox"/> The policy was available on request | | |
| g | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| Billing and Collections | | | |
| 15 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? | <input checked="" type="checkbox"/> | |
| 16 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | |
| a | <input type="checkbox"/> Reporting to credit agency | | |
| b | <input type="checkbox"/> Lawsuits | | |
| c | <input type="checkbox"/> Liens on residences | | |
| d | <input type="checkbox"/> Body attachments | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 17 | Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | | <input checked="" type="checkbox"/> |
| | If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| a | <input type="checkbox"/> Reporting to credit agency | | |
| b | <input type="checkbox"/> Lawsuits | | |
| c | <input type="checkbox"/> Liens on residences | | |
| d | <input type="checkbox"/> Body attachments | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |

Schedule H (Form 990) 2013

Part V Facility Information (continued)

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

| | Yes | No |
|-----------|-------------------------------------|----|
| 19 | <input checked="" type="checkbox"/> | |
| | | |

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

| | | |
|-----------|--|-------------------------------------|
| | | |
| 21 | | <input checked="" type="checkbox"/> |
| | | |
| 22 | | <input checked="" type="checkbox"/> |

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

Part V Facility Information (continued)

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

Facility 1, Phoebe Putney Memorial Hospital Inc - Part V, Line 3

In 2013, the organization undertook a comprehensive community health needs assessment.

Stakeholder and key leader interviews of 60 to 90 minutes in length were conducted with thirty-three (33) individuals who work directly in the health improvement arena. The selection process was careful to include representation that reflects the make-up of patients receiving services in our health system (public health, faith-based organizations, United Way, and various health related charity organizations). Two large-audience input sessions were also held to review data and provide feedback on the community's view of priorities.

Members of the organization participate in local and state coalitions, collaboratives, partnerships and panels. Ethnic health promoters, school-based nurses and outreach coordinators work in the hospital and in the community to provide first-hand information on community health needs. Several contributors also provided input from individuals with special knowledge of public health. The sessions elicited stakeholder opinion on important health concerns in the community, significant gaps in service, and ideas for addressing health concerns and gaps as a community.

Facility 1, Phoebe Putney Memorial Hospital Inc - Part V, Line 5c

A complete copy of the community health needs assessment can be found at http://www.phoebeputney.com/media/file/Needs_Assess/CHNA_Complete.pdf

Facility 1, Phoebe Putney Memorial Hospital Inc - Part V, Line 12i

Other factors that were used to calculate amounts charged to patients included the number of individuals in a household.

Part V Facility Information (continued)

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

Facility 1, Phoebe Putney Memorial Hospital Inc - Part V, Line 14g
Case Management refers patients to Phoebe Cares representatives for services other than an inpatient stay and a copy of the policy is then provided to the patient.

Facility 1, Phoebe Putney Memorial Hospital Inc - Part V, Line 20d
Phoebe determines the patients ability to pay based on the financial assistance policy (FAP) and provides free or discounted care as indicated. Patients who are eligible for the FAP will not be billed gross charges for emergency and medically necessary care. The charges billed FAP-approved patients will be discounted by a percentage determined in accordance with IRS regulations.

FOR PUBLIC INSPECTION

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 7g - Subsidized Health Services Explanation

The cost associated with physician clinic services reported on Schedule H, Part 7g is \$18,778,610.

Part I, Line 7, Column (f) - Exclusions from Percent of Total Expense

In deriving the denominator to be used for column (F), the following adjustments were made to the total expenses reported on Form 990, Part IX, Line 25:

| | |
|--|----------------------|
| <u>Form 990, Part IX, Line 25</u> | <u>\$505,961,918</u> |
| <u>Add: Expenses reported in Part VIII</u> | <u>966,324</u> |
| <u>Denominator for Column (F)</u> | <u>\$506,928,242</u> |

Part I, Line 7 - Costing Methodology Explanation

The cost of Medicaid and Charity Care was calculated using the cost-to-charge ratio as calculated using Worksheet 2 from the IRS Form 990 instructions.

The cost of other benefits was the direct cost of the services.

Part II - Community Building Activities

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

As a corporate citizen, the organization is involved in various economic development activities throughout the year. In 2014, the organization contributed \$100,000 to the Chamber of Commerce to support its economic development plan and an additional \$16,500 in community health improvement advocacy by hosting an Affordable Care Act fair.

Part III, Line 2 - Bad Debt Expense Methodology

The amount on Part III, line 2 represents the amount of charges considered uncollectible after reasonable attempts to collect, and written off to bad debt expense.

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

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Corporation analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates, if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Corporation's allowance for doubtful accounts for fiscal year 2014 decreased approximately 1% as a percentage of self-pay accounts receivable

Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

compared to fiscal year 2013. The decrease was due to several factors,
including a decrease in the accounts receivable of Palmyra which was
significantly aged as of July 31, 2013 and therefore required a higher
allowance for doubtful accounts. These accounts were written off in fiscal
year 2014 and therefore no longer require an allowance for doubtful
accounts.

Part III, Line 8 - Medicare Explanation

The Medicare shortfall was calculated using the cost-to-charge ratio
from Worksheet 2 of the IRS Form 990 instructions.

Part III, Line 9b - Collection Practices Explanation

The organization writes off patient accounts receivable
balances for patients qualifying for charity care or
financial assistance and does not make further collection
efforts.

Part VI, Line 2 - Needs Assessment

Needs assessments have traditionally led to the creation of community-based

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delivery systems that expand access to health care, meet the needs of the people and build healthy communities in the broadest sense by impacting major determinants, such as economic development, employment, children's safety, education and adequate housing.

The organization conducts regular needs assessment through formal and informal surveys and processes, including collaborations with public and community agencies. Through strategic planning and community interviews, the organization develops programs and services that consider the economic imperatives of the region, the effect of legislation and the involvement of other community-based organizations and partners.

The organization regularly conducts focus groups in the community to understand issues affecting its patients, and has created programs in response to health disparities prevalent in the area. The organization also contributes financially and with personnel to the Cancer Coalition of South Georgia, Inc. and the Emory Research Prevention Project, which conducts health assessment studies and implements programs to eliminate disparities in access to care and the diagnosis and treatment of disease.

The organization, which funds nurses in all public schools in Dougherty County, also collects health needs information from nurses, who provide

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direct care to students and staff and who collaborate with other agencies
to develop health awareness and disease prevention programs.

The organization also conducts regular physician workforce studies through
its strategic planning arm to determine unmet physician needs and barriers
to accessing care.

The organization measures the success of its commitment by how well it
keeps people healthy and how well it impacts the social/cultural bonds that
will secure the communities of the future.

The organization completed the latest Community Health Needs Assessment and
Implementation Strategy Plan in 2013. A complete copy of the community
health needs assessment can be found at

http://www.phoebeputney.com/media/file/Needs_Assess/CHNA_Complete.pdf

Progress on CHNA Implementation Strategies 2013-214:

Priority 1: To Improve Maternal, Infant, and Child health and Reproductive
Responsibility

1. Continue funding (\$1.2 million) of Network of Trust programs that
provide evidence based Sex Education Curricula and help reduce the
incidence of teen pregnancy, including the placement of school nurses in

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all 27 Dougherty County Public Schools.

Funding has continued for Network of Trust. Network of Trust has partnered with the Dougherty County School System and GCAPP's WISE Initiative to train Elementary, Middle, and High School Health teachers to provide Evidence-Based Sex Education curricula to students in Dougherty County Schools. Since summer 2012, a total of 47 DoCo teachers have been certified to teach evidence-based sex education courses and 20 Network of Trust nurses/CNAs. In the 2013-2014 school year, a total of 4,270 students were taught these programs. Additionally, Network of Trust continues placement of school nurses in all 24 of the Dougherty County Public Schools (3 schools were closed by the school system).

2. Expand and conduct school nurse training in service area county schools, specifically Randolph, Lee and Terrell.

Currently this is being evaluated in regards to funding options and need.

3. Continue and expand, Making A Difference, a sexual abstinence program - assistance funding will be provided by a three year \$35,000 grant from the Georgia Campaign for Adolescent Power and prevention, the University of Georgia and 4-H. PPMH Network of Trust will conduct training, expanding outreach to more than 50 nurses in the region and to the Boys and Girls

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Clubs of Albany.

In 2013-2014, Network of Trust partnered with the UGA Extension Office through the PREP Program Grant to provide the Making A Difference program and the Relationship Smarts Program to students at Turner Job Corps. Boys and Girls Club of Albany also had a PREP Grant to provide the Making A Difference and Relationship Smarts programs to their participants.

Additionally, Health District 8-2 Adolescent Health Program also had a PREP Program to provide Making Proud Choices and Relationship Smarts programs to participants in Dougherty County. We are currently in process of applying for a grant to continue this program.

4. Continue Teen Father program, operated by Network of Trust Due to budget cuts, reorganization needed to be completed before we could resume this program. Now that reorganization has been completed, we are in the planning process for resuming this program in Dougherty County.

5. PPMH will hire a full time outreach coordinator to work in schools with career development for teenage mothers. This is an extension of the Teen Mothers program, which has operated for 20 years to provide prenatal care and parenting skills to pregnant teens.

Due to budget cuts, we were not able to hire a full time outreach

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coordinator. However, we have worked with our educators to ensure that they include career development skills training in their programming with the pregnant and parenting teen moms.

6. Continue partnership with Family Connections for the Teen Maze, which reaches 1000 teens locally and more than 4000 in the region to help middle school students experience positive and negative impact of their decisions. Since 2008, The Network of Trust School Health program has worked in partnership with the Taking Time for Teens Collaborative in Dougherty County to provide an annual "Get A Life" Teen Maze event. Each year, this event reaches approximately 800 Dougherty County middle school age students. Additionally, Network of Trust has partnered with Family Connections in several surrounding counties in the development of Teen Maze events in those counties. Additionally, several employees from Network of Trust have volunteered in with the Lee County and Terrell County Teen Maze events over the last three years. They have also helped with the training of volunteers for Colquitt County Family Connection's first Teen Maze in 2012. The Region 8 Family Connections Collaborative hosted a Teen Maze in September 2014. Network of Trust assisted this Collaborative with the planning and logistics of this event. Network of Trust staff have also

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developed a "mini teen maze" and provides technical assistance and materials for small local groups who choose to host this event at their location. In total, it is estimated that more than 1,000 teens are reached each year by the teen maze events. As of March 2015, we will host a mini maze at Albany Middle School in Dougherty County.

7. PPMH and Network of Trust will support Teen Breastfeeding Initiative. At least 3 Network of Trust Teen Parenting educators are certified lactation consultants. All Teen mothers are encouraged to breastfeed and provided with information and encouragement. The Network of Trust School Health program has worked with the Dougherty County School System to provide a location for teachers and teen mothers to pump breast milk, as well as refrigerator space to store pumped breast milk until the end of that school day.

8. Support and Facilitate expansion of centering pregnancy program - The Southwest District Health plans to seek permission from PPMH's Institutional Review Board to conduct a research study with a control to determine the impact of the centering program on low birth weight and other related outcomes to demonstrate program efficacy. PPMH will provide support for this program and nurses in labor and delivery will be informed

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of the program in the care of participants who come to the hospital to
deliver.

We are working with Southwest District Public Health to provide birth
outcomes data for their research project and meeting with the District
Public Health Director on a regular basis. This is an ongoing process. We
plan to apply for a March of Dimes Centering grant for teen parents.

9. Partner with Albany State University to conduct focus groups of women
who gave birth to low birth weight children, targeting inner city Albany
and, in particular, census tract 8 adjacent to the hospital.

We have been meeting with the Albany State University Health Sciences Dean,
Dr. Johnson, to develop a partnership and the opportunity to conduct focus
groups. This is an ongoing process.

10. Form or re-energize a task force with the goal to improve birth
outcomes and to reduce teen pregnancy.

Since 2008, the Taking Time for Teens: Teen Pregnancy Prevention Coalition
has been active in Dougherty County. This group meets each month to discuss
and plan events focused on preventing teen pregnancy in our area. In March
of each year, this group partners with Network of Trust School Health
Program to host the "Get A Life" Teen Maze event. In May of each year, the

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coalition partners with Network of Trust School Health Program to host the National Day to Prevent Teen Pregnancy Leader's Luncheon, The National Day to Prevent Teen Pregnancy City/County Proclamation Signing, and other events and trainings. In October of each year, this group focuses on events and trainings focused on "Let's Talk Month". The coalition is made up of representatives from 40 local organizations and concerned parents and community members.

11. Coordinate a campaign with city, county and state entities addressing reproductive responsibility. The Taking Time for Teens Coalition is a group of community organizations including Phoebe's Network of Trust that meets once a month to plan and organize events/programs that promote sexual responsibility. Each year on the National Day to Prevent Teen Pregnancy, Taking Time for Teens and Network of Trust host a Leader's Luncheon to discuss and increase awareness Teen Pregnancy Prevention and the effect it has on the local community. Additionally, Coalition members meet each year with the Albany Mayor and the Dougherty County Commission to sign and renew the City/County Proclamation for the National Day to Prevent Teen Pregnancy.

12. Expand NICU bed capacity through the Certificate of Need process and

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repurposing of facility space.

Ongoing research as of Feb 2015

13. Support Community Based programs that provide home based coaching or navigators.

Ongoing research is being done to support need for this program.

14. Continue to fund the school nurse program and Network of Trust.

Funding has been continued for the Network of Trust School Health Program, which includes School Nurses in Dougherty County Schools and Teen Parenting Educators in middle and high schools in Dougherty, Lee, Terrell, Worth, and Calhoun counties.

15. Early Elective Deliveries - PPMH will continue a new initiative to work with physicians to reduce the number of induced births.

Extensive work has been done on this initiative through the PPMH department of OB/GYN to decrease incidence of early elective deliveries (EED), which are elective deliveries that occur at a gestational age of less than 39.0 weeks gestation. Our EED have been reduced from a high of 46% to current low of 0.4%. PPMH has been recognized by the state as one of 7 top providers for our work on preventing Early Elective Deliveries (EED).

16. Baby Friendly Education and Awareness program - This PPMH program

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currently receives funding of \$7,000 and is one of nine in Georgia designated to work on increased breast feeding initiation and sustained rates. Off-site lactation consulting services are currently offered and will be continued.

PPMH's current baby friendly program continues to increase breastfeeding and also provides a quiet naptime environment each day for our mothers and babies on the maternity floor of the hospital. Baby friendly education continues to be ongoing in our community. PPMH was recognized as one of 9 hospitals in GA designated for a 5-star award. This award designates us as attaining the 10 steps of being breastfeeding friendly. Additionally, PPMH is currently in the dissemination phase, which is the final Phase prior to receiving our baby friendly designation.

Part VI, Line 3 - Patient Education of Eligibility for Assistance
The board has clearly written indigent and charity care policies that are available on the organization web site and through the Business Office. Signs are prominently posted on the availability of free and charity care. Patient education on the organization's indigent and charity care programs are conducted during pre-registration, through floor visits by business

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office representatives for patients that stress concern in meeting the
financial obligations for their services, through the customer service
department, and the Phoebe Cares Department. Brochures are prominently
displayed at each registration booth. The Business Office continuously
provides updated material to physician offices for issuance to their
patients that highlight the financial assistance program and policies. The
patient statements highlight the organization's charity program and
encourage patients to call for financial assistance.

Part VI, Line 4 - Community Information

The organization's primary service area is based on hospital inpatient
discharge data by county of residence and includes Dougherty, Lee,
Mitchell, Terrell and Worth counties. As of 2011, Dougherty is the largest
county with a population of 95,088 recorded in US Census records. It
accounts for 53% of the primary service area total population. The service
area ethnic composition is comprised of 51.5% African-Americans (67% in
Dougherty County), 43.5% Whites, 2.6% Hispanics and 2.4% of all others.
Population growth is expected to be very small. By 2017, the area
population is projected to increase by 3%, led by a 12% population increase

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in Terrell, one of the state's poorest counties.

The region is marked by large dichotomies in income, health status and educational attainment. According to County Health Rankings, the service area has some of the worst Social and Economic Factors Ranking in the State. Out of 159 counties, the largest county in the area (Dougherty) ranks 150, Terrell 141, Mitchell 130 and Worth 83. All are below the 50th percentile with the exception of Lee County, which ranks 12th. Compared to all US Counties, those same four counties show entrenched poverty well below the 25th percentile with poverty ranging from 23% to 30% of the total population. The impact is even deeper among children, with poverty estimates ranging from 33% to 42% with many living in single-parent households. More than 33% of residents are eligible to receive Medicaid, more than double the state average.

Part VI, Line 5 - Promotion of Community Health

The organization and all its volunteer boards are composed of community members with diverse professional and community service backgrounds, as well as physician members. In all facilities, emergency centers are operated 24/7 and open to all persons, regardless of ability to pay. The

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boards maintain open medical staff policies with privileges available to all qualifying physicians. The board has clearly written indigent and charity care policies that are available on the organization web site and through the Business Office. Signs are prominently posted on the availability of free and charity care. The organization also utilizes surplus funds to improve the quality of patient care, expand facilities, and advance medical training, education and research.

Part VI, Line 6 - Affiliated Health Care System

Phoebe Putney Health System, Inc. (PPHS) is the not-for-profit parent company of Phoebe Putney Memorial Hospital, Inc., a not-for-profit entity, Phoebe Putney Health Ventures, Inc., a for-profit corporation, Phoebe Physician Group, Inc., a not-for-profit corporation, Phoebe Worth Medical Center, Inc., a not-for-profit entity, Phoebe Sumter Medical Center, Inc., a not-for-profit entity, and Phoebe Foundation, Inc., a not-for-profit entity.

Phoebe Putney Memorial Hospital, Inc. (PPMH), located in Albany, Georgia, is an acute care hospital, which operates satellite clinics in the surrounding counties. It provides inpatient, outpatient and emergency care

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services for residents of Southwest Georgia. Admitting physicians are
primarily practitioners in the local area.

Phoebe Putney Health Ventures, Inc. engages in healthcare and related
activities in furtherance of the exempt purposes of PPHS and PPMH.

Phoebe Worth Medical Center, Inc. (PWMC), located in Sylvester, Georgia, is
a 25 bed rural critical access hospital. It provides inpatient, outpatient,
and emergency care services for residents of Worth County, Georgia.

Phoebe Sumter Medical Center, Inc. (PSMC), located in Americus, Georgia, is
an acute care hospital. It provides inpatient, outpatient and emergency
care services for residents of Sumter County, Georgia.

Phoebe Physician Group, Inc. was established to organize and operate
medical practices exclusively for the benefit of PPMH, PWMC, and PSMC.

Phoebe Foundation, Inc. was established to raise funds of any kind or
character to be used exclusively for charitable, medical, educational and
scientific purposes at or in connection with Phoebe Putney Memorial
Hospital, Inc. or the Hospital Authority of Albany-Dougherty County,
Georgia.

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

Part VI Supplemental Information

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GeorgiaAdditional Information

Phoebe Putney Memorial Hospital, Inc. (Corporation) is a not-for-profit health care organization that exists to serve the community. The Corporation opened in 1911 to serve the community by caring for the sick regardless of ability to pay. As a tax-exempt hospital, the Corporation has no stockholders or owners. All revenue after expenses is reinvested in the mission to care for the citizens of the community - into clinical care, health programs, state-of-the-art technology and facilities, research, and teaching and training of medical professionals now and for the future. The Corporation 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. The Corporation 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. The Corporation demonstrates a continued and expanding commitment to meeting its mission and serving the citizens by providing community

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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.

The Corporation improves the health and well-being of Southwest Georgia through clinical services, education, research and partnerships that build health capacity in the community. The Corporation provides community benefits for every citizen in its service area as well as for the medically underserved. The Corporation conducts community needs assessments and pays close attention to the needs of low income and other vulnerable persons and the community at large. The Corporation often works with community groups to identify needs, strengthen existing community programs and plan newly needed services. It provides a wide-ranging array of community benefit services designed to improve community health and the health of individuals and to increase access to health care, in addition to providing free and discounted services to people who are uninsured and underinsured. The Corporation's excellence in community benefit programs was recognized by the prestigious Foster McGaw Prize awarded to the Corporation in 2003 for

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its broad-based outreach in building collaboratives that make measurable improvements in health status, expand access to care and build community capacity, so that patients receive care closest to their own neighborhoods. Drawing on a dynamic and flexible structure, the community benefit programs are designed to respond to assessed needs and are focused on upstream prevention.

As Southwest Georgia's leading provider of cost-effective, patient-centered health care, the Corporation is also the region's largest employer with more than 3,600 members of the Corporation Family caring for patients. The Corporation participates in the Medicare and Medicaid programs and is one of the leading providers of Medicaid services in Georgia.

The following table summarizes the amounts of charges foregone (i.e., contractual adjustments) and estimates the losses incurred by the Corporation due to inadequate payments by these programs and for indigent/charity. This table does not include discounts offered by the Corporation under managed care and other agreements:

| | Charges Foregone | Estimated Unreimbursed Cost |
|----------|---------------------|--------------------------------|
| Medicare | \$482,000,000 | \$179,000,000 |

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| | | |
|------------------|---------------|---------------|
| Medicaid | 184,000,000 | 68,000,000 |
| Indigent/Charity | 67,000,000 | 25,000,000 |
| | \$733,000,000 | \$272,000,000 |

The following is a summary of the community benefit activities and health improvement services offered by the Corporation and illustrates the activities and donations during fiscal year 2014.

I. Community Health Improvement Services

A. Community Health Education

Phoebe Putney Memorial Hospital provided health education services in 2014 at a cost of \$717,866. These services included the following free classes and seminars:

- Prepared childbirth classes
- Refresher childbirth classes
- Pregnancy classes
- Breastfeeding classes
- Lactation consulting
- Teen Maze
- Health Teacher Training
- Nutrition and Diabetes Education

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- Breast Cancer Awareness

- K-12 Health Fairs

- Cancer Prevention

- Sun Safety

- Golden Key Health Seminars

The Corporation is involved in many activities aimed at educating the community about health-related topics; a quarterly health information newsletter distributed to 22,000 senior citizens at a cost of \$35,238 and frequent ongoing health seminars held at Phoebe Northwest free of charge and attracting audiences ranging from 30 to 150 persons.

Men and Women's Health Conferences

The Men's and Women's Health Conferences attracted approximately 700 participants. The men's conference centered on hypertension, while the women's focus was on breast health. Supported by over 70 volunteers, these conferences provided blood pressure, glucose, and cholesterol and BMI screenings for each participant and were made possible by a broad coalition of providers such as the Faith-based Initiative, Heart and Cancer Society, Cancer Coalition of South Georgia, and Public Health among others.

Golden Key

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This is a membership organization for people age 55 and older. With 22,000 members, Golden Key offers programs that encourage healthy lifestyles including the privilege of walking at the Corporation's Physical Medicine complex. To its members, it provided a bi-monthly newsletter (Key Notes). In 2014, the unreimbursed cost was \$61,931.

Network of Trust

This is a nationally recognized program aimed at teen mothers to prevent repeat pregnancies, provide parenting skills and complete high school. This program also includes a teen father program along with other teenaged children programs. Internal evaluation shows teens participating in the program are less likely to repeat a pregnancy prior to graduation. Network of Trust enrolled 134 unduplicated teen parents during the 2013/2014 school year at a cost of \$295,460.

B. Community Based Clinical ServicesFlu Shots and Cancer Screenings

The Corporation provides free flu shots to volunteers. In 2014, the Corporation administered 717 flu shots at an unreimbursed cost of \$13,929. The Corporation also provides free health screenings to individuals in Southwest Georgia. In 2014, the Corporation provided CT Low Cancer Lung

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Screenings to 332 at-risk individuals at no cost. Of the 332 screenings, there were nine confirmed cases of lung cancer with five considered "cured" and four receiving active treatment. The estimated unreimbursed cost was \$130,054. Phoebe provided Mammography Screenings to 106 women at no cost to the patient. There were no confirmed cases of breast cancer. The estimated unreimbursed cost was \$44,351.

School Nurse Program

The Corporation places nurses in sixteen elementary schools, six middle schools, and four high schools in Dougherty County with a goal of creating access to care for students and staff, assessing the health care status of each population represented and effectively establishing referrals for all health care needs. Nurses also conducted the eighth grade health fairs. During the 2013/2014 school year, the school nurse program covered 80,000 student visits. This program is operated at a cost of \$828,316 in 2014.

C. Health Care Support ServicesNew Foundations

The Corporation offers New Foundations Breast Forms and Fashion Boutique. New Foundations caters to the physical and mental well-being of women and their families. They provide one-on-one post mastectomy consultation to

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help women overcome their anxieties and feel better about their appearance.

They carry a large variety of prosthesis and also have a wide selection of clothing. They conduct support groups, seminars and exercise classes and help patients with breast cancer issues. This department saw 2,777 patients and operated at an unreimbursed cost in 2014 of \$19,910.

Lights of Love Vans

Lights of Love donated vans to the Corporation to transport cancer patients to and from the hospital for their treatments. In 2014, Phoebe Lights almost doubled the number of trips from the previous year to 1,763 at an unreimbursed cost of \$242,779.

Government Sponsored Eligibility Applications to the Poor and Needy

The Corporation contracts with Chamberlain Edmonds to process eligibility applications on behalf of the poor and needy that may be eligible for Medicaid. In some cases, it can take up to two years to be deemed eligible. In 2014 the Corporation paid \$786,558 to Chamberlain Edmonds to process these applications.

- Indigent Financial Assistance

Patients whose income is below 125% of the Federal Poverty Levels are classified as indigent and receive care at no cost.

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- Charity Financial Assistance

Patients whose income level is between 126% - 200% of the Federal Poverty Levels are classified as charity. These patients will be responsible for a percentage of their hospital charges. This percentage will be based on calculations using the Federal Poverty Levels that are published in the "Federal Register" each year. If it is determined the patient responsibility will be an undue hardship on the patient/guarantor, these cases will be reviewed on an individual basis with the Phoebe Cares Supervisor for possible catastrophic charity based on sliding scale guidelines.

- Catastrophic Financial Assistance

Patients whose income exceeds 200% of the Federal Poverty Levels and whose hospital charges exceed 25% of their annual income, resulting in excessive hardship, are eligible for a discount up to 75% of the patient balance. The patient may pay the remaining balance over 24 months.

II. Health Professions Education

The Corporation recognizes that to continuously improve its long-term value to the community and customers, to encourage life-long learning among employees and to achieve a world-class employer status, it is in the

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Corporation's best interest to provide opportunities that will assist eligible employees in pursuing formal, healthcare related educational opportunities. The Corporation also provides non-employees financial support in pursuing healthcare related degrees. In fiscal year 2014, the Corporation provided \$1,094,358 in clinical supervision and training of 440 nursing students, and an additional \$240,031 in clinical supervision and training to pharmacy, pharmacy technicians and other health professionals.

III. Subsidized Health ServicesA. Hospital Outpatient ServicesPhoebe Family Medical Centers

The Corporation has a strong commitment to primary care for the Southwest Georgia region. The family medical centers in the surrounding counties are a network of care that serves the entire family closest to where people live. In 2014, the rural clinics operated at a net loss of \$120,543 and the Pelham clinic operated at a net loss of \$71,536.

Convenient Cares

The Corporation's Convenient Care provides treatment for minor injuries and ailments in a more timely fashion and at a lower cost than an emergency center. In 2014, the clinics operated at a net loss of \$1,483,928.

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Phoebe Specialty Clinics

- Phoebe Gastroenterology Associates has been a part of providing exceptional patient care for more than 30 years and treats virtually every kind of gastrointestinal related healthcare problem. In 2014, the Corporation incurred a net loss of \$409,708.

- The Behavioral Health Clinic at Phoebe provides treatment for adults and adolescents with addictive diseases and/or psychiatric disorders. In 2014, this Clinic operated at a net loss of \$1,235,029.

- The Corporation operates a specialty clinic for Rheumatology and Physiatry. The clinic offers medical care on a referral basis to inpatients and outpatients with rheumatoid problems or with physical medicine or rehabilitation needs. The clinic operated at a net loss of \$329,771 in 2014.

- Maternal/Fetal Medicine program is for high risk mothers and pregnant women who need specialized care. It serves this perinatal region. In 2014, this clinic operated at a net loss of \$369,464.

- The Corporation operates neurosurgery and neurology practices that provide two neurosurgeons and two neurologists to the community, improving access to care in several settings, including trauma care in the Emergency

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Department and community health forums. These practices operated at a net loss of \$1,223,347.

- The Corporation offers an Infectious Disease Clinic. This clinic is primarily directed at providing treatment to those who have chronic and acute infectious diseases and to terminally ill persons in need of pain management. In 2014, this clinic operated at a net loss of \$326,958.

- The Corporation operates a Surgical Oncology Department in its Cancer Center. This department surgically treats and manages cancers primarily of the esophagus, stomach, liver, pancreas, colon, breast and skin, and soft tissues. The surgical oncologist also serves as a distinguished scholar for the Georgia Cancer Coalition and conducts clinical research and is working on elevating the level of cancer care in the region. The department operated at a loss of \$386,391.

- The Corporation provides palliative care to patients in Southwest Georgia with a limited life expectancy. In 2014, the service operated at a net loss of \$62,797.

- The Corporation provides a comprehensive array of heart services and employed physicians to patients throughout South Georgia. In FY 2014, heart services reported a net loss of \$2,469,451.

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- Phoebe Wound Care and Hyperbaric Center specializes in healing chronic wounds caused by diabetes, poor circulation or other conditions. In FY 2014, the Wound Care Center operated at a net loss of \$178,567.

Residency Program

The Southwest Georgia Family Medicine Residency Program is an award winning facility continuously addressing the shortage of health care professionals in the region. Their primary mission is to train family physicians to practice in rural Southwest Georgia.

Established in 1993, this program offers a rich opportunity for physicians to develop as strong clinicians capable of delivering high-quality primary care in any setting. The need for medical services in this rural region is great. The region has high incidences of cancer, heart attack, stroke and other diseases, and the need for medical and outreach services are tremendous. The program has successfully diverted persons without access from costly emergency rooms to appropriate primary care settings. In 2014, the Corporation showed a net loss of \$1,492,917.

B. Other Subsidized ServicesInmate Care

The Corporation provides care to persons in jail for Dougherty County. In

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2014, the Corporation provided \$744,344 of unreimbursed medical and drug treatment to 273 inmates.

Indigent Drug Pharmacy

Indigent Drug Pharmacy provides medication upon discharge to patients that are either indigent or uninsured. In 2014, the pharmacy assisted 1,843 patients at a cost of \$281,767.

IV. Clinical Research

The Corporation offers clinical trials to cancer patients who are residents of Southwest Georgia. In 2014, there are 23 actively accruing studies and a total of 139 research patients at an unreimbursed cost of \$449,668.

Phoebe is also a regional site for the collection of tissue for the statewide Tumor, Tissue and Serum Bio-repository at an additional cost of \$233,420.

V. Financial and In-Kind Support

In 2014, the Corporation provided \$210,746 in cash donations and in-kind support to non-profit organizations in Southwest Georgia. Listed are some highlights:

- The Cancer Coalition of South Georgia received \$152,500 for staff support and various projects.

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- Graceway Recovery for Women, Liberty House of Albany, Mission Change, and Boys and Girls Club of Albany all received a cash donation of \$1,000.

- Albany Marathon received a \$20,000 donation to raise funds for hospice services.

- In-kind support of foregone rent was provided to 17 non-profit organizations at an estimated cost of \$32,246.

VI. Community Building Activities

A. Economic Development

As a corporate citizen, the Corporation is involved in various economic development activities throughout the year. In 2014, the Corporation contributed \$100,000 to the Chamber of Commerce to support its economic development plan and an additional \$16,500 in community health improvement advocacy by hosting an Affordable Care Act fair.

VII. Community Benefit Operations

The Corporation incurred costs of \$116,415 to support staff and community health needs assessment, which included a \$32,000 renewal of Healthy Communities Institute's dashboard feature on the website:

<http://phoebeputney.com/phoebecontentpage.aspx?nd=1660>

Summary

2014

Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Community Health Improvement Services:

| | |
|--|-------------------|
| <u>Community Health Education</u> | <u>\$ 717,866</u> |
| <u>Community Based Clinical Services</u> | <u>1,016,650</u> |
| <u>Healthcare Support Services</u> | <u>1,049,247</u> |
| <u>Total community health improvement services</u> | <u>2,783,763</u> |

Health Professions Education:

| | |
|--|------------------|
| <u>Nurses/nursing students</u> | <u>1,094,358</u> |
| <u>Other health professional education</u> | <u>240,031</u> |
| <u>Total health professions education</u> | <u>1,334,389</u> |

Subsidized Health Services:

| | |
|---|-------------------|
| <u>Hospital outpatient services</u> | <u>8,925,378</u> |
| <u>Behavioral health services</u> | <u>1,235,029</u> |
| <u>Other subsidized health services</u> | <u>1,026,111</u> |
| <u>Total subsidized health services</u> | <u>11,186,518</u> |

Clinical Research:

| | |
|--------------------------------|----------------|
| <u>Clinical research</u> | <u>683,088</u> |
| <u>Total clinical research</u> | <u>683,088</u> |

Financial and In-Kind Support:

| | |
|-----------------------|----------------|
| <u>Cash donations</u> | <u>178,500</u> |
|-----------------------|----------------|

FOR PUBLIC INSPECTION

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

| | |
|--|-----------------------|
| <u>In-kind donations</u> | <u>32,246</u> |
| <u>Total financial and in-kind support</u> | <u>210,746</u> |
| <u>Community Building Activities:</u> | |
| <u>Economic development</u> | <u>116,500</u> |
| <u>Total community building activities</u> | <u>116,500</u> |
| <u>Community Benefit Operations:</u> | |
| <u>Dedicated staff and other resources</u> | <u>116,415</u> |
| <u>Total community benefit operations</u> | <u>116,415</u> |
| <u>Other:</u> | |
| <u>Traditional charity care - estimated unreimbursed</u> | |
| <u>cost of charity services</u> | <u>25,000,000</u> |
| <u>Unpaid cost of Medicare services - estimated</u> | |
| <u>unreimbursed cost of Medicare services</u> | <u>179,000,000</u> |
| <u>Unpaid cost of Medicaid services - estimated</u> | |
| <u>unreimbursed cost of Medicaid services</u> | <u>68,000,000</u> |
| <u>Total other</u> | <u>272,000,000</u> |
| <u>Total summary</u> | <u>\$ 288,431,419</u> |

This report has been prepared in accordance with the community benefit reporting guidelines established by Catholic Health Association (CHA) and

Schedule H (Form 990) 2013

FOR PUBLIC INSPECTION

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

VHA, Inc. known formally as Voluntary Hospitals of America. The Internal Revenue Services' requirements for reporting community benefits are different than the guidelines under which this report has been prepared.

FOR PUBLIC INSPECTION

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Phoebe Putney Memorial Hospital, Inc.** Employer identification number **58-1928247**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | Cancer Coalition of South Georgia 2332 Lake Park Drive Albany GA 31707 | 82-0567901 | 501c3 | 150,000 | | | | General Support |
| (2) | Flint Riverquarium, Inc. 117 Pine Avenue Albany GA 31701 | 02-0687836 | 501c3 | 24,000 | | | | General Support |
| (3) | Albany Marathon, Inc. 112 N. Front Street Albany GA 31701 | 26-1750573 | 501c3 | 20,000 | | | | General Support |
| (4) | Albany Chamber Foundation 225 W. Broad Avenue Albany GA 31701 | 58-0134930 | 501c3 | 100,000 | | | | General Support |
| (5) | Hospital Authority of Albany P.O. Box 3770 Albany GA 31706 | 58-6001516 | GOV | 350,000 | | | | General Support |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5

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

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

Schedule I (Form 990) (2013)

DAA

FOR PUBLIC INSPECTION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 Educational Loans | 97 | 119,521 | | | |
| 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.

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

Board approval is required for major contributions and follow up with the grantee for reporting use of the funds.

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

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

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

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

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.

FOR PUBLIC INSPECTION

**SCHEDULE J
(Form 990)**

Compensation Information

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Phoebe Putney Memorial Hospital,
Inc.

Employer identification number

58-1928247

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 in 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 type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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 in line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

| | Yes | No |
|----|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Joel Wernick CEO/PRES/BRD MEMBER | (i) | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 789,660 | 0 | 6,868 | 987,888 | 15,771 | 1,800,187 |
| 2 Joe Austin SVP/COO | (i) | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 464,774 | 0 | 11,547 | 96,697 | 18,592 | 591,610 |
| 3 Kerry Loudermilk SVP/CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 415,992 | 42,500 | 10,251 | 122,531 | 18,906 | 610,180 |
| 4 Thomas Chambless SVP General Counsel | (i) | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 417,430 | 0 | 8,455 | 5,100 | 75 | 431,060 |
| 5 Doug Patten SVP CMO | (i) | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 368,814 | 0 | 8,456 | 90,500 | 24,579 | 492,349 |
| 6 Laura Shearer SVP CNO | (i) | 259,948 | 0 | 13,422 | 61,509 | 9,903 | 344,782 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 David Baranski SVP HR | (i) | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 251,688 | 0 | 15,314 | 121,736 | 1,302 | 390,040 |
| 8 Thomas Sullivan VP Strategic Plan | (i) | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 208,218 | 0 | 13,325 | 65,430 | 22,186 | 309,159 |
| 9 Doug Calhoun Chief MIO | (i) | 281,606 | 0 | 5,809 | 5,100 | 14,062 | 306,577 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Bipin Agarwal Chief Physicist | (i) | 233,033 | 0 | 966 | 4,744 | 19,681 | 258,424 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Sam Peavy RN/Home Care | (i) | 199,903 | 0 | 12 | 0 | 14,764 | 214,679 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 Rodolph Gilmore Pharmacist | (i) | 141,322 | 56,219 | 521 | 4,144 | 23,063 | 225,269 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 Paul Pfeifer Corp Dir of Pharm Sv | (i) | 190,468 | 0 | 3,543 | 3,867 | 8,745 | 206,623 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | (i) | | | | | | |
| | (ii) | | | | | | |
| 15 | (i) | | | | | | |
| | (ii) | | | | | | |
| 16 | (i) | | | | | | |
| | (ii) | | | | | | |

FOR PUBLIC INSPECTION

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 3 - Related Org Methods Used for Compensation Explanation

None of the individual board members or officers are compensated by the filing organization. The filing organization, instead, relies on the methods used by PPHS to establish compensation of the CEO and executive officers. Compensation determination by PPHS includes an independent compensation committee, independent compensation consultant and surveys, and board approval. These methods are well documented.

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

| | Severance | Nonqualified | Equity-based |
|------------------|-----------|--------------|--------------|
| Joel Wernick | 0 | 930,735 | 0 |
| Joe Austin | 0 | 79,900 | 0 |
| Kerry Loudermilk | 0 | 76,500 | 0 |
| Doug Patten | 0 | 45,600 | 0 |
| Laura Shearer | 0 | 10,560 | 0 |
| David Baranski | 0 | 53,130 | 0 |
| Thomas Sullivan | 0 | 15,190 | 0 |

FOR PUBLIC INSPECTION

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 III - Other Additional Information

Part I, Line 4 - Deferred Compensation Plan 457(b)

The Deferred Compensation Plan is an additional retirement plan offered through Phoebe Putney. The 457(b) plan is a non-qualified retirement plan that allows one to defer additional dollars towards retirement.

Highlights Include:

- o Not limited by the amounts deferred into the Phoebe 403(b)
- o Plan is subject to annual deferral limits set by the IRS
- o Per IRS regulations, each participant is a general unsecured creditor of the plan sponsor, creating a risk of forfeiture

Senior Vice Presidents and above and physicians making over \$115,000 are eligible to participate in the 457(b) plan.

Schedule J, Part II, Column B(ii)

Certain executive officers and physicians are eligible for bonus/incentive payments. These payments are reliant on various organizational and personal goals established by a formal process to recognize performance, and to

FOR PUBLIC INSPECTION

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.

operate in keeping with the organization's obligations as a tax-exempt charitable organization.

Schedule J, Part II, Column C

A substantial portion of the amount reported in Column C of Schedule J, Part II (Retirement and Other Deferred Compensation) for employees identified in Part I, line 4, is a supplemental executive retirement program. The purpose of the plan is to provide a retirement benefit for affected executives consistent with the benefit available to employees not impacted by IRS compensation limits on defined benefit plans.

The amounts reported as supplemental executive retirement compensation for affected employees represents credited, but not vested, retirement benefits and is available in future periods to the employee subject to continuing employment. The Health System maintains ownership of the funds allocated to the participant. Prior to normal retirement age, the Health System retains at least three years of deposits which are subject to continuing employment for the participant to receive the funds. This plan is a defined contribution account based and participant directed investment program that

FOR PUBLIC INSPECTION

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.

.is employer funded.....
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FOR PUBLIC INSPECTION

**SCHEDULE K
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open to Public
Inspection**

| | |
|--|---|
| Name of the organization Phoebe Putney Memorial Hospital, Inc. | Employer identification number 58-1928247 |
|--|---|

Part I Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A Hosp Auth of Albany-Do Co, GA 2010 | 58-6001516 | NoneNoneN | 07/09/10 | 99,000,000 | SEE PART VI | | X | | X | | X |
| B Hosp Auth of Albany-Do Co, GA 2008 | 58-6001516 | NoneNoneN | 12/07/12 | 97,005,000 | SEE PART VI | | X | | X | | X |
| C Hosp Auth of Albany-Do Co, GA 2012 | 58-6001516 | 012170EC6 | 12/13/12 | 114,306,593 | SEE PART VI | | X | | X | | X |
| D | | | | | | | | | | | |

Part II Proceeds

| | A | | B | | C | | D | |
|--|-----|------------|-----|------------|-----|-------------|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Amount of bonds retired | | 1,525,000 | | 3,130,000 | | 2,063,126 | | |
| 2 Amount of bonds legally defeased | | | | | | | | |
| 3 Total proceeds of issue | | 99,000,000 | | 97,005,000 | | 114,306,593 | | |
| 4 Gross proceeds in reserve funds | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | |
| 7 Issuance costs from proceeds | | 359,731 | | | | 906,593 | | |
| 8 Credit enhancement from proceeds | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | |
| 10 Capital expenditures from proceeds | | 98,640,269 | | | | 113,400,000 | | |
| 11 Other spent proceeds | | | | 97,005,000 | | | | |
| 12 Other unspent proceeds | | | | | | | | |
| 13 Year of substantial completion | | 2011 | | 2012 | | 2012 | | |
| 14 Were the bonds issued as part of a current refunding issue? | | X | X | | | X | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | |
| 16 Has the final allocation of proceeds been made? | X | | X | | X | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | | |

Part III Private Business Use

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

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

Schedule K (Form 990) 2013

FOR PUBLIC INSPECTION

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|-------|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .. | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | | | | 1.72% | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | 1.72% | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | | |

Part IV Arbitrage

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

FOR PUBLIC INSPECTION

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K - Date Rebate Computation Performed

Hosp Auth of Albany-Do Co, GA 2010 10/31/11

Hosp Auth of Albany-Do Co, GA 2008 06/07/13

Hosp Auth of Albany-Do Co, GA 2012 06/13/13

Schedule K - Additional Information

Hosp Auth of Albany-Do Co, GA 2010

Part I, Column f

Renovation, improvements and construction of facilities

Part IV, Line 2c

Since the bond proceeds have been spent, a spending exception was met, and the debt service fund was operated on a bona fide basis, no further rebate calculation is necessary.

Hosp Auth of Albany-Do Co, GA 2008

Part I, Column f

Reissuance of Series 2008a and 2008b Revenue Certificates

Part IV, Line 2c

Since the bond proceeds have been spent, a spending exception was met, and the debt service fund was operated on a bona fide basis, no further calculation is necessary.

Hosp Auth of Albany-Do Co, GA 2012

Part I, Column f

Financing the costs of making certain additions, extensions, and capital improvements to the health care system.

Part IV, Line 2c

FOR PUBLIC INSPECTION

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

Since the bond proceeds have been spent, a spending exception was met, and the debt service fund was operated on a bona fide basis, no further rebate calculation is necessary.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
Phoebe Putney Memorial Hospital,
Inc.

Employer identification number
58-1928247

Form 990 - Additional Information

Form 990, Part IX, Line 24a

Subsidy to physician clinics for loss associated to low-income patients

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

Cayman Islands, Bermuda, British Virgin Islands

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

The sole member of Phoebe Putney Memorial Hospital, Inc. shall be Phoebe Putney Health System, Inc.

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

The board of directors of PPHS has the right to appoint directors of the filing organization.

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

The member shall have the following responsibilities:

- The member shall select or remove the organization's officers.
- The member shall approve all amendments to the organization's Articles of Incorporation and Bylaws before they may become effective.
- The member shall approve any annual operating or capital budgets.
- The member shall appoint or remove the independent auditors.

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

The independent accounting firm that prepares the Form 990 (based upon

Name of the organization

Phoebe Putney Memorial Hospital,

Employer identification number

58-1928247

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 Memorial Hospital (PPMH) Board Members as well as all officers complete a Conflict of Interest questionnaire. This questionnaire is administered by the Phoebe Putney Health System (PPHS) Compliance Department and the document asks each individual to disclose any personal, business, or other affiliations and monetary amount if applicable that they or their immediate family members have had within the past 12 months with PPMH or any related entities. All responses are then evaluated by the PPHS Compliance Department. In the case of an existing conflict, the individual with the conflict of interest is excluded from the discussion and approval so such transactions.

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

Name of the organization

Phoebe Putney Memorial Hospital,

Employer identification number

58-1928247

organization.

Form 990, Part IX, Line 11g - Other Fees for Services

Description

Program Service

Mgt & General

Fundraising

Contract Service Fees

\$ 16,154,850

\$ 7,542,436

\$ 0

Contract Staffing Fees

\$ 2,490,845

\$ 119,954

\$ 0

Consultant Fees

\$ 418,402

\$ 1,097,239

\$ 0

Professional Fees

\$ 1,362,255

\$ 2,175

\$ 0

Intercompany Allocated Cost

\$ 17,143,325

\$ 7,679,732

\$ 0

Other Patient Related Serv

\$ 4,901,927

\$ 0

\$ 0

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Gift Shop COGS

\$ 458,764

Rental Expenses

\$ 507,560

Gift Shop COGS

\$ -458,764

Rental Expenses

\$ -507,560

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

Amortization of net gain

\$ 1,071,559

Amortization of prior service cost

\$ 224,715

Name of the organization

Phoebe Putney Memorial Hospital,

Employer identification number

58-1928247

Change in interest in net assets of Phoebe Fnd \$ 3,661,146

Net actuarial gain \$ 27,616,806

Other changes in net assets \$ 131,242

Total changes in net assets \$ 32,705,468

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013**Open to Public
Inspection**Name of the organization
Phoebe Putney Memorial Hospital,
Inc.Employer identification number
58-1928247**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) Phoebe Putney Health System, Inc. P.O. Box 3770 58-2001014 Albany GA 31706-3770 | Healthcare | GA | 501C3 | 11c | N/A | | X |
| (2) Phoebe Foundation, Inc. P.O. Box 3770 58-1847104 Albany GA 31706-3770 | Foundation | GA | 501C3 | 11a | N/A | | X |
| (3) Phoebe Phycsian Group, Inc. P.O. Box 3770 26-3792403 Albany GA 31706-3770 | Healthcare | GA | 501C3 | 9 | N/A | | X |
| (4) Phoebe Worth Medical Center, Inc. P.O. Box 545 38-3647394 Sylvester GA 31791-0545 | Healthcare | GA | 501C3 | 3 | N/A | | X |
| (5) Phoebe Sumter Medical Center, Inc. 126 Highway 280 West 26-3975185 Americus GA 31719-8645 | Healthcare | GA | 501C3 | 3 | N/A | | X |

FOR PUBLIC INSPECTION

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.** ▶ **See separate instructions.**
 ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013**Open to Public
Inspection**Name of the organization
Phoebe Putney Memorial Hospital,
Inc.Employer identification number
58-1928247**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) South Georgia Shared Services, Inc. 417 West Third Avenue 46-2746977 Albany GA 31701-1943 | Cooperativ | GA | 501c3 | 3 | N/A | | X |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |

FOR PUBLIC INSPECTION

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) Phoebe Health Partners, Inc. P.O. Box 3770 Albany GA 31706-3770 58-2198241 | Healthcare | GA | N/A | C | N/A | N/A | N/A | | X |
| (2) Phoebe Putney Health Ventures, Inc. P.O. Box 3770 Albany GA 31706-3770 58-1963401 | Healthcare | GA | N/A | C | N/A | N/A | N/A | | X |
| (3) Phoebe Dorminy Medical Center, Inc. P.O. Box 3770 Albany GA 31706-3770 45-2041878 | Healthcare | GA | N/A | C | N/A | N/A | N/A | | X |
| (4) | | | | | | | | | |

FOR PUBLIC INSPECTION

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

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

FOR PUBLIC INSPECTION

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

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

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

FOR PUBLIC INSPECTION

Part VII Supplemental Information

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

Schedule R - Additional Information

Phoebe Dorminy Medical Center's tax-exempt status was revoked on December 15, 2013. The organization is currently in the process of reinstating their tax-exempt status.

South Georgia Shared Services, Inc. has applied for recognition of exemption under Section 501(c)(3) of the Internal Revenue Code. The application is still pending.

FOR PUBLIC INSPECTION