

Financial and Organizational Information Regarding Our Hospital

October 1, 2019

Audited Financial Statement FY 2018

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



COMBINED FINANCIAL STATEMENTS

for the years ended June 30, 2018 and 2017

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INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying combined financial statements of St. Joseph's/Candler Health System, Inc. (System), which comprise the combined balance sheets as of June 30, 2018 and 2017, and the related combined statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the combined financial statements.

Management's Responsibility for the Combined Financial Statements

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

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Auditor's Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We did not audit the financial statements of Geechee Reinsurance Company, LLC, a wholly-owned subsidiary, which statements reflect total assets constituting 8% of combined total assets at June 30, 2018 and 2017 and total revenues constituting 1% of combined total revenues for the years then ended. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Geechee Reinsurance Company, LLC, is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

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

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

Opinion

In our opinion, based on our audits and the report of the other auditors, the combined financial statements referred to above present fairly, in all material respects, the financial position of St. Joseph's/Candler Health System, Inc. as of June 30, 2018 and 2017, and the results of its operations and changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Driffin E. Tucker, LLP

Albany, Georgia
October 18, 2018

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

COMBINED BALANCE SHEETS

as of June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 9,617,973	\$ 8,117,526
Assets limited as to use required for current liabilities	2,182,796	2,173,446
Patient accounts receivable, less allowance for doubtful accounts of approximately \$24,500,000 and \$20,600,000 for 2018 and 2017, respectively	70,131,677	75,879,423
Other receivables	12,120,616	11,048,197
Inventories	15,271,297	13,447,862
Prepaid expenses	5,882,932	5,444,975
Estimated third-party payor settlements	<u>3,155,490</u>	<u>2,658,404</u>
Total current assets	<u>118,362,781</u>	<u>118,769,833</u>
Assets limited as to use:		
Held in trust under bond indenture	26,486,651	35,258,399
Restricted under interest rate swap and deferred compensation agreements	4,849,588	3,824,565
Board designated	<u>185,328,963</u>	<u>171,917,898</u>
Total assets limited as to use	<u>216,665,202</u>	<u>211,000,862</u>
Property and equipment, net	<u>199,407,305</u>	<u>197,567,399</u>
Derivative financial instruments	<u>614,553</u>	<u>394,386</u>
Other assets:		
Long-term investments	2,056,954	1,816,801
Goodwill on long-term investments	48,484,352	48,602,671
Beneficial interest in net assets of Foundations	<u>11,499,121</u>	<u>9,707,033</u>
Total other assets	<u>62,040,427</u>	<u>60,126,505</u>
Total assets	<u>\$ 597,090,268</u>	<u>\$ 587,858,985</u>

	<u>2018</u>	<u>2017</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current maturities of long-term debt	\$ 8,431,742	\$ 8,160,932
Short-term debt	-	4,000,000
Accounts payable	28,414,742	24,768,268
Accrued employee related expenses	19,392,704	20,348,947
Other accrued expenses	<u>8,056,162</u>	<u>9,016,194</u>
Total current liabilities	64,295,350	66,294,341
Long-term debt, excluding current maturities	179,717,995	187,989,621
Accrued self-insurance claims	20,826,631	21,393,925
Accrued pension cost	26,046,331	31,282,754
Deferred compensation payable	10,126,944	9,828,341
Collateral held under interest rate swap agreement	<u>850,000</u>	<u>230,000</u>
Total liabilities	<u>301,863,251</u>	<u>317,018,982</u>
Net assets:		
Unrestricted net assets	285,671,955	262,743,014
Temporarily restricted net assets	8,520,062	7,061,989
Permanently restricted net assets	<u>1,035,000</u>	<u>1,035,000</u>
Total net assets	<u>295,227,017</u>	<u>270,840,003</u>
Total liabilities and net assets	<u>\$ 597,090,268</u>	<u>\$ 587,858,985</u>

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

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

COMBINED STATEMENTS OF OPERATIONS AND
CHANGES IN NET ASSETS

for the years ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Unrestricted revenues, gains and other support:		
Patient service revenue (net of contractual allowances and discounts)	\$ 550,112,684	\$ 508,732,425
Provision for bad debts	<u>(34,682,063)</u>	<u>(7,721,240)</u>
Net patient service revenue	515,430,621	501,011,185
Other revenue	<u>48,714,833</u>	<u>47,532,427</u>
Total unrestricted revenues, gains and other support	<u>564,145,454</u>	<u>548,543,612</u>
Expenses:		
Salaries and wages	201,688,184	202,853,087
Employee benefits	40,971,515	38,271,179
Physician and professional fees	53,877,242	44,529,402
Materials and supplies	154,893,123	154,705,090
Purchased services	32,997,614	32,910,373
Insurance	5,250,112	5,821,518
Interest	5,633,223	5,633,645
Depreciation and amortization	23,867,546	22,999,843
Other	<u>36,628,227</u>	<u>35,362,851</u>
Total expenses	<u>555,806,786</u>	<u>543,086,988</u>
Income from operations	<u>8,338,668</u>	<u>5,456,624</u>
Nonoperating income (loss):		
Investment income	7,481,422	5,206,003
Change in fair value of derivative instruments	220,167	351,227
Net periodic pension cost	<u>(628,535)</u>	<u>(2,043,636)</u>
Nonoperating income, net	<u>7,073,054</u>	<u>3,513,594</u>
Revenues and gains in excess of expenses and losses	15,411,722	8,970,218

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

COMBINED STATEMENTS OF OPERATIONS AND
CHANGES IN NET ASSETS, Continued
for the years ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Unrestricted net assets:		
Change in beneficial interest in unrestricted net assets of Foundations, net	\$ 334,015	\$ 701,519
Contributions for property	610,469	723,714
Changes in net unrealized gains and losses on investments other than trading securities	4,707,777	13,009,315
Change in actuarial loss on defined benefit pension plan	(663,026)	5,210,922
Amortization of actuarial loss on defined benefit pension plan	3,358,096	3,804,573
Amortization of prior service cost on defined benefit pension plan	(830,112)	(830,112)
Increase in unrestricted net assets	22,928,941	31,590,149
Temporarily restricted net assets:		
Increase in beneficial interest in temporarily restricted net assets of Foundations, net	<u>1,458,073</u>	<u>686,520</u>
Increase in net assets	24,387,014	32,276,669
Net assets, beginning of year	<u>270,840,003</u>	<u>238,563,334</u>
Net assets, end of year	\$ <u>295,227,017</u>	\$ <u>270,840,003</u>

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

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

COMBINED STATEMENTS OF CASH FLOWS
for the years ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Cash flows from operating activities:		
Increase in net assets	\$ 24,387,014	\$ 32,276,669
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Change in fair value of derivative instruments	(220,167)	(351,227)
Beneficial interest in net assets of Foundations, net	(1,792,088)	(1,388,039)
Net realized and unrealized gains on investments other than trading securities	(6,696,975)	(13,828,140)
Depreciation and amortization	23,867,546	22,999,843
Contributions for property	(610,469)	(723,714)
Changes in:		
Patient accounts receivable	5,747,746	1,443,075
Other receivables	(1,072,419)	(3,439,925)
Inventories	(1,823,435)	(951,944)
Prepaid expenses	(437,957)	(514,765)
Accounts payable	3,646,474	1,341,912
Accrued liabilities	(1,916,275)	(4,430,405)
Estimated third-party payor settlements	(497,086)	246,093
Accrued self-insurance claims	(567,294)	(1,111,760)
Accrued pension costs	(5,236,423)	(10,141,745)
Deferred compensation payable	<u>298,603</u>	<u>111,378</u>
Net cash provided by operating activities	<u>37,076,795</u>	<u>21,537,306</u>
Cash flows from investing activities:		
Purchases of property and equipment	(25,337,682)	(44,121,469)
Proceeds from sale of assets limited as to use	125,377,643	190,483,787
Purchases of assets limited as to use	(124,354,358)	(194,667,031)
Proceeds (payments) on pledged collateral for swaps	620,000	-
Sales (purchases) of long-term investments, net	<u>(240,153)</u>	<u>(65,109)</u>
Net cash used by investing activities	<u>(23,934,550)</u>	<u>(48,369,822)</u>

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

COMBINED STATEMENTS OF CASH FLOWS, Continued
for the years ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Cash flows from financing activities:		
Repayment of long-term debt	\$(20,162,537)	\$(87,998,283)
Proceeds from issuance of long-term debt	11,910,270	126,468,640
Repayment of short-term debt	(9,000,000)	(11,000,000)
Proceeds from issuance of short-term debt	5,000,000	1,000,000
Contributions for property	<u>610,469</u>	<u>723,714</u>
Net cash provided by (used in) financing activities	(<u>11,641,798</u>)	<u>29,194,071</u>
Net increase in cash and cash equivalents	1,500,447	2,361,555
Cash and cash equivalents, beginning of year	<u>8,117,526</u>	<u>5,755,971</u>
Cash and cash equivalents, end of year	\$ <u>9,617,973</u>	\$ <u>8,117,526</u>
Supplemental disclosures of cash flow information:		
Cash paid during the year for interest	\$ <u>6,864,166</u>	\$ <u>6,335,519</u>

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

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

NOTES TO COMBINED FINANCIAL STATEMENTS

June 30, 2018 and 2017

1. Summary of Significant Accounting Policies

Organization

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

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

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

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

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

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

Georgia Infirmary, Inc. (Infirmary) is a not-for-profit corporation, of which the System is the sole corporate member. The System shall have, and may exercise with respect to the Infirmary, all rights and authorities granted by law to members of nonprofit corporations in

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Organization, Continued

Georgia or the bylaws of the Infirmary, except that the System does not have the authority to change the mission of the Infirmary as outlined in the Infirmary's original Articles of Incorporation. In the event of any merger or sale of substantially all of the assets of the System, all membership interest of the System in the Infirmary shall be deemed surrendered by the System and reverted to the Infirmary. The Infirmary is an adult day health provider and also provides a case management program to improve health outcomes for elderly or disabled Medicaid recipients with chronic medical conditions.

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

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

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

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

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

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

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

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NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Basis of Accounting

These combined financial statements, which are presented on the accrual basis of accounting, have been prepared to focus on the System as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classifying net assets and transactions as permanently restricted, temporarily restricted and unrestricted as follows:

- Permanently restricted net assets are those whose use by the System has been restricted by donors to be maintained in perpetuity.
- Temporarily restricted net assets are those whose use by the System has been limited by donors to a specific time period or purpose.
- Unrestricted net assets are resources generated from operations, unrestricted donations, and lapse of temporary restrictions and are not subject to donor-imposed stipulations.

Use of Estimates

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

Cash and Cash Equivalents

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

Allowance for Doubtful Accounts

Accounts receivable is reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the System utilizes a variety of information 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 from these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

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NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Allowance for Doubtful Accounts, Continued

The System analyzes the components of key patient account data including service date(s), charges, payments, adjustments, balance, financial class, patient type, service type, resource unit code and clinical codes. For receivables associated with services provided to patients who have third-party coverage, a variety of payment plans exist based on dates of service, charges, patient type, service type, resource value unit and outlier payment provisions. The System provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectibles, deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to have financial difficulties that make the realization of amounts due unlikely).

For receivables associated with non-contract payors and 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 System records a significant provision for bad debts in the period of service on the basis of recent, relevant collection history by financial class and/or insurance plan. This will indicate 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 System's allowance for doubtful accounts for self-pay patients increased from 83% of self-pay accounts receivable at June 30, 2017 to 86% of self-pay accounts receivable at June 30, 2018. In addition, the System's bad debt provision increased \$26,960,823 from \$7,721,240 for fiscal year 2017 to \$34,682,063 for fiscal year 2018. Both increases were the result of negative trends experienced in the collection of amounts from self-pay patients in fiscal year 2018. The System did not change their charity care and uninsured discount policies during 2018, with the exception of updating the federal poverty guidelines used in determining financial assistance. See Note 10 for additional information.

Pension Cost

The System sponsors a frozen defined benefit pension plan. The System recognizes the overfunded and underfunded status of the defined benefit pension plan in its combined balance sheets. Changes in the funded status are recorded in the year in which the changes occurred in the combined statements of operations and changes in net assets. Components of the net periodic pension cost other than service cost are reported in nonoperating income (loss). See Note 12 for additional information.

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NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Inventories

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

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the combined balance sheets. Investments without a readily determinable fair value are evaluated for the applicability of the cost or equity method. Investments qualifying for the equity method are stated at quoted net asset value of shares held at year end. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in excess revenues unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from excess revenues unless the investments are trading securities.

Assets Limited as to Use

Assets limited as to use primarily include assets held by trustees under indenture agreements; restricted assets under an interest rate swap agreement and a deferred compensation agreement; and designated assets set aside by the Board for future capital improvements, self-insurance and unfunded deferred compensation, over which the Board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the System have been reclassified in the combined balance sheets at June 30, 2018 and 2017.

Property and Equipment

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

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted support, and are excluded from excess revenues, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that

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NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Property and Equipment, Continued

specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations addressing how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Derivative Financial Instruments

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

Goodwill

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

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

As of June 30, 2018 and 2017, the System had goodwill of \$48,484,352 and \$48,602,671, respectively. The System has elected June 30th as its annual impairment assessment date. The System completed its annual impairment assessment and concluded that no material goodwill or indefinite lived intangible asset impairment charge was required for 2018.

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Beneficial Interest in Net Assets of Foundations

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

Deferred Financing Costs

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

Revenues and Gains in Excess of Expenses and Losses

The combined statements of operations and changes in net assets includes revenues and gains in excess of expenses and losses. Changes in unrestricted net assets which are excluded from revenues and gains in excess of expenses and losses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

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

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NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Estimated Self-Insurance Costs

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

Income Taxes

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

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

Based on the results of management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2018 and 2017 or for the years then ended. The System's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

SJCV, SJCMG, Properties and Health Services have generally incurred operating losses for tax purposes and have not recorded a current or deferred tax provision due to significant net operating loss (NOL) carryforwards which would be utilized to offset any potential tax

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Income Taxes, Continued

liabilities generated from future taxable income. At June 30, 2018, NOL carryforwards expiring through 2037 amounted to approximately \$88,824,000 and are available for the offset of future taxable income. No asset has been recognized related to this NOL carryforward due to continued operating losses.

Impairment of Long-Lived Assets

The System evaluates on an ongoing basis the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is required to be recognized if the carrying value of the asset exceeds the undiscounted future net cash flows associated with that asset. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The System has not recorded any material impairment charges in the accompanying combined statements of operations and changes in net assets for the years ended June 30, 2018 and 2017.

Fair Value Measurements

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

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

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Recently Adopted Accounting Pronouncement

In 2018, the System prospectively adopted the provisions of Financial Accounting Standards Board ASU 2015-11, *Simplifying the Measurement of Inventory*. This ASU changes the measurement principle for certain inventory methods from the lower of cost or market to the lower of cost and net realizable value. The System's adoption of this guidance did not have a material effect on the financial statements.

Accounting Pronouncements Not Yet Adopted

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which is a new comprehensive revenue recognition standard. The new guidance, including subsequent amendments, is effective for the System as of July 1, 2018. The System is continuing to evaluate the impact the guidance will have on the financial statements.

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. This comprehensive standard provides guidance on net asset classification and required disclosures on liquidity and availability of resources, requires expanded disclosure about expense and investment returns, and eliminates the requirement to present or disclose the indirect method reconciliation if using the direct method when presenting cash flows. The standard is effective for annual periods beginning after December 15, 2017. The System expects to adopt the new guidance for the year ending June 30, 2019 and is continuing to evaluate the impact the guidance will have on the financial statements.

Prior Year Reclassifications

Certain reclassifications have been made to the fiscal year 2017 combined financial statements to conform to the fiscal year 2018 presentation. These reclassifications had no impact on the change in net assets in the accompanying combined financial statements.

Subsequent Events

In preparing these combined financial statements, the System has evaluated events and transactions for potential recognition or disclosure through October 18, 2018, the date the combined financial statements were issued.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

2. Investments

Assets Limited as to Use

The composition of assets limited as to use at June 30, 2018 and 2017 is set forth in the following table. Investments are stated at fair value and are considered other than trading.

	<u>2018</u>	<u>2017</u>
Held in trust under bond indenture:		
Cash and cash equivalents	\$ 3,072,749	\$ 2,173,464
Mutual funds – fixed income	25,595,554	35,211,943
Interest receivable	<u>1,144</u>	<u>46,438</u>
Total	<u>28,669,447</u>	<u>37,431,845</u>
Interest rate swap agreement and deferred compensation agreement:		
Cash and cash equivalents	850,000	230,000
Mutual funds – equity	<u>3,999,588</u>	<u>3,594,565</u>
Total	<u>4,849,588</u>	<u>3,824,565</u>
Board designated:		
Cash and cash equivalents	1,609,858	1,417,050
U.S. Government and agency obligations	2,131,340	2,367,975
Municipal obligations	546,646	931,126
Corporate bonds	3,820,887	6,807,352
Mortgage backed securities	3,154,491	4,274,718
Mutual funds – fixed income	39,539,231	34,802,879
Mutual funds – balanced	13,036,733	13,697,585
Mutual funds – equity	62,165,678	47,663,621
Mutual funds – international equity	33,284,341	37,747,146

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

2. Investments, Continued

Assets Limited as to Use, Continued

	<u>2018</u>	<u>2017</u>
Board designated, continued:		
Equity securities – common stock	\$ 17,988,771	\$ 15,479,307
Equity securities – international	1,060,408	1,101,745
Equity securities – preferred stock	6,906,315	5,484,829
Interest receivable	<u>84,264</u>	<u>142,565</u>
Total	<u>185,328,963</u>	<u>171,917,898</u>
Total assets limited as to use	218,847,998	213,174,308
Less amounts required for current liabilities	<u>2,182,796</u>	<u>2,173,446</u>
Total	<u>\$ 216,665,202</u>	<u>\$ 211,000,862</u>

Investment income and gains (losses) for assets limited as to use, cash equivalents, and investments are comprised of the following for the years ending June 30, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Income:		
Interest income and dividends	\$ 5,492,231	\$ 4,387,178
Realized gain on sales of securities	<u>1,989,191</u>	<u>818,825</u>
Total	<u>\$ 7,481,422</u>	<u>\$ 5,206,003</u>
Other changes in unrestricted net assets:		
Changes in unrealized gains and on investments, net	<u>\$ 4,707,777</u>	<u>\$ 13,009,315</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

2. Investments, Continued

Assets Limited as to Use, Continued

The following table outlines fair value and gross unrealized losses, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position, at June 30, 2018 and 2017.

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

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

2. Investments, Continued

Assets Limited as to Use, Continued

Description of Securities	June 30, 2017					
	Less Than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U.S. Government and Agency obligations	\$ 686,303	\$(10,272)	\$ -	\$ -	\$ 686,303	\$(10,272)
Municipal obligations	193,960	(1,061)	318,100	(21,802)	512,060	(22,863)
Corporate bonds	2,766,201	(53,263)	771,251	(376,308)	3,537,452	(429,571)
Mortgage backed securities	558,379	(7,642)	86,427	(1,798)	644,806	(9,440)
Mutual funds – fixed income	754,026	(20,460)	19,400,593	(1,114,070)	20,154,619	(1,134,530)
Mutual funds – balanced	-	-	13,605,600	(3,607,281)	13,605,600	(3,607,281)
Mutual funds – equity	-	-	733,080	(69,080)	733,080	(69,080)
Mutual funds – international equity	-	-	21,445,544	(462,194)	21,445,544	(462,194)
Equity securities – common stock	<u>115,864</u>	<u>(16,426)</u>	<u>582,330</u>	<u>(272,610)</u>	<u>698,194</u>	<u>(289,036)</u>
Total	\$ <u>5,074,733</u>	\$ <u>(109,124)</u>	\$ <u>56,942,925</u>	\$ <u>(5,925,143)</u>	\$ <u>62,017,658</u>	\$ <u>(6,034,267)</u>

- *U.S. Government and agency obligations, Municipal obligations, Mortgage backed securities, and Corporate bonds:* The unrealized losses on these investments were primarily caused by interest rate increases. The contractual terms of these investments do not permit the issuer to settle the securities at a price less than the amortized cost or face value of the obligations. Because the System has the ability and intent to hold these investments until a market price recovery or maturity, these investments are not considered other-than-temporarily impaired.
- *Mutual funds and Equity securities:* For all of these securities with an unrealized loss, such unrealized loss in total was approximately 14% in 2018 and 10% in 2017 of the System's carrying value of the securities in a loss position. The System considers various factors when determining if a decline in the fair value of an equity is other-than-temporary including, but not limited to, the length of time and magnitude of the unrealized loss; the

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

2. Investments, Continued

Assets Limited as to Use, Continued

- *Mutual funds and Equity securities, continued:* volatility of the investment; analyst recommendations and price targets; opinions of the System's external investment managers; market liquidity; and the System's intentions to sell or ability to hold the investments. Based on an evaluation of these factors, the System has concluded that the declines in fair values of the System's mutual funds and equity investments at June 30, 2018 are temporary.

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

3. Property and Equipment

A summary of property and equipment at June 30, 2018 and 2017 follows:

	<u>2018</u>	<u>2017</u>
Land	\$ 14,438,661	\$ 14,413,661
Land improvements	8,764,177	8,393,461
Building and fixed equipment	318,534,770	306,618,219
Major movable equipment	<u>300,757,419</u>	<u>289,532,345</u>
	642,495,027	618,957,686
Less accumulated depreciation	<u>452,279,677</u>	<u>439,168,338</u>
	190,215,350	179,789,348
Construction in progress	<u>9,191,955</u>	<u>17,778,051</u>
Property and equipment, net	\$ <u>199,407,305</u>	\$ <u>197,567,399</u>

Depreciation expense for the years ended June 30, 2018 and 2017 amounted to approximately \$23,498,000 and \$22,638,000, respectively.

Contracts of approximately \$21,300,000 exist for construction of an offsite outpatient campus of SJH. At June 30, 2018, the remaining commitment on these contracts approximated \$15,160,000.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

4. Goodwill

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

The changes in the carrying amount of goodwill for the years ended June 30, 2018 and 2017, are as follows:

	<u>2018</u>	<u>2017</u>
Balance at beginning of year:		
Goodwill	\$ 60,260,816	\$ 60,379,136
Accumulated impairment losses	(11,658,145)	(11,658,145)
	<u>48,602,671</u>	<u>48,720,991</u>
Goodwill acquired during the year	-	-
Goodwill disposal	(118,319)	(118,320)
Balance at end of the year:		
Goodwill	60,142,497	60,260,816
Accumulated impairment losses	(11,658,145)	(11,658,145)
Balance at end of the year	\$ <u>48,484,352</u>	\$ <u>48,602,671</u>

5. Related Organization

Candler Foundation, Inc. and St. Joseph's Foundation of Savannah, Inc. (Foundations) were established to raise funds to support the operations of CH and SJH (Hospitals). The Foundations' bylaws provide that all funds raised, except for funds acquired for the operations of the Foundations, be distributed to or be held for the benefit of the Hospitals. The Foundations' general funds, which represent the Foundations' unrestricted resources, are distributed to the Hospitals in amounts and in periods determined by the Foundations' Boards of Directors, who may also restrict the use of general funds for Hospital plant replacement or expansion or other specific purposes. Plant replacement and expansion funds, specific-purpose funds, and assets obtained from endowment income of the Foundations are distributed to the Hospitals as required to comply with the purpose specified by donors. A summary of the Foundations' assets, liabilities, net assets, results of operations, and changes in net assets follows. The Hospitals' interest in the net assets of the Foundations is reported as a non-current asset in the combined balance sheets.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

5. Related Organization, Continued

Candler Foundation, Inc.

	<u>2018</u>	<u>2017</u>
Assets:		
Cash	\$ 231,176	\$ 274,235
Investments	8,289,049	6,799,841
Other assets	<u>861,952</u>	<u>932,928</u>
Total assets	\$ <u>9,382,177</u>	\$ <u>8,007,004</u>
Liabilities:		
Accounts payable	\$ 8,342	\$ 23,261
Due to related parties	<u>22,351</u>	<u>146,694</u>
Total liabilities	<u>30,693</u>	<u>169,955</u>
Net assets:		
Unrestricted	1,289,982	991,839
Temporarily restricted	7,126,502	5,910,210
Permanently restricted	<u>935,000</u>	<u>935,000</u>
Total net assets	<u>9,351,484</u>	<u>7,837,049</u>
Total liabilities and net assets	\$ <u>9,382,177</u>	\$ <u>8,007,004</u>
Revenue and support	\$ 2,742,148	\$ 2,543,545
Expenses	<u>1,226,333</u>	<u>1,548,011</u>
Excess of revenue	1,515,815	995,534
Other changes in net assets	(1,380)	374,230
Net assets, beginning of year	<u>7,837,049</u>	<u>6,467,285</u>
Net assets, end of year	\$ <u>9,351,484</u>	\$ <u>7,837,049</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

5. Related Organization, Continued

St. Joseph Foundation of Savannah, Inc.

	<u>2018</u>	<u>2017</u>
Assets:		
Cash	\$ 12,773	\$ 26,350
Investments	1,959,309	1,598,064
Other assets	<u>231,176</u>	<u>265,607</u>
Total assets	\$ <u>2,203,258</u>	\$ <u>1,890,021</u>
Liabilities:		
Accounts payable	\$ 3,164	\$ 17,600
Due to related parties	<u>52,456</u>	<u>2,437</u>
Total liabilities	<u>55,620</u>	<u>20,037</u>
Net assets:		
Unrestricted	654,078	618,205
Temporarily restricted	1,393,560	1,151,779
Permanently restricted	<u>100,000</u>	<u>100,000</u>
Total net assets	<u>2,147,638</u>	<u>1,869,984</u>
Total liabilities and net assets	\$ <u>2,203,258</u>	\$ <u>1,890,021</u>
Revenue and support	\$ 1,197,044	\$ 759,788
Expenses	<u>997,840</u>	<u>836,875</u>
Excess of revenue (expenses)	199,204	(77,087)
Other changes in net assets	78,450	95,362
Net assets, beginning of year	<u>1,869,984</u>	<u>1,851,709</u>
Net assets, end of year	\$ <u>2,147,638</u>	\$ <u>1,869,984</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2018 and 2017

6. Long-Term Debt

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

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

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

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

6. Long-Term Debt, Continued

The Authority issued a \$31,505,000 principal bond Series 2011-1 pursuant to a Bond Trust Indenture dated December 1, 2011, by and between the Authority and the bond trustee, Regions Bank. The Authority simultaneously entered into a Loan Agreement dated December 1, 2011 by and between the Authority and the System. In November 2013, the Series 2013E Master Note was issued to satisfy, discharge, and replace Series 2011-1. In July 2016, the Series 2013E Master Note was refunded with the issuance of the Series 2016A Revenue Bonds.

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

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

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

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

SJH incurred a \$1,100,000 real estate, lease, and sponsorship agreement dated June 28, 2012 by and between SJH and SMA. SJH purchased real estate from SMA and leased the property back to SMA. In October 2016, the agreement was satisfied.

The Authority issued a \$46,185,000 principal bond Series 2013A pursuant to a Bond Trust Indenture dated November 1, 2013, by and between the Authority and the bond trustee, Regions Bank. The Authority simultaneously entered into a Loan Agreement dated

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued

June 30, 2018 and 2017

6. Long-Term Debt, Continued

November 1, 2013 by and between the Authority and the System, CH, and SJH. Interest will be paid annually through July 2026 by the System to the Authority. Subsequently, principal and interest will be paid through July 2031. Proceeds for the 2013A Revenue Bonds have been used (1) to finance the costs of constructing additions and improvements to, and equipment for, CH and SJH, (2) currently refund the outstanding principal amount of the Series 2003 Bonds, and (3) pay the costs of issuing the bonds and refunding the Series 2003 Bonds.

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

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

CH incurred a \$36,000,000 Master Note Series 2016B pursuant to a credit agreement dated July 28, 2016, by and between CH and TD Bank. Principal and interest will be paid monthly through July 2022. The purpose of the Note is (1) to finance the costs of constructing additions and improvements to, and equipment for, CH and SJH, (2) refund the outstanding principal and interest of the Series 2013G and 2013H bonds, and (3) pay the cost of issuing the Series 2016B and refunding the Series 2013G and 2013H bonds.

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

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

6. Long-Term Debt, Continued

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

A summary of long-term debt at June 30, 2018 and 2017 follows:

	<u>2018</u>	<u>2017</u>
Hospital Authority of Savannah Revenue Bonds, St. Joseph's/Candler Health System, Inc. Issue Series 2016A: Variable interest rate based on LIBOR plus a margin based on applicable rating, payable in varying monthly amounts from \$11,635 to \$674,657 from August 2016 until June 2026 with a balloon payment in July 2026 of \$69,202,193.	\$ <u>75,245,371</u>	\$ <u>87,376,993</u>
Issue Series 2013A: 5.50% serial bonds, principal due in varying annual installments beginning in July 2027 to July 2031	46,185,000	46,185,000
Issue Series 2013B: 6.00% term bonds, principal due in varying annual installments beginning in July 2024 to July 2027	30,025,000	30,025,000
Unamortized premium	<u>1,665,555</u>	<u>1,793,676</u>
Total	<u>77,875,555</u>	<u>78,003,676</u>
Issue Series 2017: Variable interest rate based on LIBOR plus a margin based on applicable rating, payable in varying monthly amounts from \$1,700 to \$6,100 from January 2018 until June 2018 with a balloon payment in July 2026 of \$9,511,498.	<u>11,990,400</u>	<u>-</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

6. Long-Term Debt, Continued

	<u>2018</u>	<u>2017</u>
Candler Hospital, Inc. taxable (Series 2016B), with a variable interest rate based on LIBOR plus a margin based upon the applicable rating, due in varying monthly installments of \$569,365 to \$631,554 from August 2016 until July 2022	\$ <u>22,741,289</u>	\$ <u>29,736,985</u>
SJC Properties, Inc. noninterest bearing note payable, due in varying annual amounts from \$897,500 to \$1,085,140 from March 2018 until March 2020	<u>2,066,141</u> 189,918,756	<u>2,963,640</u> 198,081,294
Less unamortized debt issue costs	<u>1,769,019</u> 188,149,737	<u>1,930,741</u> 196,150,553
Less current maturities	<u>8,431,742</u>	<u>8,160,932</u>
Total long-term debt	\$ <u>179,717,995</u>	\$ <u>187,989,621</u>

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

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

The System entered into interest rate swaps in relation to its debt structure. During the years ended June 30, 2018 and 2017, the System recognized approximately \$52,000 and \$93,000, respectively, which has been recorded as an addition to interest expense in the accompanying combined statements of operations and changes in net assets.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

6. Long-Term Debt, Continued

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

<u>Year Ending June 30</u>	<u>Amount</u>
2019	\$ 8,302,863
2020	8,595,532
2021	7,713,123
2022	7,912,768
2023	8,082,008
Thereafter	<u>147,646,907</u>
Total	\$ <u>188,253,201</u>

7. Short-Term Debt

A schedule of changes in the System's short-term debt at June 30, 2018 and 2017 follows:

	<u>Balance</u> <u>June 30, 2017</u>	<u>Additions</u>	<u>Reductions</u>	<u>Balance</u> <u>June 30, 2018</u>
Line-of-credit:				
Regions Bank	\$ <u>4,000,000</u>	\$ <u>5,000,000</u>	\$ (<u>9,000,000</u>)	\$ <u>-</u>
	<u>Balance</u> <u>June 30, 2016</u>	<u>Additions</u>	<u>Reductions</u>	<u>Balance</u> <u>June 30, 2017</u>
Line-of-credit:				
Regions Bank	\$ <u>14,000,000</u>	\$ <u>1,000,000</u>	\$(<u>11,000,000</u>)	\$ <u>4,000,000</u>

The System has a revolving line-of-credit for general operating and capital purposes. The line-of-credit is secured by the gross receipts of the System, CH and SJH. The terms of the System's line-of-credit during 2018 follows:

- Regions Bank – \$15,000,000 line-of-credit with a maturity date of September 22, 2018. Interest is recalculated at a floating rate per annum equal to 30-Day LIBOR plus eighty-five one-hundredths of one percent (85 basis points), which is due monthly. In September 2017, the System amended the agreement to reduce the principal amount to a maximum of \$15,000,000. In December 2016, the System further amended the agreement to designate \$3,070,000 as letter-of-credit within the funds available for the System's self-insured workers' compensation claims. Subsequent to year end, the System renewed the agreement to extend the maturity date to September 21, 2019.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

8. Derivative Financial Instruments

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

<u>1998A and 1998B Swap Agreement – Variable to Fixed</u>		
	<u>June 30, 2018</u>	<u>June 30, 2017</u>
Notional amount	\$ 41,635,000	\$ 53,105,000
Fair market swap	\$ 352,000	\$(198,000)
Life remaining on swap	5 Years	6 Years
<u>1998C and 2003 Swap Agreement – Variable to Variable</u>		
	<u>June 30, 2018</u>	<u>June 30, 2017</u>
Notional amount	\$ 34,255,000	\$ 40,785,000
Fair market swap	\$ 262,000	\$ 593,000
Life remaining on swap	15 Years	16 Years

The swaps were issued at market terms so that they had no fair value at their inception. The carrying amount of the swaps has been adjusted to fair value at the end of the year which, because of changes in forecasted levels of LIBOR, resulted in reporting a net asset in 2018 and 2017.

The portion of the swap results not designated as a hedging derivative is included in revenues and gains in excess of expenses and losses. For the years ending June 30, 2018 and 2017, this earnings impact totaled \$220,167 and \$351,227, respectively.

Certain provisions of the System's interest rate swaps allow the System to receive assets from the counterparty as collateral. The System held approximately \$850,000 and \$230,000 of the counterparty's assets at June 30, 2018 and 2017, respectively. These assets are included in assets limited as to use restricted under interest rate swap agreement and deferred compensation agreement and the corresponding liability is included in noncurrent liabilities in the accompanying combined balance sheets.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

9. Temporarily and Permanently Restricted Net Assets

A summary of the restricted net assets at June 30, 2018 and 2017 follows:

	<u>2018</u>	<u>2017</u>
Temporarily restricted net assets:		
Candler Foundation, Inc.	\$ 7,126,502	\$ 5,910,210
St. Joseph's Foundation of Savannah, Inc.	<u>1,393,560</u>	<u>1,151,779</u>
Total	\$ <u>8,520,062</u>	\$ <u>7,061,989</u>
Permanently restricted net assets:		
Candler Foundation, Inc.	\$ 935,000	\$ 935,000
St. Joseph's Foundation of Savannah, Inc.	<u>100,000</u>	<u>100,000</u>
Total	\$ <u>1,035,000</u>	\$ <u>1,035,000</u>

10. Patient Service Revenue

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. The System does not believe that there are any significant credit risks associated with receivables due from third-party payors. A summary of the payment agreements with major third-party payors follows:

- Medicare

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

The System is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare Administrative Contractor (MAC). The System's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the System. The System's Medicare cost reports have been audited by the MAC through 2014 for CH and 2015 for SJH.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

10. Patient Service Revenue, Continued

• Medicare, Continued

Revenue from the Medicare program accounted for approximately 45% of the System's patient service revenue for the years ended 2018 and 2017. Laws and regulations governing the Medicare program are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Estimated reimbursement amounts are adjusted in subsequent periods as cost reports are prepared and filed and as final settlements are determined.

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

• Medicaid

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

The System is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicaid fiscal intermediary. The System's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through 2015 for both CH and SJH.

Laws and regulations governing the Medicaid program are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Estimated reimbursement amounts are adjusted in subsequent periods as cost reports are prepared and filed and as final settlements are determined.

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

10. Patient Service Revenue, Continued

• Medicaid, Continued

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

The System believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. However, there has been an increase in regulatory initiatives at the state level including the initiation of the Medicaid Integrity Contractor (MIC) program. This program was created to review Medicaid claims for medical necessity and coding appropriateness. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicaid program.

The state of Georgia enacted legislation known as the Provider Payment Agreement Act (Act) whereby hospitals in the state of Georgia are assessed a “provider payment” in the amount of 1.45% of their net patient service revenue. The Act became effective July 1, 2010, the beginning of state fiscal year 2011. The provider payments are due on a quarterly basis to the Department of Community Health. The payments are to be used for the sole purpose of obtaining federal financial participation for medical assistance payments to providers on behalf of Medicaid recipients. The provider payment results in an increase in payments for Medicaid services to hospitals of approximately 11.88%. Approximately \$6,247,000 and \$5,831,000 of provider payments relating to the Act are included as a reduction in net patient service revenue in the accompanying combined statements of operations and changes in net assets for the years ended June 30, 2018 and 2017, respectively.

• Other Agreements

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

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

10. Patient Service Revenue, Continued

• Uninsured Patients

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

The System recognizes patient service revenue associated with services provided to patients who have third-party coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the System recognizes revenue on the basis of its agreed upon rates for services provided. On the basis of historical experience, a significant portion of the System's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the System records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows:

Patient Service Revenue (Net of Contractual Allowances and Discounts)					
	<u>Medicare</u>	<u>Medicaid</u>	<u>Third-Party Payors</u>	<u>Self-Pay</u>	<u>Total All Payors</u>
2018	\$ <u>225,840,953</u>	\$ <u>21,102,019</u>	\$ <u>259,292,187</u>	\$ <u>43,877,525</u>	\$ <u>550,112,684</u>
2017	\$ <u>222,268,461</u>	\$ <u>23,594,313</u>	\$ <u>241,851,670</u>	\$ <u>21,017,981</u>	\$ <u>508,732,425</u>

11. Uncompensated Services

The System was compensated for services at amounts less than its established rates. Uncompensated care includes charity and indigent services of approximately \$142,000,000 and \$144,000,000 for 2018 and 2017, respectively. The cost of charity and indigent services provided during 2018 and 2017 was approximately \$55,200,000 and \$58,500,000, respectively, computed by applying a total cost factor to the charges foregone for uninsured claims and an estimated unreimbursed cost for insured claims.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

11. Uncompensated Services, Continued

The following is a summary of uncompensated services and a reconciliation of gross patient charges to net patient service revenue for 2018 and 2017.

	<u>2018</u>	<u>2017</u>
Gross patient charges	\$ <u>2,336,936,231</u>	\$ <u>2,176,543,559</u>
Uncompensated services:		
Charity and indigent care	141,774,209	143,681,671
Medicare	972,011,104	896,929,938
Medicaid	155,153,785	146,056,648
Other allowances	517,884,449	481,142,877
Bad debts	<u>34,682,063</u>	<u>7,721,240</u>
Total uncompensated care	<u>1,821,505,610</u>	<u>1,675,532,374</u>
Net patient service revenue	\$ <u>515,430,621</u>	\$ <u>501,011,185</u>

12. Pension Plans

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

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

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

12. Pension Plans, Continued

The following table sets forth the St. Joseph's Plan's funded status and amounts recognized in the combined financial statements at June 30, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Plan assets at fair value as of June 30	\$ 89,360,520	\$ 82,844,998
Projected benefit obligation as of June 30	<u>115,406,851</u>	<u>114,127,752</u>
Funded status	\$(<u>26,046,331</u>)	\$(<u>31,282,754</u>)
Amounts recognized only in unrestricted net assets:		
Unrecognized net loss from past experience different from that assumed	\$(55,570,622)	\$(58,265,693)
Prior service cost not yet recognized in net periodic pension cost	<u>4,291,688</u>	<u>5,121,800</u>
Deferred pension cost	\$(<u>51,278,934</u>)	\$(<u>53,143,893</u>)

Significant assumptions used to determine the accumulated and projected benefit obligations, and net periodic pension cost for the St. Joseph's Plan for the years ended June 30, 2018 and 2017, were as follows:

	<u>2018</u>	<u>2017</u>
Discount rate	Segment Rates of 1.62%, 3.80% and 4.75%	Segment Rates of 1.46%, 3.93% and 4.94%
Rate of increase in future compensation levels	0.00%	0.00%
Expected long-term rate of return on assets	8.00%	8.00%

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

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

12. Pension Plans, Continued

The actuarially computed net periodic pension cost for the St. Joseph's Plan for the years ended June 30, 2018 and 2017 included the following components:

	<u>2018</u>	<u>2017</u>
Interest cost on projected benefit obligation	\$ 4,693,555	\$ 4,948,351
Expected return on plan assets	(6,593,004)	(5,879,176)
Amortization of actuarial loss	3,358,096	3,804,573
Amortization of prior service cost	(830,112)	(830,112)
Net periodic pension cost	<u>628,535</u>	<u>2,043,636</u>
Other changes in plan assets and benefit obligations recognized in unrestricted net assets:		
Change in net actuarial loss	663,026	(5,210,922)
Amortization of net actuarial loss	(3,358,096)	(3,804,573)
Amortization of prior service cost	<u>830,112</u>	<u>830,112</u>
Total recognized in unrestricted net assets	(1,864,958)	(8,185,383)
Total recognized in net periodic pension cost and unrestricted net assets	\$(<u>1,236,423</u>)	\$(<u>6,141,747</u>)

The change in projected benefit obligation for the St. Joseph's Plan for the years ended June 30, 2018 and 2017 included the following components:

	<u>2018</u>	<u>2017</u>
Projected benefit obligation, beginning of year	\$ 114,127,752	\$ 115,441,957
Interest cost	4,693,555	4,948,351
Actuarial loss	2,001,347	(1,273,878)
Benefits paid	(5,415,803)	(4,988,678)
Projected benefit obligation, end of year	\$ <u>115,406,851</u>	\$ <u>114,127,752</u>
Accumulated benefit obligation	\$ <u>115,406,851</u>	\$ <u>114,127,752</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

12. Pension Plans, Continued

The change in plan assets for the St. Joseph's Plan for the years ended June 30, 2018 and 2017 included the following components:

	<u>2018</u>	<u>2017</u>
Plan assets at fair value, beginning of year	\$ 82,844,998	\$ 74,017,457
Actual return on assets	7,931,325	9,816,219
Employer contributions	4,000,000	4,000,000
Benefits paid	(5,415,803)	(4,988,678)
 Plan assets at fair value, end of year	 \$ <u>89,360,520</u>	 \$ <u>82,844,998</u>

The actuarial loss and prior service cost to be recognized during the next 12 months beginning July 1, 2018 is as follows:

Recognized net actuarial loss	\$ 3,358,096
Amortization of prior year service costs – SJC	(830,112)
 Total	 \$ <u>2,527,984</u>

Estimated Contributions

The System plans to contribute approximately \$5,732,177 to this plan during fiscal year 2019.

Estimated Future Benefit Payments

The following benefit payments are expected to be paid:

<u>Year Ending June 30</u>	<u>Pension Benefits</u>
2019	\$ 5,732,177
2020	\$ 6,027,286
2021	\$ 6,314,991
2022	\$ 6,409,842
2023	\$ 6,450,143
2024 – 2028	\$ 34,176,466

The expected benefits to be paid are based on the same assumptions used to measure the System's benefit obligation at June 30, 2018.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

12. Pension Plans, Continued

Plan Assets

The composition of plan assets at June 30, 2018 and 2017 is as follows:

	<u>2018</u>		<u>2017</u>	
	<u>Amount</u>	<u>Percentage</u>	<u>Amount</u>	<u>Percentage</u>
Cash and cash equivalents	\$ 3,348,811	4%	\$ 1,233,771	2%
Mutual funds – fixed income	10,778,948	12%	9,863,034	12%
Mutual funds – balanced	7,951,659	9%	8,250,193	10%
Mutual funds – equity	22,619,900	25%	17,598,749	21%
Mutual funds – international equity	19,470,024	22%	17,584,711	21%
Equity securities	<u>25,191,179</u>	<u>28%</u>	<u>28,314,541</u>	<u>34%</u>
Total plan assets, at fair value	\$ <u>89,360,521</u>	<u>100%</u>	\$ <u>82,844,999</u>	<u>100%</u>

The plan assets are long-term in nature and are intended to generate returns while preserving capital. The System's strategy is to maintain prudent levels of diversification throughout the portfolio to minimize risk. The target allocation for the investments is 68% equity, 29% fixed income/alternative investments and 3% cash and equivalents.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

12. Pension Plans, Continued

Plan Assets, Continued

The fair values of the System's pension plan assets at June 30, 2018 and 2017, by asset category are as follows:

<u>Asset Category</u>	<u>Fair Value</u>	Fair Value Measurements at June 30, 2018		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	\$ 3,348,811	\$ 3,348,811	\$ -	\$ -
Mutual funds – fixed income	10,778,948	10,778,948	-	-
Mutual funds – balanced	7,951,659	7,951,659	-	-
Mutual funds – equity	22,619,900	22,619,900	-	-
Mutual funds – international equity	19,470,024	19,470,024	-	-
Equity securities	<u>25,191,179</u>	<u>25,191,179</u>	-	-
Total	\$ <u>89,360,521</u>	\$ <u>89,360,521</u>	\$ -	\$ -

<u>Asset Category</u>	<u>Fair Value</u>	Fair Value Measurements at June 30, 2017		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	\$ 1,233,771	\$ 1,233,771	\$ -	\$ -
Mutual funds – fixed income	9,863,034	9,863,034	-	-
Mutual funds – balanced	8,250,193	8,250,193	-	-
Mutual funds – equity	17,598,749	17,598,749	-	-
Mutual funds – international equity	17,584,711	17,584,711	-	-
Equity securities	<u>28,314,541</u>	<u>28,314,541</u>	-	-
Total	\$ <u>82,844,999</u>	\$ <u>82,844,999</u>	\$ -	\$ -

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

12. Pension Plans, Continued

Plan Assets, Continued

The System created a 401(k) plan effective January 1, 2004. All employees of the System who have reached age 21 and have completed one year of eligible service are eligible to participate in the employer matching program. Employees may deposit a portion of their earnings for each pay period on a pre-tax basis and the System matches 50% of each participant's voluntary contributions up to a maximum of 6% of the employee's annual salary. Matching contribution expenses for the years ended June 30, 2018 and 2017 totaled approximately \$3,400,000 and \$3,500,000, respectively. Discretionary contribution expense for the years ended June 30, 2018 and 2017 totaled approximately \$2,460,000 and \$2,500,000, respectively.

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

13. Self-Insurance Claims

The System insures its professional and general liability on a claims-made basis through Geechee, a wholly-owned subsidiary, with a self-insured retention limit of \$7,000,000. The System insures its employed physician professional liability on a claims-made basis through Geechee with a self-insured retention limit of \$4,000,000. At June 30, 2018, there are known claims and incidents that may result in additional claims, as well as claims from unknown incidents that may be asserted arising from services provided to patients. The System has employed independent actuaries to assist in estimating the ultimate costs, if any, of settlement of such claims that are not covered by commercial insurance.

Accrued malpractice losses have been discounted at 6.00% for both June 30, 2018 and 2017, and in management's opinion, provide an adequate reserve for loss contingencies. The estimate of these potential claims is approximately \$19,000,000 at June 30, 2018 and June 30, 2017, and is included in accrued self-insurance claims in the accompanying combined balance sheets. Management was not aware of any asserted or unasserted claims that exceed the System's insurance coverage as of June 30, 2018.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

13. Self-Insurance Claims, Continued

The System is self-insured with respect to workers' compensation claims up to a self-insurance retention limit of \$750,000 per claim. Workers compensation claims in excess of the self-insurance retention limits are insured with a commercial insurance carrier on a claims-made basis. Management was not aware of any asserted or unasserted claims that exceed the System's excess workers' compensation coverage as of June 30, 2018.

The System is self-insured with respect to employee health insurance claims. The System maintains reinsurance through a commercial excess coverage policy, which covers annual individual employee claims paid in excess of \$290,000. Under this self-insurance program, the System paid or accrued approximately \$18,400,000 and \$17,400,000 during the fiscal years ended June 30, 2018 and 2017, respectively.

14. Concentrations of Credit Risk

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of accounts receivable from patients and third-party payors, net of contractual adjustments and estimated uncollectibles, for CH and SJH at June 30, 2018 and 2017 was as follows:

	<u>2018</u>	<u>2017</u>
Medicare	34%	33%
Medicaid	7%	8%
Managed care	31%	33%
Commercial and other	14%	14%
Self-pay	<u>14%</u>	<u>12%</u>
Total	<u>100%</u>	<u>100%</u>

At June 30, 2018, the System had deposits at major financial institutions which exceeded the \$250,000 Federal Depository Insurance limits. Management believes the credit risks related to these deposits is minimal.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

15. Functional Expenses

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

	<u>2018</u>	<u>2017</u>
Health care services	\$ 430,842,996	\$ 421,417,388
General and administrative	<u>124,963,790</u>	<u>121,669,600</u>
Total	\$ <u>555,806,786</u>	\$ <u>543,086,988</u>

16. Fair Values of Financial Instruments

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

- *Cash and cash equivalents, accounts payable, accrued expenses, short-term debt, and estimated third-party payor settlements:* The carrying amount reported in the combined balance sheets approximates its fair value, due to the short-term nature of these instruments.
- *Assets limited as to use and derivative financial instruments:* Amounts reported in the combined balance sheets are at fair value. See below for fair value measurement disclosures.
- *Long-term debt:* The fair value of the System's fixed rate long-term debt is estimated based on quoted market value for same or similar debt instruments. The remaining long-term debt carrying amount approximates its fair value. Based on inputs used in determining the estimated fair value, the System's long-term debt would be classified as Level 2 in the fair value hierarchy.

The carrying amounts and fair values of the System's long-term debt at June 30, 2018 and 2017 are as follows:

	<u>2018</u>		<u>2017</u>	
	<u>Carrying Amount</u>	<u>Fair Value</u>	<u>Carrying Amount</u>	<u>Fair Value</u>
Long-term debt	\$ <u>189,918,754</u>	\$ <u>195,516,906</u>	\$ <u>198,081,294</u>	\$ <u>206,565,296</u>

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

16. Fair Values of Financial Instruments, Continued

Fair values of assets measured on a recurring basis at June 30, 2018 and 2017 are as follows:

	<u>Fair Value</u>	<u>Fair Value Measurements at June 30, 2018</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Assets:				
Cash and cash equivalents	\$ 5,618,015	\$ 3,349,811	\$ 2,268,204	\$ -
U.S. Government and Agency obligations	2,131,340	635,712	1,495,628	-
Municipal obligations	546,646	-	546,646	-
Corporate bonds	3,820,887	-	3,820,887	-
Mortgage backed securities	3,154,491	-	3,154,491	-
Mutual funds – fixed income	65,134,785	64,077,152	1,057,633	-
Mutual funds – balanced	13,036,733	13,036,733	-	-
Mutual funds – equity	66,165,266	62,165,678	3,999,588	-
Mutual funds – international equity	33,284,341	33,284,341	-	-
Equity securities – common stock	17,988,771	17,988,771	-	-
Equity securities – international	1,060,408	1,060,408	-	-
Equity securities – preferred stock	6,906,315	6,906,315	-	-
Derivatives	<u>614,553</u>	<u>-</u>	<u>614,553</u>	<u>-</u>
Total assets	\$ <u>219,462,551</u>	\$ <u>202,504,921</u>	\$ <u>16,957,630</u>	\$ <u>-</u>
		<u>Fair Value Measurements at June 30, 2017</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Assets:				
Cash and cash equivalents	\$ 4,009,517	\$ 245,366	\$ 3,764,151	\$ -
U.S. Government and Agency obligations	2,367,975	-	2,367,975	-
Municipal obligations	931,126	-	931,126	-
Corporate bonds	6,807,352	-	6,807,352	-
Mortgage backed securities	4,274,718	-	4,274,718	-
Mutual funds – fixed income	70,014,822	70,014,822	-	-
Mutual funds – balanced	13,697,585	13,697,585	-	-
Mutual funds – equity	51,258,186	51,258,186	-	-
Mutual funds – international equity	37,747,146	37,747,146	-	-
Equity securities – common stock	15,479,307	15,479,307	-	-
Equity securities – international	1,101,745	1,101,745	-	-
Equity securities – preferred stock	5,484,829	5,484,829	-	-
Derivatives	<u>394,386</u>	<u>-</u>	<u>394,386</u>	<u>-</u>
Total assets	\$ <u>213,568,694</u>	\$ <u>195,028,986</u>	\$ <u>18,539,708</u>	\$ <u>-</u>

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

16. Fair Values of Financial Instruments, Continued

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2018 and 2017.

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

Financial assets valued using Level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets valued using Level 2 inputs are based primarily on quoted prices for similar investments in active or inactive markets. Valuation techniques utilized to determine fair value are consistently applied. These valuation techniques also apply to financial assets held in the Defined Benefit Pension Plan as discussed in Note 12.

Continued

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

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

17. Commitments and Contingencies

The System leases buildings and equipment under lease agreements which do not meet the criteria for capitalization. Total rental expense under such leases with nonaffiliates was approximately \$5,000,000 and \$4,600,000 for the years ended June 30, 2018 and 2017, respectively. Minimum future rentals on existing noncancelable leases for building and equipment from nonaffiliates as of June 30, 2018 are estimated to be as follows:

<u>Year Ending June 30</u>	<u>Amount</u>
2019	\$ 3,882,300
2020	2,857,910
2021	736,090
2022	450,770
2023	355,820
Thereafter	<u>242,920</u>
Total	\$ <u>8,525,810</u>

Health Care Reform

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

Compliance Plan

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

Continued

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued
June 30, 2018 and 2017

17. Commitments and Contingencies, Continued

Litigation

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

18. Meaningful Use Incentives

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) was enacted into law on February 17, 2009, as part of the American Recovery and Reinvestment Act of 2009 (ARRA). The HITECH Act includes provisions designed to increase the use of Electronic Health Records (EHR) by both physicians and hospitals. Beginning with federal fiscal year 2011 and extending through federal fiscal year 2016, eligible hospitals participating in the Medicare and Medicaid programs are eligible for reimbursement incentives based on successfully demonstrating meaningful use of its certified EHR technology. Conversely, those hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to reductions to Medicare reimbursements beginning in fiscal year 2015. On July 13, 2010, the Department of Health and Human Services (DHHS) released final meaningful use regulations. Meaningful use criteria are divided into three distinct stages: I, II and III. The final rules specify the initial criteria for physicians and eligible hospitals necessary to qualify for incentive payments; calculation of the incentive payment amounts; payment adjustments under Medicare for covered professional services and inpatient hospital services; eligible hospitals failing to demonstrate meaningful use of certified EHR technology; and other program participation requirements.

The final rule set the earliest interim payment date for the incentive payment at May 2011. The first year of the Medicare portion of the program is defined as the federal fiscal year October 1, 2010 to September 30, 2011.

The System recognizes income related to Medicare and Medicaid incentive payments using a grant model based upon when it has determined that it is reasonably assured that the Hospital will be meaningfully using EHR technology for the applicable period and the cost report information is reasonably estimable.

The System successfully demonstrated meeting meaningful use of its certified EHR technology prior to June 30, 2013. The System applied for and received approval from Medicare and Medicaid notifying the System qualified for approximately \$-0- in 2018 and \$1,600,000 in 2017 from the programs. This was received and is included with other revenue on the combined statements of operations and changes in net assets.

INDEPENDENT AUDITOR'S REPORT ON COMBINING INFORMATION

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

We have audited the combined financial statements of St. Joseph's/Candler Health System, Inc. as of and for the years ended June 30, 2018 and 2017, and our report thereon dated October 18, 2018, which expressed an unmodified opinion on those combined financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the combined financial statements taken as a whole. The combining information included in this report on pages 52 through 71, inclusive, is presented for purposes of additional analysis of the combined financial statements rather than to present the financial position, results of operations and cash flows of the individual entities, and is not a required part of the combined financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and cash flows of the individual entities.

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

Driffin & Tucker, LLP
Albany, Georgia
October 18, 2018

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

COMBINING BALANCE SHEETS

June 30, 2018

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

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

Continued

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

COMBINING BALANCE SHEETS, Continued
June 30, 2018

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>
Liabilities and Net Assets					
Current liabilities:					
Current maturities of long-term debt	\$ 8,431,742	\$ -	\$ -	\$ -	\$ -
Accounts payable	5,309,729	11,197,982	10,145,842	306,329	941,929
Accrued employee related expenses	11,029,801	4,221,002	3,168,704	329,752	428,503
Other accrued expenses	4,385,481	1,842,051	1,087,001	-	585,920
Due to affiliates	<u>66,036</u>	<u>24,253,768</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total current liabilities	29,222,789	41,514,803	14,401,547	636,081	1,956,352
Long-term debt, excluding current maturities					
	179,717,995	-	-	-	-
Accrued self-insurance claims	1,605,144	-	-	-	-
Accrued pension cost	26,046,331	-	-	-	-
Deferred compensation payable	-	739,792	3,259,796	-	6,127,356
Collateral held under interest rate swap agreement	<u>850,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>237,442,259</u>	<u>42,254,595</u>	<u>17,661,343</u>	<u>636,081</u>	<u>8,083,708</u>
Net assets:					
Common stock	-	-	-	-	500
Unrestricted net assets	295,997,761	134,448,901	142,231,355	73,383	8,433,380
Temporarily restricted net assets	-	7,126,502	1,393,560	-	-
Permanently restricted net assets	<u>-</u>	<u>935,000</u>	<u>100,000</u>	<u>-</u>	<u>-</u>
Total net assets	<u>295,997,761</u>	<u>142,510,403</u>	<u>143,724,915</u>	<u>73,383</u>	<u>8,433,880</u>
Total liabilities and net assets	\$ <u>533,440,020</u>	\$ <u>184,764,998</u>	\$ <u>161,386,258</u>	\$ <u>709,464</u>	\$ <u>16,517,588</u>

<u>SJC Properties</u>	<u>SJC Health Services</u>	<u>Georgia Infirmiry</u>	<u>Geechee Reinsurance</u>	<u>Advocate Health Network</u>	<u>Totals</u>	<u>Eliminations</u>	<u>Combined Totals</u>
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,431,742	\$ -	\$ 8,431,742
32,569	199,998	128,907	99,598	51,859	28,414,742	-	28,414,742
2,909	45,812	98,594	-	67,627	19,392,704	-	19,392,704
39,011	16,283	-	65,327	35,088	8,056,162	-	8,056,162
-	-	-	<u>412,362</u>	-	<u>24,732,166</u>	<u>(24,732,166)</u>	<u>-</u>
74,489	262,093	227,501	577,287	154,574	89,027,516	(24,732,166)	64,295,350
-	-	-	-	-	179,717,995	-	179,717,995
-	-	-	19,221,487	-	20,826,631	-	20,826,631
-	-	-	-	-	26,046,331	-	26,046,331
-	-	-	-	-	10,126,944	-	10,126,944
-	-	-	-	-	<u>850,000</u>	<u>-</u>	<u>850,000</u>
<u>74,489</u>	<u>262,093</u>	<u>227,501</u>	<u>19,798,774</u>	<u>154,574</u>	<u>326,595,417</u>	<u>(24,732,166)</u>	<u>301,863,251</u>
500	165,000	-	120,000	-	286,000	(286,000)	-
4,565,621	1,233,629	4,839,374	26,190,771	773,899	618,788,074	(333,116,119)	285,671,955
-	-	-	-	-	8,520,062	-	8,520,062
-	-	-	-	-	<u>1,035,000</u>	<u>-</u>	<u>1,035,000</u>
<u>4,566,121</u>	<u>1,398,629</u>	<u>4,839,374</u>	<u>26,310,771</u>	<u>773,899</u>	<u>628,629,136</u>	<u>(333,402,119)</u>	<u>295,227,017</u>
<u>\$ 4,640,610</u>	<u>\$ 1,660,722</u>	<u>\$ 5,066,875</u>	<u>\$ 46,109,545</u>	<u>\$ 928,473</u>	<u>\$ 955,224,553</u>	<u>\$(358,134,285)</u>	<u>\$ 597,090,268</u>

See accompanying independent auditor's report on combining information.

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

COMBINING BALANCE SHEETS

June 30, 2017

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>
Assets					
Current assets:					
Cash and cash equivalents	\$ 4,568,571	\$ 50,213	\$ 79,154	\$ 39,870	\$ 157,778
Assets limited as to use required for current liabilities	2,173,446	-	-	-	-
Patient accounts receivable, net	-	42,228,726	31,278,215	653,202	1,477,451
Other receivables	3,901,714	3,539,342	2,561,635	-	98,822
Due from affiliates	9,884,800	-	36,105,278	-	-
Inventories	-	5,364,571	7,416,982	-	-
Prepaid expenses	3,719,321	1,091,562	450,494	21,110	145,016
Estimated third-party settlements	<u>-</u>	<u>1,329,012</u>	<u>1,272,154</u>	<u>-</u>	<u>57,238</u>
Total current assets	<u>24,247,852</u>	<u>53,603,426</u>	<u>79,163,912</u>	<u>714,182</u>	<u>1,936,305</u>
Assets limited as to use:					
Held in trust under bond indenture	35,258,399	-	-	-	-
Restricted under interest rate swap and deferred compensation agreements	230,000	648,198	2,946,367	-	-
Board designated	<u>123,539,567</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>7,480,907</u>
Total assets limited as to use	<u>159,027,966</u>	<u>648,198</u>	<u>2,946,367</u>	<u>-</u>	<u>7,480,907</u>
Property and equipment, net	<u>27,274,200</u>	<u>78,167,799</u>	<u>77,679,525</u>	<u>257,427</u>	<u>5,507,461</u>
Derivative financial instruments	<u>592,562</u>	<u>(130,436)</u>	<u>(67,740)</u>	<u>-</u>	<u>-</u>
Other assets:					
Investments in affiliates	314,019,949	-	-	-	-
Long-term investments	-	1,726,532	62,607	6,510	19,604
Goodwill on long-term investments	-	48,323,352	118,319	-	161,000
Beneficial interest in net assets of Foundations	<u>-</u>	<u>7,837,049</u>	<u>1,869,984</u>	<u>-</u>	<u>-</u>
Total other assets	<u>314,019,949</u>	<u>57,886,933</u>	<u>2,050,910</u>	<u>6,510</u>	<u>180,604</u>
Total assets	<u>\$ 525,162,529</u>	<u>\$ 190,175,920</u>	<u>\$ 161,772,974</u>	<u>\$ 978,119</u>	<u>\$ 15,105,277</u>

<u>SJC Properties</u>	<u>SJC Health Services</u>	<u>Georgia Infirmary</u>	<u>Geechee Reinsurance</u>	<u>Advocate Health Network</u>	<u>Totals</u>	<u>Eliminations</u>	<u>Combined Totals</u>
\$ -	\$ 2,278	\$ 443,485	\$ 2,776,177	\$ -	\$ 8,117,526	\$ -	\$ 8,117,526
-	-	-	-	-	2,173,446	-	2,173,446
-	-	241,829	-	-	75,879,423	-	75,879,423
12,541	898,625	35,518	-	-	11,048,197	-	11,048,197
-	-	-	-	-	45,990,078	(45,990,078)	-
-	666,309	-	-	-	13,447,862	-	13,447,862
15,872	-	1,600	-	-	5,444,975	-	5,444,975
-	-	-	-	-	2,658,404	-	2,658,404
<u>28,413</u>	<u>1,567,212</u>	<u>722,432</u>	<u>2,776,177</u>	<u>-</u>	<u>164,759,911</u>	<u>(45,990,078)</u>	<u>118,769,833</u>
-	-	-	-	-	35,258,399	-	35,258,399
-	-	-	-	-	3,824,565	-	3,824,565
-	-	990,983	39,906,441	-	171,917,898	-	171,917,898
-	-	990,983	39,906,441	-	211,000,862	-	211,000,862
<u>4,792,946</u>	<u>34,627</u>	<u>3,270,499</u>	<u>-</u>	<u>582,915</u>	<u>197,567,399</u>	<u>-</u>	<u>197,567,399</u>
-	-	-	-	-	394,386	-	394,386
-	-	-	-	-	314,019,949	(314,019,949)	-
200	1,348	-	-	-	1,816,801	-	1,816,801
-	-	-	-	-	48,602,671	-	48,602,671
-	-	-	-	-	9,707,033	-	9,707,033
<u>200</u>	<u>1,348</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>374,146,454</u>	<u>(314,019,949)</u>	<u>60,126,505</u>
\$ <u>4,821,559</u>	\$ <u>1,603,187</u>	\$ <u>4,983,914</u>	\$ <u>42,682,618</u>	\$ <u>582,915</u>	\$ <u>947,869,012</u>	\$ <u>(360,010,027)</u>	\$ <u>587,858,985</u>

Continued

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

COMBINING BALANCE SHEETS, Continued
June 30, 2017

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>
Liabilities and Net Assets					
Current liabilities:					
Current maturities of long-term debt	\$ 8,160,932	\$ -	\$ -	\$ -	\$ -
Short-term debt	4,000,000	-			
Accounts payable	4,628,828	8,109,179	10,564,224	289,030	713,728
Accrued employee related expenses	10,685,578	5,049,858	3,718,204	385,013	303,746
Other accrued expenses	4,272,430	2,638,472	1,638,566	-	361,166
Due to affiliates	<u>-</u>	<u>45,949,046</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total current liabilities	31,747,768	61,746,555	15,920,994	674,043	1,378,640
Long-term debt, excluding current maturities					
Long-term debt, excluding current maturities	187,989,621	-	-	-	-
Accrued self-insurance claims	2,270,540	-	-	-	-
Accrued pension cost	31,282,754	-	-	-	-
Deferred compensation payable	-	648,198	2,946,367	-	6,233,776
Collateral held under interest rate swap agreement	<u>230,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>253,520,683</u>	<u>62,394,753</u>	<u>18,867,361</u>	<u>674,043</u>	<u>7,612,416</u>
Net assets:					
Common stock	-	-	-	-	500
Unrestricted net assets	271,641,846	120,935,957	141,653,834	304,076	7,492,361
Temporarily restricted net assets	-	5,910,210	1,151,779	-	-
Permanently restricted net assets	<u>-</u>	<u>935,000</u>	<u>100,000</u>	<u>-</u>	<u>-</u>
Total net assets	<u>271,641,846</u>	<u>127,781,167</u>	<u>142,905,613</u>	<u>304,076</u>	<u>7,492,861</u>
Total liabilities and net assets	\$ <u>525,162,529</u>	\$ <u>190,175,920</u>	\$ <u>161,772,974</u>	\$ <u>978,119</u>	\$ <u>15,105,277</u>

<u>SJC Properties</u>	<u>SJC Health Services</u>	<u>Georgia Infirmiry</u>	<u>Geechee Reinsurance</u>	<u>Advocate Health Network</u>	<u>Totals</u>	<u>Eliminations</u>	<u>Combined Totals</u>
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,160,932	\$ -	\$ 8,160,932
-	-	-	-	-	4,000,000	-	4,000,000
33,889	103,556	153,422	-	172,412	24,768,268	-	24,768,268
5,410	45,280	142,829	-	13,029	20,348,947	-	20,348,947
18,266	21,670	-	65,624	-	9,016,194	-	9,016,194
-	-	-	<u>41,032</u>	-	<u>45,990,078</u>	(45,990,078)	-
<u>57,565</u>	<u>170,506</u>	<u>296,251</u>	<u>106,656</u>	<u>185,441</u>	<u>112,284,419</u>	(45,990,078)	<u>66,294,341</u>
-	-	-	-	-	187,989,621	-	187,989,621
-	-	-	19,123,385	-	21,393,925	-	21,393,925
-	-	-	-	-	31,282,754	-	31,282,754
-	-	-	-	-	9,828,341	-	9,828,341
-	-	-	-	-	<u>230,000</u>	-	<u>230,000</u>
<u>57,565</u>	<u>170,506</u>	<u>296,251</u>	<u>19,230,041</u>	<u>185,441</u>	<u>363,009,060</u>	(45,990,078)	<u>317,018,982</u>
500	165,000	-	120,000	-	286,000	(286,000)	-
4,763,494	1,267,681	4,687,663	23,332,577	397,474	576,476,963	(313,733,949)	262,743,014
-	-	-	-	-	7,061,989	-	7,061,989
-	-	-	-	-	<u>1,035,000</u>	-	<u>1,035,000</u>
<u>4,763,994</u>	<u>1,432,681</u>	<u>4,687,663</u>	<u>23,452,577</u>	<u>397,474</u>	<u>584,859,952</u>	(314,019,949)	<u>270,840,003</u>
<u>\$ 4,821,559</u>	<u>\$ 1,603,187</u>	<u>\$ 4,983,914</u>	<u>\$ 42,682,618</u>	<u>\$ 582,915</u>	<u>\$ 947,869,012</u>	<u>\$(360,010,027)</u>	<u>\$ 587,858,985</u>

See accompanying independent auditor's report on combining information.

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

COMBINING STATEMENTS OF EXCESS REVENUES (EXPENSES)

June 30, 2018

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>
Unrestricted revenues, gains and other support:					
Patient service revenue (net of contractual allowances and discounts)	\$ -	\$ 288,075,836	\$ 231,710,786	\$ 9,043,961	\$ 18,463,013
Provision for bad debts	<u>-</u>	<u>(15,676,790)</u>	<u>(17,486,611)</u>	<u>40,198</u>	<u>(1,558,860)</u>
Net patient service revenue	-	272,399,046	214,224,175	9,084,159	16,904,153
Other revenue	<u>-</u>	<u>31,713,199</u>	<u>13,517,791</u>	<u>-</u>	<u>751,068</u>
Total unrestricted revenues, gains and other support	<u>-</u>	<u>304,112,245</u>	<u>227,741,966</u>	<u>9,084,159</u>	<u>17,655,221</u>
Expenses:					
Salaries and wages	-	100,874,576	78,434,857	6,623,261	12,422,343
Employee benefits	-	20,942,563	16,250,119	1,121,321	1,949,231
Physician and professional fees	-	28,242,704	20,222,222	16,806	4,010,851
Materials and supplies	-	75,648,141	74,715,225	295,798	2,009,135
Purchased services	-	25,550,520	10,509,287	20,351	606,215
Insurance	-	2,716,150	2,110,360	-	223,602
Interest	-	3,267,269	2,365,954	-	-
Depreciation and amortization	-	13,629,968	9,009,309	115,668	475,654
Other	<u>-</u>	<u>19,509,304</u>	<u>12,718,367</u>	<u>1,030,303</u>	<u>2,666,687</u>
Total expenses	<u>-</u>	<u>290,381,195</u>	<u>226,335,700</u>	<u>9,223,508</u>	<u>24,363,718</u>
Income (loss) from operations	<u>-</u>	<u>13,731,050</u>	<u>1,406,266</u>	<u>(139,349)</u>	<u>(6,708,497)</u>
Nonoperating income (loss):					
Investment income	-	3,410,273	1,895,655	-	364,936
Change in fair value of derivative instruments	-	170,716	49,451	-	-
Gain on investments in affiliates	15,411,723	-	-	-	-
Net periodic pension cost	<u>-</u>	<u>(364,550)</u>	<u>(263,985)</u>	<u>-</u>	<u>-</u>
Nonoperating income (loss), net	<u>15,411,723</u>	<u>3,216,439</u>	<u>1,681,121</u>	<u>-</u>	<u>364,936</u>
Revenues and gains in excess (deficient) of expenses and losses	\$ <u>15,411,723</u>	\$ <u>16,947,489</u>	\$ <u>3,087,387</u>	\$ <u>(139,349)</u>	\$ <u>(6,343,561)</u>

<u>SJC Properties</u>	<u>SJC Health Services</u>	<u>Georgia Infirmary</u>	<u>Geechee Reinsurance</u>	<u>Advocate Health Network</u>	<u>Totals</u>	<u>Eliminations</u>	<u>Combined Totals</u>
\$ -	\$ -	\$ 2,819,088	\$ -	\$ -	\$ 550,112,684	\$ -	\$ 550,112,684
-	-	-	-	-	(34,682,063)	-	(34,682,063)
-	-	2,819,088	-	-	515,430,621	-	515,430,621
<u>1,486,706</u>	<u>5,657,230</u>	<u>282,900</u>	<u>3,657,967</u>	<u>-</u>	<u>57,066,861</u>	<u>(8,352,028)</u>	<u>48,714,833</u>
<u>1,486,706</u>	<u>5,657,230</u>	<u>3,101,988</u>	<u>3,657,967</u>	<u>-</u>	<u>572,497,482</u>	<u>(8,352,028)</u>	<u>564,145,454</u>
87,602	821,926	1,514,577	-	909,042	201,688,184	-	201,688,184
8,476	149,997	393,593	-	156,215	40,971,515	-	40,971,515
54,541	344,662	389,328	120,902	475,226	53,877,242	-	53,877,242
852	2,100,242	113,379	-	10,351	154,893,123	-	154,893,123
67,630	26,954	51,633	-	7,983	36,840,573	(3,842,959)	32,997,614
-	-	-	3,857,967	-	8,908,079	(3,657,967)	5,250,112
-	-	-	-	-	5,633,223	-	5,633,223
317,288	4,415	150,757	-	164,487	23,867,546	-	23,867,546
<u>769,594</u>	<u>117,626</u>	<u>321,896</u>	<u>1,638</u>	<u>343,914</u>	<u>37,479,329</u>	<u>(851,102)</u>	<u>36,628,227</u>
<u>1,305,983</u>	<u>3,565,822</u>	<u>2,935,163</u>	<u>3,980,507</u>	<u>2,067,218</u>	<u>564,158,814</u>	<u>(8,352,028)</u>	<u>555,806,786</u>
<u>180,723</u>	<u>2,091,408</u>	<u>166,825</u>	<u>(322,540)</u>	<u>(2,067,218)</u>	<u>8,338,668</u>	<u>-</u>	<u>8,338,668</u>
-	-	11,906	1,798,652	-	7,481,422	-	7,481,422
-	-	-	-	-	220,167	-	220,167
-	-	-	-	-	15,411,723	(15,411,723)	-
-	-	-	-	-	(628,535)	-	(628,535)
<u>-</u>	<u>-</u>	<u>11,906</u>	<u>1,798,652</u>	<u>-</u>	<u>22,484,777</u>	<u>(15,411,723)</u>	<u>7,073,054</u>
\$ <u>180,723</u>	\$ <u>2,091,408</u>	\$ <u>178,731</u>	\$ <u>1,476,112</u>	\$ <u>(2,067,218)</u>	\$ <u>30,823,445</u>	\$ <u>(15,411,723)</u>	\$ <u>15,411,722</u>

See accompanying independent auditor's report on combining information.

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

COMBINING STATEMENTS OF EXCESS REVENUES (EXPENSES)

June 30, 2017

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>
Unrestricted revenues, gains and other support:					
Patient service revenue (net of contractual allowances and discounts)	\$ -	\$ 270,748,344	\$ 208,080,341	\$ 10,812,930	\$ 16,293,981
Provision for bad debts	<u>-</u>	<u>(3,328,743)</u>	<u>(3,409,844)</u>	<u>207,236</u>	<u>(1,189,889)</u>
Net patient service revenue	-	267,419,601	204,670,497	11,020,166	15,104,092
Other revenue	<u>-</u>	<u>30,373,712</u>	<u>14,071,056</u>	<u>554</u>	<u>499,715</u>
Total unrestricted revenues, gains and other support	<u>-</u>	<u>297,793,313</u>	<u>218,741,553</u>	<u>11,020,720</u>	<u>15,603,807</u>
Expenses:					
Salaries and wages	-	101,133,643	79,387,953	8,341,834	11,387,139
Employee benefits	-	19,595,426	14,875,824	1,084,458	2,210,767
Physician and professional fees	-	22,362,335	16,808,746	343,533	3,541,446
Materials and supplies	-	73,907,847	76,878,451	384,893	1,574,690
Purchased services	-	25,154,376	10,487,539	288,893	493,303
Insurance	-	3,333,675	2,638,513	-	213,632
Interest	-	3,267,514	2,366,131	-	-
Depreciation and amortization	-	13,620,242	8,318,889	132,935	434,538
Other	<u>-</u>	<u>19,294,088</u>	<u>12,382,973</u>	<u>1,117,582</u>	<u>2,272,320</u>
Total expenses	<u>-</u>	<u>281,669,146</u>	<u>224,145,019</u>	<u>11,694,128</u>	<u>22,127,835</u>
Income (loss) from operations	<u>-</u>	<u>16,124,167</u>	<u>(5,403,466)</u>	<u>(673,408)</u>	<u>(6,524,028)</u>
Nonoperating income (loss):					
Investment income	-	2,884,768	1,358,590	-	232,812
Change in fair value of derivative instruments	-	284,310	66,917	-	-
Gain on investments in affiliates	8,970,218	-	-	-	-
Net periodic pension cost	<u>-</u>	<u>(1,185,309)</u>	<u>(858,327)</u>	<u>-</u>	<u>-</u>
Nonoperating income (loss), net	<u>8,970,218</u>	<u>1,983,769</u>	<u>567,180</u>	<u>-</u>	<u>232,812</u>
Revenues and gains in excess (deficient) of expenses and losses	<u>\$ 8,970,218</u>	<u>\$ 18,107,936</u>	<u>\$(4,836,286)</u>	<u>\$(673,408)</u>	<u>\$(6,291,216)</u>

<u>SJC Properties</u>	<u>SJC Health Services</u>	<u>Georgia Infirmary</u>	<u>Geechee Reinsurance</u>	<u>Advocate Health Network</u>	<u>Totals</u>	<u>Eliminations</u>	<u>Combined Totals</u>
\$ -	\$ -	\$ 2,796,829	\$ -	\$ -	\$ 508,732,425	\$ -	\$ 508,732,425
-	-	-	-	-	(7,721,240)	-	(7,721,240)
-	-	2,796,829	-	-	501,011,185	-	501,011,185
<u>1,488,904</u>	<u>5,331,041</u>	<u>247,503</u>	<u>4,693,585</u>	<u>-</u>	<u>56,706,070</u>	<u>(9,173,643)</u>	<u>47,532,427</u>
<u>1,488,904</u>	<u>5,331,041</u>	<u>3,044,332</u>	<u>4,693,585</u>	<u>-</u>	<u>557,717,255</u>	<u>(9,173,643)</u>	<u>548,543,612</u>
120,237	810,499	1,531,595	-	140,187	202,853,087	-	202,853,087
17,498	145,663	333,200	-	8,343	38,271,179	-	38,271,179
23,182	340,615	374,788	127,243	607,514	44,529,402	-	44,529,402
1,166	1,822,590	132,856	-	2,597	154,705,090	-	154,705,090
72,974	16,473	57,094	-	1,748	36,572,400	(3,662,027)	32,910,373
-	-	-	4,329,282	-	10,515,102	(4,693,584)	5,821,518
-	-	-	-	-	5,633,645	-	5,633,645
346,865	7,133	138,990	-	251	22,999,843	-	22,999,843
<u>668,567</u>	<u>21,027</u>	<u>394,819</u>	<u>1,677</u>	<u>27,830</u>	<u>36,180,883</u>	<u>(818,032)</u>	<u>35,362,851</u>
<u>1,250,489</u>	<u>3,164,000</u>	<u>2,963,342</u>	<u>4,458,202</u>	<u>788,470</u>	<u>552,260,631</u>	<u>(9,173,643)</u>	<u>543,086,988</u>
<u>238,415</u>	<u>2,167,041</u>	<u>80,990</u>	<u>235,383</u>	<u>(788,470)</u>	<u>5,456,624</u>	<u>-</u>	<u>5,456,624</u>
-	-	15,513	714,320	-	5,206,003	-	5,206,003
-	-	-	-	-	351,227	-	351,227
-	-	-	-	-	8,970,218	(8,970,218)	-
-	-	-	-	-	(2,043,636)	-	(2,043,636)
<u>-</u>	<u>-</u>	<u>15,513</u>	<u>714,320</u>	<u>-</u>	<u>12,483,812</u>	<u>(8,970,218)</u>	<u>3,513,594</u>
\$ <u>238,415</u>	\$ <u>2,167,041</u>	\$ <u>96,503</u>	\$ <u>949,703</u>	\$ <u>(788,470)</u>	\$ <u>17,940,436</u>	\$ <u>(8,970,218)</u>	\$ <u>8,970,218</u>

See accompanying independent auditor's report on combining information.

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

COMBINING STATEMENTS OF CASH FLOWS

June 30, 2018

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

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

Continued

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

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2018

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

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

See accompanying independent auditor's report on combining information.

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

COMBINING STATEMENTS OF CASH FLOWS

June 30, 2017

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>
Cash flows from operating activities:					
Increase (decrease) in net assets	\$ 33,078,512	\$ 16,580,590	\$(7,111,044)	\$(877,264)	\$ 935,005
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:					
Change in fair value of derivative instruments	679,856	(678,626)	(352,457)	-	-
Beneficial interest in net assets of Foundations, net	-	(1,369,764)	(18,275)	-	-
Net realized and unrealized (gains) losses on investments other than trading securities	(9,662,783)	-	-	-	(564,090)
Depreciation and amortization	-	13,620,242	8,318,889	132,935	434,538
Contributions for property	-	(645,614)	(109,200)	-	-
Changes in:					
Patient accounts receivable	-	(1,936,141)	2,424,261	1,209,005	(254,996)
Other receivables	(2,600,940)	(159,016)	(490,480)	478	(11,417)
Inventories	-	(165,132)	(806,663)	-	-
Prepaid expenses	(1,027,361)	186,233	353,202	(3,478)	(33,684)
Accounts payable	585,825	571,673	266,167	(396,292)	105,435
Accrued liabilities	(3,481,401)	(510,364)	(178,985)	(113,250)	14,812
Estimated third-party payor settlements	-	(305,185)	497,971	-	53,307
Accrued self-insurance claims	58,551	-	-	-	-
Accrued pension costs, net	(10,141,745)	-	-	-	-
Deferred compensation payable	<u>-</u>	<u>87,969</u>	<u>(109,380)</u>	<u>-</u>	<u>132,789</u>
Net cash provided by (used in) operating activities	<u>7,488,514</u>	<u>25,276,865</u>	<u>2,684,006</u>	<u>(47,866)</u>	<u>811,699</u>

<u>SJC Properties</u>	<u>SJC Health Services</u>	<u>Georgia Infirmary</u>	<u>Geechee Reinsurance</u>	<u>Advocate Health Network</u>	<u>Totals</u>	<u>Eliminations</u>	<u>Combined Totals</u>
\$(212,020)	\$ 252,717	\$ 72,917	\$ 4,423,423	\$ 397,474	\$ 47,540,310	\$(15,263,641)	\$ 32,276,669
-	-	-	-	-	(351,227)	-	(351,227)
-	-	-	-	-	(1,388,039)	-	(1,388,039)
-	-	(94,294)	(3,506,973)	-	(13,828,140)	-	(13,828,140)
346,865	7,133	138,990	-	251	22,999,843	-	22,999,843
-	-	31,100	-	-	(723,714)	-	(723,714)
-	-	946	-	-	1,443,075	-	1,443,075
1,424	(198,424)	18,450	-	-	(3,439,925)	-	(3,439,925)
-	19,851	-	-	-	(951,944)	-	(951,944)
(665)	10,988	-	-	-	(514,765)	-	(514,765)
1,181	42,524	56,533	(63,546)	172,412	1,341,912	-	1,341,912
(11,545)	(126,579)	(44,871)	8,749	13,029	(4,430,405)	-	(4,430,405)
-	-	-	-	-	246,093	-	246,093
-	-	-	(1,170,311)	-	(1,111,760)	-	(1,111,760)
-	-	-	-	-	(10,141,745)	-	(10,141,745)
-	-	-	-	-	111,378	-	111,378
<u>125,240</u>	<u>8,210</u>	<u>179,771</u>	<u>(308,658)</u>	<u>583,166</u>	<u>36,800,947</u>	<u>(15,263,641)</u>	<u>21,537,306</u>

Continued

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

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2017

	<u>St. Joseph's/ Candler Health System</u>	<u>Candler Hospital</u>	<u>St. Joseph's Hospital</u>	<u>SJC Home Health</u>	<u>SJC Medical Group</u>
Cash flows from investing activities:					
Purchases of property and equipment	\$(2,353,142)	\$(13,327,074)	\$(27,288,279)	\$(60,627)	\$(289,384)
Proceeds from sale of assets limited as to use	164,725,953	-	109,380	-	3,173,575
Purchases of assets limited as to use	(168,535,513)	(87,969)	-	-	(3,844,852)
Investment in affiliates	(15,263,641)	-	-	-	-
Sales (purchases) of long-term investments, net	<u>-</u>	<u>(113,088)</u>	<u>52,793</u>	<u>-</u>	<u>(4,814)</u>
Net cash provided by (used in) investing activities	<u>(21,426,343)</u>	<u>(13,528,131)</u>	<u>(27,126,106)</u>	<u>(60,627)</u>	<u>(965,475)</u>
Cash flows from financing activities:					
Repayment of long-term debt	(6,519,142)	(64,900,772)	(16,578,369)	-	-
Proceeds from issuance of long-term debt	126,468,640	-	-	-	-
Repayment of short-term debt	(11,000,000)	-	-	-	-
Proceeds from issuance of short-term debt	1,000,000	-	-	-	-
Contributions for property	-	645,614	109,200	-	-
Transfers to (from) affiliates, net	<u>(93,516,349)</u>	<u>52,536,685</u>	<u>40,954,140</u>	<u>-</u>	<u>-</u>
Net cash provided by (used in) financing activities	<u>16,433,149</u>	<u>(11,718,473)</u>	<u>24,484,971</u>	<u>-</u>	<u>-</u>
Net increase (decrease) in cash and cash equivalents	2,495,320	30,261	42,871	(108,493)	(153,776)
Cash and cash equivalents, beginning of year	<u>2,073,251</u>	<u>19,952</u>	<u>36,283</u>	<u>148,363</u>	<u>311,554</u>
Cash and cash equivalents, end of year	<u>\$ 4,568,571</u>	<u>\$ 50,213</u>	<u>\$ 79,154</u>	<u>\$ 39,870</u>	<u>\$ 157,778</u>

<u>SJC Properties</u>	<u>SJC Health Services</u>	<u>Georgia Infirmary</u>	<u>Geechee Reinsurance</u>	<u>Advocate Health Network</u>	<u>Totals</u>	<u>Eliminations</u>	<u>Combined Totals</u>
\$(125,240)	\$(7,761)	\$(86,796)	\$ -	\$(583,166)	\$(44,121,469)	\$ -	\$(44,121,469)
-	-	4,601	22,470,278		190,483,787	-	190,483,787
-	-	(20,114)	(22,178,583)		(194,667,031)	-	(194,667,031)
-	-	-	-		(15,263,641)	15,263,641	-
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(65,109)</u>	<u>-</u>	<u>(65,109)</u>
<u>(125,240)</u>	<u>(7,761)</u>	<u>(102,309)</u>	<u>291,695</u>	<u>(583,166)</u>	<u>(63,633,463)</u>	<u>15,263,641</u>	<u>(48,369,822)</u>
-	-	-	-	-	(87,998,283)	-	(87,998,283)
-	-	-	-	-	126,468,640	-	126,468,640
-	-	-	-	-	(11,000,000)	-	(11,000,000)
-	-	-	-	-	1,000,000	-	1,000,000
-	-	(31,100)	-	-	723,714	-	723,714
<u>-</u>	<u>-</u>	<u>-</u>	<u>25,524</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>-</u>	<u>-</u>	<u>(31,100)</u>	<u>25,524</u>	<u>-</u>	<u>29,194,071</u>	<u>-</u>	<u>29,194,071</u>
-	449	46,362	8,561	-	2,361,555	-	2,361,555
<u>-</u>	<u>1,829</u>	<u>397,123</u>	<u>2,767,616</u>	<u>-</u>	<u>5,755,971</u>	<u>-</u>	<u>5,755,971</u>
<u>\$ -</u>	<u>\$ 2,278</u>	<u>\$ 443,485</u>	<u>\$ 2,776,177</u>	<u>\$ -</u>	<u>\$ 8,117,526</u>	<u>\$ -</u>	<u>\$ 8,117,526</u>

See accompanying independent auditor's report on combining information.

**Latest IRS Form 990 Parent Company:
Fiscal Year-End 2018
St. Joseph's/Candler Health System, Inc.**

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St. Joseph's/Candler Health System, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5353 Reynolds Street City or town, state or province, country, and ZIP or foreign postal code Savannah GA 31405-6015	D Employer identification number 58-2288758 E Telephone number 912-819-6162 G Gross receipts \$
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F Name and address of principal officer: Paul P. Hinchey 5353 Reynolds Street Savannah GA 31405-6015	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: www.sjchs.org H(c) Group exemption number u
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1996	M State of legal domicile: GA
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		0
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,135	4,920	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,135	4,920	
19 Revenue less expenses. Subtract line 18 from line 12	-2,135	-4,920	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	516,829,339	534,871,817
	21 Total liabilities (Part X, line 26)	245,187,493	238,874,055
22 Net assets or fund balances. Subtract line 21 from line 20	271,641,846	295,997,762	

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 Gregory J. Schaack	Date CFO
	Type or print name and title	

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

Public Inspection Copy

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,920 including grants of \$) (Revenue \$)

St. Joseph's/Candler Health System, Inc. is organized and operated exclusively for the charitable purpose of promoting the health of the communities of Savannah, Georgia, and the surrounding counties. Specifically, St. Joseph's/Candler Health System, Inc. was created to control and operate a permanent, combined regional health care delivery system consisting of the hospital facilities of St. Joseph's Hospital, Inc. and Candler Hospital, Inc. entities. On January 6, 1997, Candler Hospital, Inc. and Candler Health System, Inc. entered into a joint operating agreement with St. Joseph's Health Center, Inc. and St. Joseph's Hospital, Inc. to merge their respective operations to create a new health care system. The merger, which became effective on

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 u 4,920

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26		
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27		
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a		
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b		
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c		
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29		
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30		
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32		
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
33		
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	
38		

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

Input box for Schedule O

Table with columns for question number, question text, and Yes/No columns. Includes rows 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, 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <u>18</u>		
1b	Enter the number of voting members included in line 1a, above, who are independent <u>17</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	
16b		X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed GA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: Gregory J. Schaack
5353 Reynolds St
Savannah

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Paul P. Hinchey President & CEO	1.00 0.00			X	X			0	881,828	255,956
(2) John C. Albert Vice Chairman	1.00 0.00	X		X				0	0	0
(3) Sr. Helen Amos, RSM Trustee	1.00 0.00	X						0	0	0
(4) John C. Coleman Trustee	1.00 0.00	X						0	0	0
(5) James Carr, MD Trustee	1.00 0.00	X						0	0	0
(6) Sr. Helen Marie Buttimer, RSM Trustee	1.00 0.00	X						0	0	0
(7) James F. Bass Trustee	1.00 0.00	X						0	0	0
(8) Frank Brown Trustee	1.00 0.00	X						0	0	0
(9) Richard D. Moore Trustee	1.00 0.00	X						0	0	0
(10) Robert E. James Trustee	1.00 0.00	X						0	0	0
(11) Cindy Murphy Trustee	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Sally Lufburrow	1.00									
Trustee	0.00	X					0	0	0	
(13) Sr. Mary Karen McNally, RSM	1.00									
Trustee	0.00	X					0	0	0	
(14) Henry H. Minis	1.00									
Trustee	0.00	X					0	0	0	
(15) O. George Negrea, M.D.	1.00									
Trustee	0.00	X					0	0	0	
(16) John W. Odom, M.D.	1.00									
Trustee	0.00	X					0	0	0	
(17) Jeffrey Kenney, M.D.	1.00									
Trustee	0.00	X					0	0	0	
(18) Barry Schlafstein, M.D.	1.00									
Trustee	0.00	X					0	0	0	
(19) William E. Johnston	0.00									
Chairman	0.00	X		X			0	0	0	
1b Sub-total								881,828	255,956	
c Total from continuation sheets to Part VII, Section A								3,086,101	459,013	
d Total (add lines 1b and 1c)								3,967,929	714,969	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u** 0

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u** 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f	u			
	Program Service Revenue	2a	Busn. Code		
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		u			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u		
	4 Income from investment of tax-exempt bond proceeds	u			
	5 Royalties	u			
	6a Gross rents	(i) Real (ii) Personal			
	b Less: rental exps.				
	c Rental inc. or (loss)				
	d Net rental income or (loss)	u			
	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)	u			
	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	u			
	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	u			
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue	11a	Busn. Code			
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	u			
	12 Total revenue. See instructions.	u	0	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Partnership K-1	4,920	4,920		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,920	4,920	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	4,568,570	1	5,763,092
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	12,064
	9	Prepaid expenses and deferred charges	3,719,321	9	4,021,038
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 78,535,021		
	b	Less: accumulated depreciation	10b 54,627,186	10c	23,907,835
	11	Investments—publicly traded securities	161,201,413	11	162,635,278
	12	Investments—other securities. See Part IV, line 11	314,019,949	12	333,402,118
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	1,930,741	14	1,769,019
	15	Other assets. See Part IV, line 11	4,115,144	15	3,361,373
16	Total assets. Add lines 1 through 15 (must equal line 34)	516,829,339	16	534,871,817	
Liabilities	17	Accounts payable and accrued expenses	19,586,838	17	20,725,010
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	135,355,668	20	135,086,328
	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	66,725,625	23	54,832,428
	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	23,519,362	25	28,230,289
	26	Total liabilities. Add lines 17 through 25	245,187,493	26	238,874,055
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	271,641,846	27	295,997,762
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	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	271,641,846	33	295,997,762	
34	Total liabilities and net assets/fund balances	516,829,339	34	534,871,817	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,920
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,920
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	271,641,846
5	Net unrealized gains (losses) on investments	5	4,707,784
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	19,653,052
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	295,997,762

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Emily Kehoe Trustee	0.00 0.00	X						0	0	0
(21) Reginald J. Robinson, M.D. Trustee	0.00 0.00	X						0	0	0
(22) Gregory J. Schaack CFO	1.00 45.00			X				0	521,230	64,430
(23) Kyle L. McCann COO	1.00 40.00			X				0	464,388	45,341
(24) Sr. Margie Beatty VP	1.00 41.00			X				0	0	0
(25) Lenny Panzitta, Esq. Board Secretary	1.00 1.00			X				0	0	0
(26) Sherry A. Danello VP	1.00 40.00				X			0	341,466	81,413
(27) Nolan D. Hennessee VP	1.00 40.00				X			0	292,956	44,296
1b Sub-total									1,620,040	235,480
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, 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 **u**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) Thomas S. Pound VP	1.00 40.00				X			0	267,246	47,203
(29) Bradley R. Trower VP	1.00 40.00				X			0	232,567	31,365
(30) Paul E. Carpenter Pharmacy Director	1.00 40.00				X			0	212,592	37,041
(31) James I. Scott, M.D. VP	1.00 40.00				X			0	212,414	59,937
(32) Gregory A. Menke VP	1.00 40.00				X			0	208,971	29,626
(33) Arthur B. Shumate Past Dir. Surg Svcs	1.00 40.00				X			0	203,194	18,361
(34) Peter M. Schenk Former VP	0.00 0.00						X	0	129,077	0
1b Sub-total									1,466,061	223,533
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, 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 **u**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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 under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

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

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

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

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

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

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

Supplemental Information

Section D, Line 1

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

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

organizations share a common management/officer team.

Organization and related entities:

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

The System operates a comprehensive integrated healthcare network and serves as the controlling body of its affiliated entities as follows: CH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 331-bed acute care hospital in Savannah, Georgia. CH is the sole member of and operates SJC Oncology Services- Georgia, LLC in Savannah, Georgia and SJC Oncology Services- South Carolina, LLC in Hilton Head, South Carolina, both of which are single member LLC's that provide advanced radiation oncology services.

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

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

provide specialized physician services.

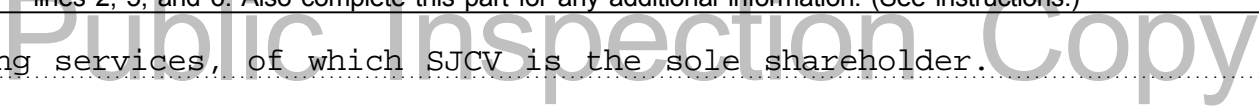
SJC Home Health, Inc. (Home Health) is a not-for-profit corporation, of which the System is the sole member, established to provide home health services in a twenty-one county area in southeast Georgia.

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

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

SJC Medical Group, Inc. (SJCIMG) is a for-profit corporation which owns, operates, and manages physician practices, in addition to performing

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



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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II including questions about purpose of conservation easements, total number and acreage, and monitoring expenses.

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

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

Form for Part III including questions about reporting works of art and historical treasures, and amounts required to be reported.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** _____ %
 - b** Permanent endowment **u** _____ %
 - c** Temporarily restricted endowment **u** _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,564,497	1,812,822	751,675
c Leasehold improvements		4,554,763	503,593	4,051,170
d Equipment		71,377,862	52,310,771	19,067,091
e Other		37,899		37,899
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	23,907,835

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	333,402,118	Market
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	333,402,118	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Defined Benefit Plan	26,046,337
(3) Accrued Workers Compensation	1,605,138
(4) Interest Rate Swap	587,584
(5) Due to Affiliates	-8,770
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	28,230,289

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	15,416,643
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	15,411,723	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	15,411,723
3	Subtract line 2e from line 1		3	4,920
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-4,920	
c	Add lines 4a and 4b		4c	-4,920
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	4,920
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,920
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	4,920

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

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

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

Part XIII Supplemental Information *(continued)*

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

Based on the results of management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2018 and 2017 or for the years then ended. The System's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

SJCV, SJCMG, Properties and Health Services have generally incurred operating losses for tax purposes and have not recorded a current or deferred tax provision due to significant net operating loss (NOL) carryforwards which would be utilized to offset any potential tax liabilities generated from future taxable income. At June 30, 2018, NOL carryforwards expiring through 2037 amounted to approximately \$88,824,000 and are available for the offset of future taxable income. No asset has been recognized related to this NOL carryforward due to continued operating

Part XIII Supplemental Information (continued)

losses.

Public Inspection Copy

Acronyms:

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

CH - Candler Hospital, Inc.

SJH - Saint Joseph's Hospital, Inc.

Home Health - SJC Home Health, Inc.

Infirmary - Georgia Infirmery, Inc.

Geechee - Geechee Reinsurance Company, LLC

SJCV - SJC Ventures, Inc.

SJCMG - SJC Medical Group, Inc.

Properties - SJC Properties, Inc.

Health Services - SJC Health Services, Inc.

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

Partnership K-1 UBI	\$	-4,920
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Part XIII - Supplemental Financial Information

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

Employer identification number
58-2288758

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Paul P. Hinchey President & CEO	(i) 0	0	0	0	0	0	0
	(ii) 790,596	0	91,232	210,000	45,956	1,137,784	0
2 Gregory J. Schaack CFO	(i) 0	0	0	0	0	0	0
	(ii) 451,754	0	69,476	18,000	46,430	585,660	0
3 Kyle L. McCann COO	(i) 0	0	0	0	0	0	0
	(ii) 416,919	0	47,469	18,000	27,341	509,729	0
4 Sr. Margie Beatty VP	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
5 Sherry A. Danello VP	(i) 0	0	0	0	0	0	0
	(ii) 308,786	0	32,680	18,000	63,413	422,879	0
6 Nolan D. Hennessee VP	(i) 0	0	0	0	0	0	0
	(ii) 259,990	0	32,966	15,120	29,176	337,252	0
7 Thomas S. Pound VP	(i) 0	0	0	0	0	0	0
	(ii) 245,205	0	22,041	18,000	29,203	314,449	0
8 Bradley R. Trower VP	(i) 0	0	0	0	0	0	0
	(ii) 219,726	0	12,841	12,780	18,585	263,932	0
9 Paul E. Carpenter Pharmacy Director	(i) 0	0	0	0	0	0	0
	(ii) 178,929	0	33,663	0	37,041	249,633	0
10 James I. Scott, M.D. VP	(i) 0	0	0	0	0	0	0
	(ii) 210,300	0	2,114	18,000	41,937	272,351	0
11 Gregory A. Menke VP	(i) 0	0	0	0	0	0	0
	(ii) 198,209	0	10,762	11,700	17,926	238,597	0
12 Arthur B. Shumate Past Dir. Surg Srvcs	(i) 0	0	0	0	0	0	0
	(ii) 195,066	0	8,128	0	18,361	221,555	0
13 Peter M. Schenk Former VP	(i) 0	0	0	0	0	0	0
	(ii) 0	0	129,077	0	0	129,077	18,000
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

Part I, Line 1a - Fringe or Expense Explanation

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

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

	Severance	Nonqualified	Equity-based
Paul P. Hinchey	0	210,000	0
Gregory J. Schaack	0	18,000	0
Kyle L. McCann	0	18,000	0
Sherry A. Danello	0	18,000	0
Nolan D. Hennessee	0	15,120	0
Thomas S. Pound	0	18,000	0
Bradley R. Trower	0	12,780	0
James I. Scott, M.D.	0	18,000	0
Gregory A. Menke	0	11,700	0
Peter M. Schenk	129,077	0	0

Part III - Other Additional Information

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 4(b) - Supplemental Executive Retirement Plan (SERP)

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

Part II, Bonus Award

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

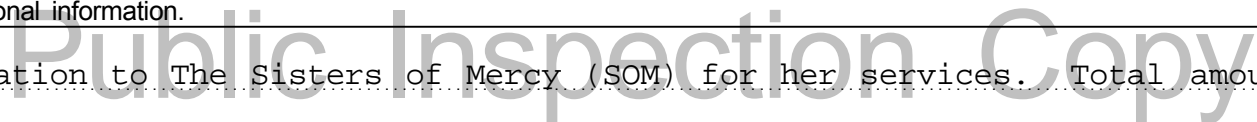
Compensation from unrelated organization

Sister Margie Beatty is a key employee for the filing organization spending approximately half her time between two related hospitals, Candler Hospital and St. Joseph's Hospital. The organizations, however, submit 100% of her

Part III Supplemental Information

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

compensation to The Sisters of Mercy (SOM) for her services. Total amount
paid to SOM in calendar year 2017 was \$214,357.



**SCHEDULE K
(Form 990)**

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.

OMB No. 1545-0047

2017Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990 for instructions and the latest information.Name of the organization **St. Joseph's/Candler Health System,
Inc.**Employer identification number
58-2288758**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A Hospital Authority of Savannah	58-1792535	804833EX5	11/01/13	46,185,000	Refund 2003 Bonds; c		X		X		X
B Hospital Authority of Savannah	58-1792535	nonenonen	07/28/16	87,505,000	Construction; refund		X		X		X
C Hospital Authority of Savannah	58-1792535	nonenonen	12/27/17	12,000,000	Construction of addi		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired			12,259,629		9,600			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	46,185,000		87,505,000		12,000,000			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows			47,505,000					
7 Issuance costs from proceeds	704,461							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	15,412,271		40,000,000		12,000,000			
11 Other spent proceeds	30,068,268							
12 Other unspent proceeds								
13 Year of substantial completion	2015							
	Yes	No	Yes	No	Yes	No	Yes	No
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) 2017

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 u		%		%		%		%
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 u		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

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)?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
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?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
7 Has the organization established written procedures to monitor the requirements of section 148?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			

Part V Procedures To Undertake Corrective Action

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

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

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

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

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

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

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

April 1, 1997, resulted in the formation of a not-for-profit parent company, St. Joseph's/Candler Health System, Inc. of which St. Joseph's Health Center, Inc. and Candler Health System, Inc. were members until April 1, 2003. On April 1, 2003, St. Joseph's Health Center, Inc. and Candler Health Center, Inc. resigned as members and Sisters of Mercy, Baltimore Regional Community became the sole member of St. Joseph's/Candler Health System, Inc.

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

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

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

SMA is the original sponsor of Saint Joseph's Hospital and is the sole member of System. Saint Joseph's Hospital and Candler Hospital have a brother/sister relationship with the System being the parent organization.

Name of the organization

Employer identification number

St. Joseph's/Candler Health System,

58-2288758

The SMA has certain limited rights such as appointment of three trustees to the System board.

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

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

These actions include:

1. Adoption, amendment or change of the philosophy, purpose, mission, values statement or name of System or St. Joseph's Hospital (SJH).
2. Amendment or restatement of the Articles of Incorporation or any of the governance documents of any System entities that diminishes or alters any SMA reserved power.
3. Amendment or restatement of the Articles of Incorporation or bylaws of SJH.
4. Appointment of the System CEO, beginning with the first successor to the initial System CEO.
5. Dissolution, merger, consolidation or sale of all or substantially all of the assets of System or SJH.
6. Sale or other disposition of real property of SJH if the FMV of the property at that time exceeds the threshold established by Roman Catholic Church law for property transactions.
7. Incurrence of any debt (including leases of real property) by SJH in an amount in excess of the then existing threshold requiring approval by the applicable agency of the Roman Catholic Church.

Name of the organization

St. Joseph's/Candler Health System,

Employer identification number

58-2288758

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

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

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

A copy of the Form 990 is provided to the Finance Committee of the Board of Trustees and made available to the full Board for review prior to filing. The organization's management team performs a complete detailed review of all financial and disclosure data prior to filing the return with the IRS.

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

At least annually, and as deemed necessary, the conflict of interest policy is reviewed to determine if any changes or enhancements are needed. The annual disclosures are provided to the President's assistant and are reviewed by the organization's Corporate Compliance Officer. If any conflicting interest is identified, the Board Chairman will discuss with the Board to determine further actions needed.

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

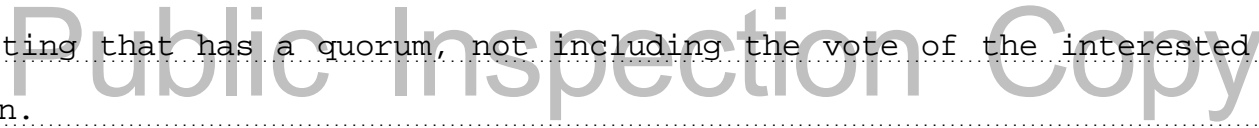
Name of the organization

Employer identification number

St. Joseph's/Candler Health System,

58-2288758

transaction or arrangement by majority vote of the Board members present at a meeting that has a quorum, not including the vote of the interested person.



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

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

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

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

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

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

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

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

Equity Transfers	\$ 579,369
Increase in beneficial interest in Foundations	\$ 1,792,088
Equity in Subsidiary earnings	\$ 15,411,723
Book to tax difference K1 earnings	\$ 4,920
Change in deferred pension liability	\$ 1,864,952
Total	\$ 19,653,052

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

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**St. Joseph's/Candler Health System,
Inc.Employer identification number
58-2288758**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Geechee Reinsurance Company, LLC 1327 Ashley River Road Charleston SC 29407 26-0360754	Insurance	SC	1,476,111	46,109,544	System
(2) St. Josephs/Candler Advocate Hlth Nt 5353 Reynolds Street Savannah GA 31405 81-2726324	Healthcare	GA	-2,067,218	928,473	System
(3)					
(4)					
(5)					

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

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

Open to Public Inspection

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

u Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

58-2288758

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Wayne/SJC Medical Group LLC 320 Peachtree Street Jesup GA 31545 45-5292251	Healthcare	GA	N/A	Related	-348,276	37,646		X	N/A	X		30.00
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SJC Ventures, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2650129	Healthcare	GA	System	C	-4,071,430	22,818,920	100.000000	X	
(2) SJC Health Services, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1701535	Healthcare	GA	N/A	C	N/A	N/A	N/A		X
(3) SJC Medical Group, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2011805	Physicians	GA	N/A	C	N/A	N/A	N/A		X
(4) SJC Properties, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1583360	Property	GA	N/A	C	N/A	N/A	N/A		X

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) All controlled entities	n		Amount undetermined
(2) All controlled entities	o		Amount undetermined
(3) All controlled entities	l		Amount undetermined
(4) All controlled entities	d	8,770	Book value
(5)			
(6)			

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

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

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

Part VII

Supplemental Information.

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

Public Inspection Copy

Form **990-T**

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

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning 07/01/17, and ending 06/30/18

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

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

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) <u>St. Joseph's/Candler Health System, Inc.</u> Number, street, and room or suite no. If a P.O. box, see instructions. <u>5353 Reynolds Street</u> City or town, state or province, country, and ZIP or foreign postal code <u>Savannah GA 31405-6015</u>	D Employer identification number (Employees' trust, see instructions.) <u>58-2288758</u>
		E Unrelated business activity codes (See instructions.) <u>525990</u>
C Book value of all assets at end of year <u>534,871,817</u>	F Group exemption number (See instructions.) u	
G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity.
u Investment in partnerships.

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

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

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

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)		21	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	22b 0
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total deductions. Add lines 14 through 28		29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here u [] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Tax on Non-Compliant Facility Income. See instructions 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a
b Other credits (see instructions) 41b
c General business credit. Attach Form 3800 (see instructions) 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d
e Total credits. Add lines 41a through 41d 41e
42 Subtract line 41e from line 40 42
43 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (att. sch.) 43
44 Total tax. Add lines 42 and 43 44 0
45a Payments: A 2016 overpayment credited to 2017 45a
b 2017 estimated tax payments 45b
c Tax deposited with Form 8868 45c
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total u 45g
46 Total payments. Add lines 45a through 45g 46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached u [] 47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed u 48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid u 49
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax u Refunded u 50

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here u Yes No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
53 Enter the amount of tax-exempt interest received or accrued during the tax year u \$

Sign Here u Signature of officer Date u CFO Title
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

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

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

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

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

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

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

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			u	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		u		

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		u				

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..		u				

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	u					
Totals, Part II (lines 1-5)	u	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		u	

Federal Statements

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

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

**Latest IRS Form 990 Hospitals:
Fiscal Year-End 2018**

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Saint Joseph's Hospital, Inc.		D Employer identification number 58-0568702
	Doing business as		E Telephone number 912-819-6162
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11705 Mercy Boulevard		G Gross receipts \$ 230,319,317
	City or town, state or province, country, and ZIP or foreign postal code Savannah GA 31419-1711		

F Name and address of principal officer: Paul P. Hinchey 5353 Reynolds Street Savannah GA 31405-6015	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
--	---

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number u 0928
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J Website: u www.sjchs.org	L Year of formation: 1946	M State of legal domicile: GA
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u
--

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	1565	
	6 Total number of volunteers (estimate if necessary)	6	106	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	188,488	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		247,966	454,314
	9 Program service revenue (Part VIII, line 2g)		212,842,258	223,136,759
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,358,590	1,895,655
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,760,528	4,485,420
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		220,209,342	229,972,148	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		93,589,578	94,111,862
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) u			0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		131,413,769	132,487,813
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		225,003,347	226,599,675	
19 Revenue less expenses. Subtract line 18 from line 12		-4,794,005	3,372,473	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		161,840,714	161,265,887
	21 Total liabilities (Part X, line 26)		18,935,111	17,540,981
22 Net assets or fund balances. Subtract line 21 from line 20		142,905,603	143,724,906	

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 Gregory J. Schaack	Date Trustee/CFO
	Type or print name and title	

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

Public Inspection Copy

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 189,093,449 including grants of \$) (Revenue \$ 225,984,379)

Saint Joseph's Hospital, Inc. is an acute care hospital located in Savannah, Georgia. In furtherance of its tax-exempt purpose, Saint Joseph's Hospital, Inc.:

- 1) maintains and operates permanent facilities that provide both inpatient and outpatient services for providing diagnoses and treatment of patients suffering from illness or injury;
- 2) promotes and provides health education programs, support groups, and various community services for all people of Savannah and the surrounding counties;
- 3) encourages and participates in health sciences research for treatment of illness and promotion of health;

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 u 189,093,449

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>u</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** GA, NC
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**
 Gregory J. Schaack 5353 Reynolds Street
 Savannah GA 31405-6015 912-819-6162

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gregory J. Schaack	20.00									
Trustee/CFO	25.00	X		X			218,916	302,313	64,430	
(2) Kyle L. McCann	20.00									
Trustee/COO	21.00	X		X			195,043	269,345	45,341	
(3) Sherry A. Danello	20.00									
Trustee/VP	21.00	X		X			143,415	198,050	81,413	
(4) Julia Mikell, MD	20.00									
Trustee/Physician	21.00	X					62,773	86,686	9,320	
(5) Jeffrey Kenney, M.D.	1.00									
Trustee	1.00	X					0	0	0	
(6) Sr. Margie Beatty RSM	20.00									
Trustee/Vice Pres	22.00	X		X			0	0	0	
(7) Paul P. Hinchey	20.00									
President & CEO	25.00			X			370,367	511,460	255,956	
(8) Thomas S. Pound	20.00									
VP	21.00			X			112,243	155,003	47,203	
(9) Nolan D. Hennessee	20.00									
VP	21.00				X		123,042	169,914	44,296	
(10) Bradley R. Trower	20.00									
VP	21.00				X		97,678	134,889	31,365	
(11) James I. Scott, M.D.	20.00									
Past VP	21.00				X		89,214	123,200	59,937	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Gregory A. Menke VP	20.00 21.00				X			87,768	121,203	29,626
(13) Robert E. Jones, MD Surgeon	40.00 0.00					X		955,324	0	22,767
(14) Norman Yates III, MD Surgeon	40.00 0.00					X		821,118	0	12,363
(15) Jeremy E. London, MD Surgeon	40.00 0.00					X		660,193	0	9,557
(16) Christopher Busken, MD Surgeon	40.00 0.00					X		412,567	0	9,790
(17) David Capallo, MD Surgeon	40.00 0.00					X		368,001	0	2,301
(18) Peter M. Schenk Former VP	0.00 0.00						X	54,212	74,865	0
1b Sub-total							u	4,771,874	2,146,928	725,665
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	4,771,874	2,146,928	725,665

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u** 84

	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
Cardiology Assoc of Savannah LLC 11700 Savannah GA 31419	Mercy Blvd Plaza D #6 RVU Production	5,424,063
Berkeley Research Group LLC 2200 Emeryville CA 94608	Powell Street Suite 1200 Consulting	2,915,091
American Anesthesia Associates 400 Mall Blvd Savannah GA 31406	Anesthesia	1,485,106
Chatham Hospitalist, LLC 5354 Savannah GA 31405	Reynolds Street, Ste. 424 Consulting	1,345,180
Bio-Medical Applications of GA 16343 Chicago IL 60693	Collection Center Dr Dialysis	1,094,648

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	435,658				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,656				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	454,314				
	Program Service Revenue		Busn. Code				
2a Program Service Revenue		624100	221,349,512	221,349,512			
b Lab Revenue - Related		621500	1,787,247	1,787,247			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	223,136,759				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	2,242,824			2,242,824	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)		131,530				
	d Net rental income or (loss)	u	131,530			131,530	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.			347,169			
	c Gain or (loss)			-347,169			
	d Net gain or (loss)	u		-347,169		-347,169	
	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	u						
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	u						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue		Busn. Code					
11a Other Operating Revenue		624100	2,318,998	2,318,998			
b Cafeteria		722513	1,317,782		1,317,782		
c Intercompany Laundry		621500	528,593	528,593			
d All other revenue		621500	188,517	29	188,488		
e Total. Add lines 11a-11d	u		4,353,890				
12 Total revenue. See instructions.	u		229,972,148	225,984,379	188,488	3,344,967	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,693,193		1,693,193	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	54,212		54,212	
7 Other salaries and wages	76,043,088	62,854,324	13,188,764	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,266,898	1,070,280	196,618	
9 Other employee benefits	10,491,066	8,609,806	1,881,260	
10 Payroll taxes	4,563,405	3,696,366	867,039	
11 Fees for services (non-employees):				
a Management				
b Legal	611,176		611,176	
c Accounting	174,298		174,298	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	29,705,302	17,973,609	11,731,693	
12 Advertising and promotion	894,601	894,601		
13 Office expenses	4,985,794	3,484,639	1,501,155	
14 Information technology	142,689	142,689		
15 Royalties				
16 Occupancy	5,656,720	5,546,424	110,296	
17 Travel	105,948	95,361	10,587	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	58,227	44,637	13,590	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,009,308	8,833,642	175,666	
23 Insurance	2,110,361	247,957	1,862,404	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	71,083,644	71,081,775	1,869	
b Repairs & Maintenance	7,776,940	4,344,702	3,432,238	
c Dues & Subscriptions	131,174	131,006	168	
d Miscellaneous	23,795	23,795		
e All other expenses	17,836	17,836		
25 Total functional expenses. Add lines 1 through 24e	226,599,675	189,093,449	37,506,226	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	79,157	1	104,964
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	31,278,213	4	29,873,049
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	7,416,981	8	7,983,000
	9	Prepaid expenses and deferred charges	450,494	9	543,286
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 251,835,264		
	b	Less: accumulated depreciation	10b 164,576,023	10c	87,259,241
	11	Investments—publicly traded securities	2,946,367	11	3,259,796
	12	Investments—other securities. See Part IV, line 11	62,607	12	51,668
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	118,319	14	
	15	Other assets. See Part IV, line 11	41,809,051	15	32,190,883
16	Total assets. Add lines 1 through 15 (must equal line 34)	161,840,714	16	161,265,887	
Liabilities	17	Accounts payable and accrued expenses	15,921,004	17	14,401,557
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,014,107	25	3,139,424
	26	Total liabilities. Add lines 17 through 25	18,935,111	26	17,540,981
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	141,653,824	27	142,231,346
	28	Temporarily restricted net assets	1,151,779	28	1,393,560
	29	Permanently restricted net assets	100,000	29	100,000
	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	142,905,603	33	143,724,906	
34	Total liabilities and net assets/fund balances	161,840,714	34	161,265,887	

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	229,972,148
2	Total expenses (must equal Part IX, column (A), line 25)	2	226,599,675
3	Revenue less expenses. Subtract line 2 from line 1	3	3,372,473
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	142,905,603
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,553,170
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	143,724,906

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage for 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Public Inspection Copy

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

Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization Saint Joseph's Hospital, Inc.	Employer identification number 58-0568702
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 429,264	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 6,394	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) u \$

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 u \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities u \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		86,967
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		35,478
j Total. Add lines 1c through 1i			122,445
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1

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

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

Part IV Supplemental Information *(continued)*

support the lobbying efforts by these associations.

Public Inspection Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

Saint Joseph's Hospital, Inc.

58-0568702

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,251,779	1,415,719	1,413,995	1,325,442	1,142,523
b Contributions	972,755	389,909	418,614	784,837	425,989
c Net investment earnings, gains, and losses	23,794	28,859	-689	8,472	30,409
d Grants or scholarships					
e Other expenditures for facilities and programs	754,768	582,707	415,482	704,756	272,393
f Administrative expenses			720		1,086
g End of year balance	1,493,560	1,251,779	1,415,718	1,413,995	1,325,442

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** _____ %
 - b** Permanent endowment **u** 6.70 %
 - c** Temporarily restricted endowment **u** 93.30 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|----------|----------|
| (i) unrelated organizations | | X |
| (ii) related organizations | X | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,722,397		1,722,397
b Buildings		122,418,783	71,920,601	50,498,182
c Leasehold improvements		3,478,471	2,441,314	1,037,157
d Equipment		116,097,129	90,214,108	25,883,021
e Other		8,118,484		8,118,484
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	87,259,241

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Due from Affiliates	24,732,166
(2) Other Receivables	3,931,729
(3) Beneficial Interest in Foundation	2,147,637
(4) Third Party Settlements	1,379,351
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	32,190,883

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deferred Compensation Payable	3,259,796
(3) Swap valuation	-120,372
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	3,139,424

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	229,423,078
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	49,451	
e	Add lines 2a through 2d	2e		49,451
3	Subtract line 2e from line 1	3		229,373,627
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	598,521	
c	Add lines 4a and 4b	4c		598,521
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		229,972,148

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

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

1	Total expenses and losses per audited financial statements		1	226,335,690
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		226,335,690
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	263,985	
c	Add lines 4a and 4b	4c		263,985
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		226,599,675

Part XIII Supplemental Information.

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

Part V, Line 4 - Intended Uses for Endowment Funds

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

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

Part X - FIN 48 Footnote

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

Part XIII Supplemental Information (continued)

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

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

Based on the results of management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2018 and 2017 or for the years then ended. The System's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

SJCV, SJCMG, Properties and Health Services have generally incurred

Part XIII Supplemental Information (continued)

operating losses for tax purposes and have not recorded a current or deferred tax provision due to significant net operating loss (NOL) carryforwards which would be utilized to offset any potential tax liabilities generated from future taxable income. At June 30, 2018, NOL carryforwards expiring through 2037 amounted to approximately \$88,824,000 and are available for the offset of future taxable income. No asset has been recognized related to this NOL carryforward due to continued operating losses.

Acronyms:

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

CH - Candler Hospital, Inc.

SJH - Saint Joseph's Hospital, Inc.

Home Health - SJC Home Health, Inc.

Infirmary - Georgia Infirmery, Inc.

Geechee - Geechee Reinsurance Company, LLC

SJCV - SJC Ventures, Inc.

SJCMG - SJC Medical Group, Inc.

Properties - SJC Properties, Inc.

Health Services - SJC Health Services, Inc.

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

Unrealized change in derivatives	\$	-138,661
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Unrealized Rate Swap Valuation	\$	188,112
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Part XI, Line 4b - Revenue Amounts Included on Return - Other

Capital contributions	\$	334,536
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Part XIII Supplemental Information *(continued)*

Pension cost \$ 263,985

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

Pension Cost \$ 263,985

Part XIII - Supplemental Financial Information

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

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Hospitals

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

u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			27,873,211		27,873,211	12.30
b Medicaid (from Worksheet 3, column a)			10,796,025	7,116,577	3,679,448	1.62
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total Financial Assistance and Means-Tested Government Programs			38,669,236	7,116,577	31,552,659	13.92
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,094,288	193,356	900,932	0.40
f Health professions education (from Worksheet 5)			110,450		110,450	0.05
g Subsidized health services (from Worksheet 6)			582,256		582,256	0.26
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			324,330		324,330	0.14
j Total Other Benefits			2,111,324	193,356	1,917,968	0.85
k Total. Add lines 7d and 7j			40,780,560	7,309,933	33,470,627	14.77

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development			22,592	1,836	20,756	0.01
3 Community support			62,655	2,315	60,340	0.03
4 Environmental improvements			250		250	
5 Leadership development and training for community members					0	0.00
6 Coalition building			12,065		12,065	0.01
7 Community health improvement advocacy					0	0.00
8 Workforce development			130,874	5,340	125,534	0.06
9 Other					0	0.00
10 Total			228,436	9,491	218,945	0.10

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	114,193,559
6 Enter Medicare allowable costs of care relating to payments on line 5	135,219,841
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-21,026,282
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 SJC/OIS Management	O/P Imaging Services	25		50
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

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

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



Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.sjchs.org</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>www.sjchs.org</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Was widely publicized within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.sjchs.org</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.sjchs.org</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.sjchs.org</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p>		

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p>a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

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

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

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		X
	If "Yes," explain in Section C.		

Part V Facility Information (continued)

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

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

The prioritization of significant health needs of the community is identified and the methodology for prioritizing each need is described on page 59 of the 2016 CHNA.

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

A variety of feedback was received from Community leaders and stakeholders in the Chatham County community. St. Joseph's/Candler and Memorial Health partnered with the Coastal Georgia Indicators Coalition (CGIC), Chatham County Safety Net Planning Council (CCSNPC), SJ/C's Good Samaritan Clinic and J.C. Lewis Primary Care Centers to obtain primary and secondary data. CGIC and the CCSNPC assisted the hospitals with prioritizing the health and social needs of the Chatham County community while SJ/C's Good Samaritan Clinic and J.C. Lewis Primary Health Care Center helped the hospitals obtain additional information on the Hispanic and homeless populations. Armstrong State University was contracted by the CGIC to distribute approximately 26,000 random public opinion surveys, equating to one (1) in four (4) Chatham County households. The goal was a 15% return rate through the utilization of incentives for completion. The information from the survey was intended to supplement the feedback collected through neighborhood forums, focus group meetings, community-wide meetings, and emergency department patients living at or below the federal poverty guidelines.

In order to communicate with the public and all those involved in the assessment and planning process to date, the CGIC developed a Communication and Outreach Committee. Working with a public relations consultant, the

Part V Facility Information (continued)

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

committee implemented the following strategies to increase community engagement and establish an ongoing communication process.

- o Web Site

- o Monthly Electronic Newsletters

The Chatham County Blue print process included a wide array of public meetings (including neighborhood forums, community meetings, focus groups, vulnerable population focus groups, and community-wide meetings) focused on listening to the voice of the community.

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

Candler Hospital, Inc.

5353 Reynolds Street

Savannah, GA 31405-6015

Saint Joseph's Hospital and Candler Hospital's joint Community Health Needs Assessment and Implementation Plan can be found on St. Joseph's/Candler's website at http://www.sjchs.org/media/file/CHNA_sjc_needs%20assessment_home_2016_final.pdf and <http://www.sjchs.org/media/file/SJC%202016%20Implementation%20Plan.pdf>, respectively.

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

Working with community partners to identify and address complex community health needs enhances population health and provides better coordination of limited community resources. The collaborating partner for the 2016 Community Health Needs Assessment is Memorial Health, an award-winning, two-state healthcare organization serving a 35-county area in southeast

Part V Facility Information (continued)

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

Public Inspection Copy

Georgia and southern South Carolina.

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

Despite the many health and social needs identified in Chatham County, the county is fortunate to have extremely collaborative environment where hospitals, the health department, social service agencies, municipal governments, schools of higher learning and many others work together to help address the health and social needs of the community. No one organization can address all the needs identified as priorities in Chatham County. To that end St. Joseph's/Candler and Memorial Health will evaluate these lists to determine which indicators will be addressed by each of the hospitals. They will continue to collaboratively work in partnership with other area organizations and agencies to improve the overall health in Chatham County.

Part VI Supplemental Information

Provide the following information.

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

Part I, Line 6a - Related Organization Information

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

Part I, Line 7g - Subsidized Health Services Explanation

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

Part I, Line 7 - Costing Methodology Explanation

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

Part II - Community Building Activities

St. Joseph's/Candler's St. Mary's Community Center believes that many aspects of life contribute to good health. A person's physical and mental

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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

health is influenced by the environment - whether positive or filled with disease. Since we are concerned with "the whole person," St.

Joseph's/Candler provides assistance in spiritual care, housing, education, job training, food, transportation, and advocacy.

With ten full-time chaplains - more than any other hospital in the state of Georgia - St. Joseph's/Candler provides pastoral care outreach

to anyone seeking assistance (as reported in the Community Health Improvement Services). Such unreimbursed services provide necessary spiritual support for many underserved citizens who are without a church

home or access to a minister. Our in-house pastoral care services also reduce the burden of ministers and churches throughout the community. St.

Joseph's/Candler African-American Health Information and Resource Center, now 15 years old, provides free computer classes, an internet center,

support and health information and education in an environment of trust.

Safe, affordable housing is essential to good health. For eighteen years,

St. Joseph's/Candler has been a partner with Mercy Housing, which builds

and renovates affordable housing. St. Joseph's/Candler's co-workers also

volunteer for Habitat for Humanity. Fixing leaking roofs, mold, lead

Part VI Supplemental Information

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paint, and dilapidated flooring all contribute to good health. St. Joseph's/Candler supports education as a means to a good paying job. The System fully funds the St. Mary's GED program, and provides a preschool program, after school program, and summer camp for young children. The three and four year olds served are two years behind their counterparts in language development. Successful language development influences school success and ultimately, a good job.

Part III, Line 2 - Bad Debt Expense Methodology

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

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

See pages 11- 12 for the Allowance for Doubtful Accounts footnote to the audited financial statements.

Part III, Line 8 - Medicare Explanation

Part VI Supplemental Information

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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Medicare allowable costs are computed in accordance with cost reporting methodologies utilized on the Medicare Cost Report and in accordance with related regulations. Indirect costs are allocated to direct service areas using the most appropriate statistical basis.

Part III, Line 9b - Collection Practices Explanation

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

Part VI Supplemental Information

Provide the following information.

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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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charity care and full financial assistance, there is no financial obligation. For those who qualify for partial financial assistance, collection procedures follow the same process as all other patients who are responsible for unpaid balances. Those patients who have not made payment arrangements for their remaining balances are sent letters when the are past due 30, 60, and 90 days. If payment arrangements are still not made after 90 days, then those accounts are referred to collections. Before referral to a collection agency, any account \$2,500 or larger is scored for ability to pay (using Paro software), and if the patient qualifies for charity care or full financial assistance, the account is written off as presumptive eligibility and not referred to the agency.

Part VI, Line 2 - Needs Assessment

St. Joseph's/Candler Health System, Inc. continually conducts various types of assessments to determine the community's needs for health and personal

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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support services. Our System collaborates with numerous not-for-profit agencies and programs to extend and strengthen our mission. Our programs are successful due in large part because of these collaborations. Some examples include: the Chatham County Safety Net, City of Savannah's Step Up Poverty Reduction Initiative, Armstrong Atlantic State University, Savannah Technical College, Savannah Economic Development Authority, and many more. Many of our System co-workers are also involved at every level of the community through their work as System representatives on not-for-profit boards such as: American Heart Association, the United Way, Mercy Housing, Second Harvest Food Bank, Wesley Community Center, and Safe Shelter of Savannah. St. Joseph's/Candler also solicits input on community needs from community leaders, professionals and members who participate on outreach advisory boards. SJ/C's African American Health Information & Resource Center, Good Samaritan Clinic, Smart Senior, St. Mary's Community Center and St. Mary's Health Center have individual advisory boards comprised of those persons who have special interest, skills, knowledge and enthusiasm about the program's unique services. Program forums at each outreach site also provide direct feedback from the clients who use their

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

Part VI, Line 3 - Patient Education of Eligibility for Assistance
 Customer service personnel at the Hospitals and St. Joseph's/Candler's extended business office inform patients about our financial assistance program and assist them in making an application. For patients who have no

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.
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insurance, limited coverage, and Medicaid patients without supplemental insurance, patient financial counselors discuss the financial assistance and various government benefits which may be available to them. Patient financial counselors also refer appropriate patients to a Medicaid eligibility vendor who screens them for Medicaid and other federal, state, or local programs for assistance. St. Joseph's/Candler posts financial assistance contact information on its website. Upon admission to the Hospital, patients are provided the "Guide to Your Hospital Bill", which informs them how to understand their bill, as well as a summary of the Hospital's financial assistance policy. In addition, the billing statements sent to patients provide a message and financial assistance contact information in the event the patient has difficulty paying the balance due.

Part VI, Line 4 - Community Information

St. Joseph's/Candler is located in Savannah, GA. Savannah is the oldest city in GA and the county seat of Chatham County. St. Joseph's/Candler's 2016 Community Health Needs Assessment defined Chatham County as the

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.
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primary service area for the System.

Chatham County is located on the southeast coast of the United States. The U.S. Census Bureau's American Community Survey 2016 population estimate for Chatham County is 289,535 people, 113,232 households, 129,822 housing units and 71,309 families. Each category shows significant growth between years 2010 and year 2016. The most populous location is in zip code 31419 (51,630 people) located on Savannah's south side.

Females make up the majority of the population at 51.6% of the total population. Caucasians make up the highest percentage of the total population at 52.30%, followed by African Americans at 39.43% and Hispanics at 6.42%.

The median household income in Chatham County is \$48,238. The U.S. census bureau reports median household income among Caucasians in 2016 was \$59,402 compared to Hispanics at \$40,943 and African Americans at \$34,930. The highest number of people living in poverty reside in zip code 31401.

In 2016, the U.S. Census Bureau reports that by industry, Health Care and Social Assistance Services employ the most people in Chatham County at 16,449 (13.03%). Accommodations/Foodservices and Retail Trade follow

Part VI Supplemental Information

Provide the following information.

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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

closely behind at 11.59% and 11.25% respectively. In 2016, the U.S. Census Bureau reports 10.57% of Chatham County residents report being unemployed compared to 8.2% reported in the 2013 CHNA. Chatham County's rate was marginally higher in 2016 at 10.68%.

In the Chatham County population of people twenty-five (25) and older, 5,993 (3.13%) have less than a 9th grade education and 14,903 (7.78%) have some high school, but have never graduated.

Part VI, Line 5 - Promotion of Community Health

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

Part VI Supplemental Information

Provide the following information.

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- 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.
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St. Joseph's/Candler provides a process for admitting patients via the hospitalists or through other physicians.

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

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

Georgia Infirmary's housing management services operates subsidized housing

Part VI Supplemental Information

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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.
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for elderly and disabled persons to recognize that community-based health only works if beneficiaries have safe, affordable homes. Georgia Infirmary's nationally recognized source program for case management and primary care physician services for elderly and disabled persons was a response to needs discovered in housing and day services clients for coordinated medical care and accountable personal support services. It is a collaborative effort of approximately 105 physicians across 16 southeast Georgia counties.

Part VI, Line 6 - Affiliated Health Care System

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

The System operates a comprehensive integrated healthcare network and

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

 serves as the controlling body of its affiliated entities as follows:

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

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

SJC Home Health, Inc. (Home Health) is a not-for-profit corporation, of
which the System is the sole member, established to provide home health

Part VI Supplemental Information

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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services in a twenty-one county area in southeast Georgia.

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

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

Part VI Supplemental Information

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the Internal Revenue Code of 1986, as amended.

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

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

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

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

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

Part VI Supplemental Information

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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 VI, Line 7 - State Filing of Community Benefit Report

Georgia

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Saint Joseph's Hospital, Inc.

Employer identification number
58-0568702

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Gregory J. Schaack Trustee/CFO	(i) 189,736	0	29,180	7,560	19,501	245,977	0
	(ii) 262,017	0	40,296	10,440	26,929	339,682	0
2 Kyle L. McCann Trustee/COO	(i) 175,106	0	19,937	7,560	11,483	214,086	0
	(ii) 241,813	0	27,532	10,440	15,858	295,643	0
3 Sherry A. Danello Trustee/VP	(i) 129,690	0	13,725	7,560	26,633	177,608	0
	(ii) 179,096	0	18,954	10,440	36,780	245,270	0
4 Julia Mikell, MD Trustee/Physician	(i) 57,528	0	5,245	0	3,914	66,687	0
	(ii) 79,444	0	7,242	0	5,406	92,092	0
5 Sr. Margie Beatty RSM Trustee/Vice Pres	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
6 Paul P. Hinchey President & CEO	(i) 332,050	0	38,317	0	19,302	389,669	0
	(ii) 458,546	0	52,914	210,000	26,654	748,114	0
7 Thomas S. Pound VP	(i) 102,986	0	9,257	7,560	12,265	132,068	0
	(ii) 142,219	0	12,784	10,440	16,938	182,381	0
8 Nolan D. Hennessee VP	(i) 109,196	0	13,846	6,350	12,254	141,646	0
	(ii) 150,794	0	19,120	8,770	16,922	195,606	0
9 Bradley R. Trower VP	(i) 92,285	0	5,393	5,368	7,806	110,852	0
	(ii) 127,441	0	7,448	7,412	10,779	153,080	0
10 James I. Scott, M.D. Past VP	(i) 88,326	0	888	7,560	17,614	114,388	0
	(ii) 121,974	0	1,226	10,440	24,323	157,963	0
11 Gregory A. Menke VP	(i) 83,248	0	4,520	4,914	7,529	100,211	0
	(ii) 114,961	0	6,242	6,786	10,397	138,386	0
12 Robert E. Jones, MD Surgeon	(i) 930,849	0	24,475	0	22,767	978,091	0
	(ii) 0	0	0	0	0	0	0
13 Norman Yates III, MD Surgeon	(i) 587,149	213,187	20,782	0	12,363	833,481	0
	(ii) 0	0	0	0	0	0	0
14 Jeremy E. London, MD Surgeon	(i) 532,526	36,667	91,000	0	9,557	669,750	0
	(ii) 0	0	0	0	0	0	0
15 Christopher Busken, MD Surgeon	(i) 163,530	249,037	0	0	9,790	422,357	0
	(ii) 0	0	0	0	0	0	0
16 David Capallo, MD Surgeon	(i) 264,773	0	103,228	0	2,301	370,302	0
	(ii) 0	0	0	0	0	0	0

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Peter M. Schenk 1 Former VP	(i)	0	0	54,212	0	0	54,212	7,560
	(ii)	0	0	74,865	0	0	74,865	10,440
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 1a - Fringe or Expense Explanation

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

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

	Severance	Nonqualified	Equity-based
Gregory J. Schaack	0	18,000	0
Kyle L. McCann	0	18,000	0
Sherry A. Danello	0	18,000	0
Paul P. Hinchey	0	210,000	0
Thomas S. Pound	0	18,000	0
Nolan D. Hennessee	0	15,120	0
Bradley R. Trower	0	12,780	0
James I. Scott, M.D.	0	18,000	0
Gregory A. Menke	0	11,700	0
Peter M. Schenk	129,077	18,000	0

Part III - Other Additional Information

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 4(b) - Supplemental Executive Retirement Plan (SERP)

The System maintains an unfunded supplemental executive retirement plan (SERP), which provides retirement benefits to certain officers and select employees. This plan is non-qualified and does not have a minimum funding requirement. The liability for this SERP obligation is included as deferred compensation payable and the assets set aside as a reserve for this liability are included in board designated assets limited as to use.

Part II, Bonus Award

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

Compensation from unrelated organization

Sister Margie Beatty is a key employee for the filing organization spending

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.

approximately half her time between two related hospitals, Candler Hospital and St. Joseph's Hospital. The organizations, however, submit 100% of her compensation to The Sisters of Mercy (SOM) for her services. Total amount paid to SOM in calendar year 2017 was \$214,357.

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

Form 990 - Organization's Mission

Rooted in God's love, we treat illness and promote wellness for all people. Saint Joseph's Hospital, Inc. provides comprehensive healthcare services to the surrounding counties through the operation of a 256-bed acute care hospital in Savannah, Georgia.

Form 990, Part I, Line 6

Volunteers sign in each time they volunteer and these hours are totaled.

Services provided by volunteers:

-Information desks: greet & provide information to visitors and give patient room information.

-Courtesy car: provide rides to and from hospital buildings to visitors' cars.

-Patient family rooms: contact persons in waiting rooms.

-Deliver patient mail and flowers.

-Operate gift shops.

-Patient visitation: patients are visited and given a welcome packet with paper, pencil, and information sheet covering hospital services.

-Security: monitor hospital cameras and take calls for security (relays to hospital staff).

-Patient floors: assist staff with non-clinical chores.

-Office volunteer: assist volunteer office staff as needed.

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

4) preserves and incorporates the Catholic Christian philosophy of the

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

hospital in all its activities and contracts.

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During the fiscal year ended June 30, 2018, the Hospital served the following: 53,970 acute care patient days and 11,323 discharges; 5,187 rehab days with 459 discharges; and 3,180 skilled nursing days with 277 discharges. Emergency room visits totaled 46,191. The Hospital also provided services for 86,759 outpatient visits.

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

St. Joseph's/Candler Health System, Inc. (System) is the sole member of the filing organization.

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

The Sisters of Mercy, Baltimore Regional Community (SMB) is the sole member of the System. Both SJH and System share a common management team. SMB has certain limited rights such as appointment of three trustees to the System board. The System has the authority to appoint 13 of the 17 voting trustee positions and the System CEO is an ex-officio trustee.

As the sole member, System also controls SJH. Pursuant to Section 3.2 of the Amended and Restated Joint Operating Agreement entered into on April 1, 2003, 4 of its 5 trustees are recommended by the CEO of System from among the member's management personnel and they are approved by the member's board. The 5th member of the Hospital board is the president of the Hospital's medical and dental staff.

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

System has certain limited rights such as the recommendation of 4 of SJH's

Name of the organization

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

5 trustees by the CEO of System from among the member's management personnel which are then subject to approval by the System's board. Additionally, System has specific reserved powers which require that certain actions taken by the SJH Board are effective only if first approved by System.

These actions include:

1. development of the role, mission, goals and strategic and operational plan(s) of Saint Joseph's Hospital.
2. establishment of an organization-wide policy.
3. responsibility for the organization-wide quality of care and quality of work life.
4. development and approval of the budgets.
5. approval of the sale, lease, transfer, encumbrance, alienation, or disposition of property or assets of SJH, subject to the SMB Reserved Powers.
6. approval of any dissolution, merger, consolidation or sale of SJH, subject to the SMB Reserved Powers.
7. ratification of the appointment by the System CEO of the members of the board of trustees and the board of directors of SJH and to determine, when appropriate with respect to SJH, the number of trustees or directors, quorum and voting requirements, terms, committees, officers, and any other customary and appropriate bylaw provisions for SJH; and
8. delegation of such responsibilities and other activities to SJH as necessary, including the delegation to SJH of responsibilities related to credentialing of medical staff; licensure; JCAHO certification; maintaining the Roman Catholic identity and presence of SJH pursuant to the SMB Reserved Powers.

Name of the organization

Saint Joseph's Hospital, Inc.

Employer identification number

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

A copy of the Form 990 is provided to the Finance Committee of the Board of Trustees and made available to the full Board for review prior to filing. The organization's management team performs a complete detailed review of all financial and disclosure data prior to filing the return with the IRS.

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

At least annually, and as deemed necessary, the conflicts of interest policy is reviewed to determine if any changes or enhancements are needed. The annual disclosures are provided to the President's assistant and are reviewed by the organization's Corporate Compliance Officer. If any conflicting interest is identified, the Board Chairman will discuss with the Board to determine further actions needed.

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

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

An independent consulting firm annually evaluates the compensation of the CEO using comparability data obtained through compensation surveys/studies.

Name of the organization

Saint Joseph's Hospital, Inc.

Employer identification number

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

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

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

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Certain organization policies, including the conflict of interest policy, are located on the St. Joseph's/Candler website. Combined financial statements are available through the Annual Bond Disclosure Report posted to a public website. Governing documents are currently not publicly available.

Form 990, Part VII - Additional Information

Consolidated Management and General Services - The filing organization is a member of a comprehensive integrated healthcare network, i.e., St. Joseph's/Candler Health System, Inc. (System). Essential management and general services are provided by the System to the related organizations.

Name of the organization

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

The costs of such services remain on the books of System.

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

Description

	Program Service	Mgt & General	Fundraising
Contract labor	\$ 617,045	\$ 204,820	\$ 0
Professional fees	\$ 9,269,947	\$ 9,417,368	\$ 0
Purchased services	\$ 6,542,133	\$ 2,109,505	\$ 0
OR Perfusionist Fees	\$ 955,894	\$ 0	\$ 0
Consulting fees	\$ 324,231	\$ 0	\$ 0
Other fees	\$ 264,359	\$ 0	\$ 0
Total	\$ 17,973,609	\$ 11,731,693	\$ 0

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

Increase in beneficial interest in Foundation	\$ 277,653
Change in fair value of derivatives	\$ 49,451
Equity transfers out	\$ -2,880,274
Total	\$ -2,553,170

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

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

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

u Attach to Form 990.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Saint Joseph's Hospital, Inc.

Employer identification number
58-0568702**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) St. Joseph's Medical Group, LLC 5353 Reynolds Street Savannah GA 31405 46-1173148	Physicians	GA			SJH
(2) St. Joseph's Vascular Group, LLC 5353 Reynolds Street Savannah GA 31405 47-2252880	Physicians	GA			SJH
(3) St. Joseph's Cardiology Group, LLC 5353 Reynolds Street Savannah GA 31405 46-1549445	Physicians	GA			SJH
(4) SJC Electrophysiology, LLC 5353 Reynolds Street Savannah GA 31405 47-5642016	Physicians	GA			SJH
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) St. Joseph's Foundation of Savannah 5353 Reynolds Street Savannah GA 31405-6015 58-1905195	Foundation	GA	501c3	12b	System		X
(2) Candler Hospital, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-0593388	Acute Care	GA	501c3	3	System		X
(3) St. Joseph's/Candler Health System 5353 Reynolds Street Savannah GA 31405-6015 58-2288758	Mngmt	GA	501c3	12c	N/A		X
(4) Georgia Infirmary, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-0668614	Clinic	GA	501c3	10	System		X
(5) SJC Home Health Services, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1329042	Home Hlth	GA	501c3	10	System		X

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

Open to Public Inspection

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

u Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Saint Joseph's Hospital, Inc.

Employer identification number

58-0568702

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Candler Foundation, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1553254	Foundation	GA	501c3	12b	System		X
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SJC/OIS Management, LLC 5353 Reynolds Street Savannah GA 31405-6015 46-0748220	Management	GA	N/A	Excluded	162,880	743,861		X	N/A		X	25.00
(2)												
(3)												
(4)												

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

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

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

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

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

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

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

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

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

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

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

Part VII

Supplemental Information.

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

Schedule R - Additional Information

Part I, Columns (d) and (e)

The organization's recordkeeping is such that accurate amounts for the end-of-year assets and total income for each disregarded entity cannot be segregated without a proper cost accounting. Therefore, these columns are blank as to not mislead the reader.

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Form **990-T**

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

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning 07/01/17, and ending 06/30/18

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

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

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

<input type="checkbox"/> Check box if address changed	Name of organization <input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Saint Joseph's Hospital, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 11705 Mercy Boulevard City or town, state or province, country, and ZIP or foreign postal code Savannah GA 31419-1711	58-0568702
C Book value of all assets at end of year 161,265,887	F Group exemption number (See instructions.) <u>0928</u>	E Unrelated business activity codes (See instructions.) 812300 621500
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity.
See Statement 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.
St. Joseph's/Candler Health System, Inc. 58-2288758

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance <input type="checkbox"/>			
2 Cost of goods sold (Schedule A, line 7)				
3 Gross profit. Subtract line 2 from line 1c				
4a Capital gain net income (attach Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from partnerships and S corporations (attach statement) <u>See Stmt 2</u>		40,415		40,415
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions; attach schedule) <u>See Stmt 3</u>		148,073		148,073
13 Total. Combine lines 3 through 12		188,488		188,488

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			52,561
16 Repairs and maintenance			9,213
17 Bad debts			
18 Interest (attach schedule) <u>See Statement 4</u>			3,980
19 Taxes and licenses			604
20 Charitable contributions (See instructions for limitation rules)			
21 Depreciation (attach Form 4562)	21	6,692	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		6,692
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			8,585
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			
28 Other deductions (attach schedule) <u>See Statement 5</u>			60,655
29 Total deductions. Add lines 14 through 28			142,290
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			46,198
31 Net operating loss deduction (limited to the amount on line 30)			46,198
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			0

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here u [] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Tax on Non-Compliant Facility Income. See instructions 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a
b Other credits (see instructions) 41b
c General business credit. Attach Form 3800 (see instructions) 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d
e Total credits. Add lines 41a through 41d 41e
42 Subtract line 41e from line 40 42
43 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (att. sch.) 43
44 Total tax. Add lines 42 and 43 44 0
45a Payments: A 2016 overpayment credited to 2017 45a
b 2017 estimated tax payments 45b
c Tax deposited with Form 8868 45c
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total u 45g
46 Total payments. Add lines 45a through 45g 46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached u [] 47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed u 48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid u 49
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax u Refunded u 50

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here u Yes No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
53 Enter the amount of tax-exempt interest received or accrued during the tax year u \$

Sign Here

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

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

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

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

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

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

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

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

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			u	u

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		u		

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		u				

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..		u				

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	u					
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	u					

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		u	

Statement 1 - Form 990-T - Primary Unrelated Business ActivityDescription

St. Joseph's Hospital, Inc. maintains a reference lab, which is used by physicians for patients they see in their offices.

Additionally, the organization provides laundry service to another area hospital.

Statement 2 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
Premier Healthcare Alliance,	\$ 40,415	\$	\$ 40,415
Total	\$ 40,415	\$ 0	\$ 40,415

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

<u>Description</u>	<u>Amount</u>
Reference Lab	\$ 41,429
Laundry Services	106,644
Total	\$ 148,073

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

<u>Description</u>	<u>Amount</u>
Interest	\$ 3,980
Total	\$ 3,980

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

<u>Description</u>	<u>Amount</u>
Medical Professional Fees	\$ 2,964
Non-Medical Professional Fees	35
Materials and Supplies	44,593
Purchased Services	5,403
Utilities	4,047
Insurance	3,550
Allocations	
Miscellaneous	61
Rentals and leases	2
Total	\$ 60,655

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Candler Hospital, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5353 Reynolds Street City or town, state or province, country, and ZIP or foreign postal code Savannah GA 31405-6015	D Employer identification number 58-0593388 E Telephone number 912-819-6162 G Gross receipts \$ 307,963,975
F Name and address of principal officer: Paul P. Hinchey 5353 Reynolds Street Savannah GA 31405-6015		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u www.sjchs.org		L Year of formation: 1934 M State of legal domicile: GA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	2162	
	6 Total number of volunteers (estimate if necessary)	6	106	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34	7a	1,793,042	7b
		-561,355		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	1,060,698	662,673	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	284,303,058	292,870,309	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,829,610	3,402,204	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,256,475	11,028,789	
		301,449,841	307,963,975	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	126,149	196,634	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	120,328,374	120,022,037	
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) u		0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	162,526,082	170,723,698	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	282,980,605	290,942,369	
19 Revenue less expenses. Subtract line 18 from line 12	18,469,236	17,021,606		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	190,175,921	184,764,999	
	22 Net assets or fund balances. Subtract line 21 from line 20	62,394,760	42,254,602	
		127,781,161	142,510,397	

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 Gregory J. Schaack	Date _____	
	Type or print name and title Trustee/CFO		
Paid Preparer Use Only	Print/Type preparer's name Jacqueline G. Atkins	Preparer's signature _____	Date _____
	Firm's name } Draffin & Tucker LLP PO Box 71309 Albany, GA 31708-1309	Firm's EIN } 58-0914992	Check <input type="checkbox"/> if self-employed PTIN P00861721

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

Public Inspection Copy

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 232,823,374 including grants of \$ 196,634) (Revenue \$ 298,828,552)

Candler Hospital, Inc. is an acute care hospital located in Savannah, Georgia. In furtherance of its tax-exempt purpose, Candler Hospital, Inc.:

1) maintains and operates permanent facilities that provide both inpatient and outpatient services for providing diagnoses and treatment of patients suffering from illness or injury;

2) promotes and provides health education programs, support groups, and various community services for all people of Savannah and the surrounding counties;

3) encourages and participates in health sciences research for treatment of illness and promotion of health;

4) preserves and incorporates its faith-based philosophy of the hospital in

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 u 232,823,374

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, question text, and Yes/No columns. Includes rows 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, 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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** GA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**
 Gregory J. Schaack 5353 Reynolds Street
 Savannah GA 31405-6015 912-819-6162

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gregory J. Schaack	20.00									
Trustee/CFO	25.00	X		X			302,313	218,916	64,430	
(2) Sherry A. Danello	20.00									
Trustee/VP	21.00	X		X			198,050	143,415	81,413	
(3) Thomas S. Pound	20.00									
Chairman/VP	21.00	X		X			155,003	112,243	47,203	
(4) Julia Mikell, MD	20.00									
Trustee/Physician	21.00	X					86,686	62,773	9,320	
(5) Barry Schlafstein, M.D.	1.00									
Trustee	1.00	X					0	0	0	
(6) Paul P. Hinchey	20.00									
President & CEO	25.00			X			511,460	370,367	255,956	
(7) Kyle L. McCann	20.00									
COO	21.00			X			269,345	195,043	45,341	
(8) Sr. Margie Beatty, RSM	20.00									
VP	22.00			X			0	0	0	
(9) Nolan D. Hennessee	20.00									
VP	21.00				X		169,914	123,042	44,296	
(10) Bradley Trower	20.00									
VP	21.00				X		134,889	97,678	31,365	
(11) James I. Scott, M.D.	20.00									
Past VP	21.00				X		123,200	89,214	59,937	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Gregory A. Menke VP	20.00 21.00				X			121,203	87,768	29,626
(13) William E. Richards Radiation Oncologist	40.00 0.00					X		1,208,078	0	26,291
(14) John Pablo Director-Oncology	40.00 0.00					X		1,092,976	0	27,582
(15) Joshua T. McKenzie Radiation Oncologist	40.00 0.00					X		850,937	0	27,832
(16) Howard A. Zaren MedDirector-Oncology	40.00 0.00					X		654,049	0	32,494
(17) John L. Mikell Radiation Oncologist	40.00 0.00					X		586,293	0	23,884
(18) Peter M. Schenk Former VP	0.00 0.00						X	74,865	54,212	0
1b Sub-total								6,539,261	1,554,671	806,970
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								6,539,261	1,554,671	806,970

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u** 97

	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
Berkeley Rearch Group LLC Emeryville CA 94608	2200 Powell Street Suite 1200 Consulting	4,075,316
South Coast Medical Group Savannah GA 31406	1326 Eisenhower Drive Bldg 2 RVU Prod/Mgmt	3,974,165
Summit Cancer Care, P.C. Savannah GA 31405	225 Candler Drive, Suite 300 Oncology Svcs	2,748,039
Chatham Hospitalist, LLC Savannah GA 31405	5354 Reynolds Street, STE. 424 Consulting	1,857,629
American Anesthesia Associates Savannah GA 31406	400 Mall Blvd Anesthesia	1,485,106

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	634,394				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,279				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	662,673				
	Program Service Revenue		Busn. Code				
2a Net Patient Revenue		624100	286,988,752	286,988,752			
b Prescription Center Related		624100	5,238,064	5,238,064			
c Reference Lab Related		621500	643,493	643,493			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	292,870,309				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	3,402,204			3,402,204	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)		2,881,572				
	d Net rental income or (loss)	u	2,881,572			2,881,572	
	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)	u					
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	u					
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	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a Other Operating Revenue	621990	5,958,243	5,958,243				
b Reference Lab	621500	750,441		750,441			
c Wellness Center	713940	608,850		608,850			
d All other revenue	624410	829,683		433,751	395,932		
e Total. Add lines 11a-11d	u	8,147,217					
12 Total revenue. See instructions.	u	307,963,975	298,828,552	1,793,042	6,679,708		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	196,634	196,634		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,338,219		2,338,219	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	74,865		74,865	
7 Other salaries and wages	96,567,997	75,609,144	20,958,853	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,738,363	1,296,283	442,080	
9 Other employee benefits	13,623,481	10,345,284	3,278,197	
10 Payroll taxes	5,679,112	4,349,826	1,329,286	
11 Fees for services (non-employees):				
a Management				
b Legal	844,005		844,005	
c Accounting	248,545		248,545	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	53,991,293	42,098,449	11,892,844	
12 Advertising and promotion	1,232,792	59,127	1,173,665	
13 Office expenses	4,077,514	1,817,624	2,259,890	
14 Information technology	485,421	485,421		
15 Royalties				
16 Occupancy	9,167,485	5,953,264	3,214,221	
17 Travel	282,938	227,383	55,555	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	70,325	54,525	15,800	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,629,967	12,309,186	1,320,781	
23 Insurance	2,716,150	144,259	2,571,891	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	72,373,027	72,362,134	10,893	
b Repairs & Maintenance	10,870,920	4,796,559	6,074,361	
c Prescription Center Suppl	446,739	446,739		
d Dues	234,948	219,904	15,044	
e All other expenses	51,629	51,629		
25 Total functional expenses. Add lines 1 through 24e	290,942,369	232,823,374	58,118,995	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	50,214	1	98,607
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	45,251,885	4	43,609,910
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	5,364,572	8	6,473,019
	9	Prepaid expenses and deferred charges	1,091,563	9	1,094,982
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 290,582,590		
	b	Less: accumulated depreciation	10b 217,441,074	10c	73,141,516
	11	Investments—publicly traded securities	648,198	11	739,792
	12	Investments—other securities. See Part IV, line 11	1,726,532	12	1,974,188
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	48,323,352	14	48,323,352
	15	Other assets. See Part IV, line 11	9,551,806	15	9,309,633
16	Total assets. Add lines 1 through 15 (must equal line 34)	190,175,921	16	184,764,999	
Liabilities	17	Accounts payable and accrued expenses	15,797,516	17	17,261,042
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	46,597,244	25	24,993,560
	26	Total liabilities. Add lines 17 through 25	62,394,760	26	42,254,602
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	120,935,947	27	134,448,895
	28	Temporarily restricted net assets	5,910,214	28	7,126,502
	29	Permanently restricted net assets	935,000	29	935,000
	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	127,781,161	33	142,510,397	
34	Total liabilities and net assets/fund balances	190,175,921	34	184,764,999	

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	307,963,975
2	Total expenses (must equal Part IX, column (A), line 25)	2	290,942,369
3	Revenue less expenses. Subtract line 2 from line 1	3	17,021,606
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	127,781,161
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,292,370
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	142,510,397

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 checked="" type="checkbox"/> Consolidated basis <input 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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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 under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Public Inspection Copy

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

Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization	Employer identification number
Candler Hospital, Inc.	58-0593388
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization

Candler Hospital, Inc.

Employer identification number

58-0593388

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 634,394	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 28,278	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization

Candler Hospital, Inc.

Employer identification number

58-0593388

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) u \$

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 u \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities u \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

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

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		86,967
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		35,478
j Total. Add lines 1c through 1i			122,445
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1

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

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

Part IV Supplemental Information *(continued)*

support the lobbying efforts by these associations.

Public Inspection Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,845,214	5,994,751	5,622,398	5,238,564	4,700,097
b Contributions	1,810,454	1,919,111	1,133,368	1,260,174	916,430
c Net investment earnings, gains, and losses	105,071	136,156	-6,892	33,592	138,818
d Grants or scholarships					
e Other expenditures for facilities and programs	699,237	1,202,504	754,123	834,932	514,080
f Administrative expenses		2,300		75,000	2,701
g End of year balance	8,061,502	6,845,214	5,994,751	5,622,398	5,238,564

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

- a** Board designated or quasi-endowment **u** %
- b** Permanent endowment **u** 11.60 %
- c** Temporarily restricted endowment **u** 88.40 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,994,832		4,994,832
b Buildings		148,619,602	103,944,647	44,674,955
c Leasehold improvements		3,887,255	3,371,925	515,330
d Equipment		132,521,620	110,124,502	22,397,118
e Other		559,281		559,281
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	73,141,516

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Beneficial Interest in Foundation	9,351,484
(2) Third party settlements	1,736,849
(3) Interest Rate Swap Valuation	231,765
(4) Other Receivables	-2,010,465
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	9,309,633

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Affiliate	24,253,768
(3) Deferred Compensation Payable	739,792
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	24,993,560

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	307,328,674
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	170,716	
e	Add lines 2a through 2d	2e	170,716	
3	Subtract line 2e from line 1	3	307,157,958	
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	806,017	
c	Add lines 4a and 4b	4c	806,017	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	307,963,975	

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

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

1	Total expenses and losses per audited financial statements		1	290,381,185
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	290,381,185	
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	561,184	
c	Add lines 4a and 4b	4c	561,184	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	290,942,369	

Part XIII Supplemental Information.

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

Part V, Line 4 - Intended Uses for Endowment Funds

Endowments include funds reserved for building and development, education and scholarships, diabetes funds and other healthcare related purposes. All endowments are held by Candler Foundation, Inc., a related and supporting organization.

Part X - FIN 48 Footnote

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

Part XIII Supplemental Information (continued)

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

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

Based on the results of management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2018 and 2017 or for the years then ended. The System's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

SJCV, SJCMG, Properties and Health Services have generally incurred operating losses for tax purposes and have not recorded a current or

Part XIII Supplemental Information (continued)

deferred tax provision due to significant net operating loss (NOL) carryforwards which would be utilized to offset any potential tax liabilities generated from future taxable income. At June 30, 2018, NOL carryforwards expiring through 2037 amounted to approximately \$88,824,000 and are available for the offset of future taxable income. No asset has been recognized related to this NOL carryforward due to continued operating losses.

Acronyms:

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

CH - Candler Hospital, Inc.

SJH - Saint Joseph's Hospital, Inc.

Home Health - SJC Home Health, Inc.

Infirmary - Georgia Infirmary, Inc.

Geechee - Geechee Reinsurance Company, LLC

SJCV - SJC Ventures, Inc.

SJCMG - SJC Medical Group, Inc.

Properties - SJC Properties, Inc.

Health Services - SJC Health Services

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

Unrealized change in derivatives	\$	-191,485
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Unrealized Rate Swap Valuation Gain	\$	362,201
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Part XI, Line 4b - Revenue Amounts Included on Return - Other

Capital contributions	\$	244,833
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Foundation contributions for pt assistance	\$	196,634
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Part XIII Supplemental Information (continued)

Pension Costs \$ 364,550

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

Foundation contributions for pt assistance \$ 196,634

Pension costs \$ 364,550

Part XIII - Supplemental Financial Information

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

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Hospitals

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

u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Candler Hospital, Inc.

Employer identification number

58-0593388

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,880,338		23,880,338	8.21
b Medicaid (from Worksheet 3, column a)			29,135,942	18,576,182	10,559,760	3.63
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total Financial Assistance and Means-Tested Government Programs			53,016,280	18,576,182	34,440,098	11.84
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,094,289	193,354	900,935	0.31
f Health professions education (from Worksheet 5)			110,450		110,450	0.04
g Subsidized health services (from Worksheet 6)			582,257		582,257	0.20
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			324,330		324,330	0.11
j Total. Other Benefits			2,111,326	193,354	1,917,972	0.66
k Total. Add lines 7d and 7j			55,127,606	18,769,536	36,358,070	12.50

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing				0	0.00
2	Economic development		22,592	1,836	20,756	0.01
3	Community support		62,655	2,315	60,340	0.02
4	Environmental improvements		250		250	
5	Leadership development and training for community members				0	0.00
6	Coalition building		12,065		12,065	
7	Community health improvement advocacy				0	0.00
8	Workforce development		130,874	5,340	125,534	0.04
9	Other				0	0.00
10	Total		228,436	9,491	218,945	0.08

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	110,947,272
6 Enter Medicare allowable costs of care relating to payments on line 5	121,434,266
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-10,486,994
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Savannah Neurosurger	Neurology Services	25		50
2 SJC/OIS Management	O/P Imaging Services	25		50
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

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

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



Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Candler Hospital, Inc.

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

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.sjchs.org</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>http://www.sjchs.org/media/file/SJC%20</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Candler Hospital, Inc.

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	14 Explained the basis for calculating amounts charged to patients?	X	
15	15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.sjchs.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.sjchs.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.sjchs.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group Candler Hospital, Inc.

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p>a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group Candler Hospital, Inc.

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Part V Facility Information (continued)

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

Facility 1, Candler Hospital, Inc. - Part V, Line 3e

The prioritization of significant health needs of the community is identified and the methodology for prioritizing each need is described on page 59 of the 2016 CHNA.

Facility 1, Candler Hospital, Inc. - Part V, Line 5

A variety of feedback was received from Community leaders and stakeholders in the Chatham County community. St. Joseph's/Candler and Memorial Health partnered with the Coastal Georgia Indicators Coalition (CGIC), Chatham County Safety Net Planning Council (CCSNPC), SJ/C's Good Samaritan Clinic and J.C. Lewis Primary Care Centers to obtain primary and secondary data. CGIC and the CCSNPC assisted the hospitals with prioritizing the health and social needs of the Chatham County community while SJ/C's Good Samaritan Clinic and J.C. Lewis Primary Health Care Center helped the hospitals obtain additional information on the Hispanic and homeless populations. Armstrong State University was contracted by the CGIC to distribute approximately 26,000 random public opinion surveys, equating to one (1) in four (4) Chatham County households. The goal was a 15% return rate through the utilization of incentives for completion. The information from the survey was intended to supplement the feedback collected through neighborhood forums, focus group meetings, community-wide meetings, and emergency department patients living at or below the federal poverty guidelines.

In order to communicate with the public and all those involved in the assessment and planning process to date, the CGIC developed a Communication and Outreach Committee. Working with a public relations consultant, the

Part V Facility Information (continued)

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

committee implemented the following strategies to increase community engagement and establish an ongoing communication process.

- Web Site
- Monthly Electronic Newsletters

The Chatham County Blue print process included a wide array of public meetings (including neighborhood forums, community meetings, focus groups, vulnerable population focus groups, and community-wide meetings) focused on listening to the voice of the community.

Facility 1, Candler Hospital, Inc. - Part V, Line 6a

Saint Joseph's Hospital, Inc.

11705 Mercy Boulevard

Savannah, GA 31419-1711

Saint Joseph's Hospital and Candler Hospital's joint Community Health Needs Assessment and Implementation Plan can be found on St. Joseph's/Candler's website at http://www.sjchs.org/media/file/CHNA_sjc_needs%20assessment_home_2016_final.pdf and <http://www.sjchs.org/media/file/SJC%202016%20Implementation%20Plan.pdf>, respectively.

Facility 1, Candler Hospital, Inc. - Part V, Line 6b

Working with community partners to identify and address complex community health needs enhances population health and provides better coordination of limited community resources. The collaborating partner for the 2016 Community Health Needs Assessment is Memorial Health, an award-winning, two-state healthcare organization serving a 35-county area in southeast

Part V Facility Information (continued)

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

Public Inspection Copy

Georgia and southern South Carolina.

Facility 1, Candler Hospital, Inc. - Part V, Line 11

Despite the many health and social needs identified in Chatham County, the county is fortunate to have extremely collaborative environment where hospitals, the health department, social service agencies, municipal governments, schools of higher learning and many others work together to help address the health and social needs of the community. No one organization can address all the needs identified as priorities in Chatham County. To that end St. Joseph's/Candler and Memorial Health will evaluate these lists to determine which indicators will be addressed by each of the hospitals. They will continue to collaboratively work in partnership with other area organizations and agencies to improve the overall health in Chatham County.

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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Part I, Line 6a - Related Organization Information

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

Part I, Line 7g - Subsidized Health Services Explanation

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

Part I, Line 7 - Costing Methodology Explanation

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

Part II - Community Building Activities

St. Joseph's/Candler's St. Mary's Community Center believes that many aspects of life contribute to good health. A person's physical and mental

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health is influenced by the environment - whether positive or filled with disease. Since we are concerned with "the whole person," St.

Joseph's/Candler provides assistance in spiritual care, housing, education, job training, food, transportation and advocacy.

With ten full-time chaplains - more than any other hospital in the state of Georgia - St. Joseph's/Candler provides pastoral care outreach to anyone seeking assistance (as reported in the Community Health Improvement Services). Such unreimbursed services provide necessary spiritual support for many underserved citizens who are without a church home or access to a minister. Our in-house pastoral care services also reduce the burden of ministers and churches throughout the community. St. Joseph's/Candler African American Health Information and Resource Center, now more than 15 years old, provides free computer classes, an internet center, support and health information and education in an environment of trust.

Safe, affordable housing is essential to good health. For over eighteen years, St. Joseph's/Candler has been a partner with Mercy Housing, which builds and renovates affordable housing. St. Joseph's/Candler's co-workers also volunteer for Habitat for Humanity. Fixing leaking roofs, mold, lead

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paint, and dilapidated flooring all contribute to good health. St. Joseph's/Candler supports education as a means to a good paying job. The System fully funds the St. Mary's GED program, and provides a preschool program, after school program, and summer camp for young children. The three and four year olds served are two years behind their counterparts in language development. Successful language development influences school success and ultimately, a good job.

Part III, Line 2 - Bad Debt Expense Methodology

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

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

See pages 11 and 12 for the Allowance for Doubtful Accounts footnote in the audited financial statements attached.

Part III, Line 8 - Medicare Explanation

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

Part III, Line 9b - Collection Practices Explanation

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

Part VI Supplemental Information

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

Part VI, Line 2 - Needs Assessment

St. Joseph's/Candler Health System, Inc. continually conducts various types of assessments to determine the community's needs for health and personal

Part VI Supplemental Information

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

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

Part VI, Line 3 - Patient Education of Eligibility for Assistance
Customer service personnel at the Hospitals and St. Joseph's/Candler's extended business office inform patients about our financial assistance program and assist them in making an application. For patients who have no insurance, limited coverage, and Medicaid patients without supplemental

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insurance, patient financial counselors discuss the financial assistance and various government benefits which may be available to them. Patient financial counselors also refer appropriate patients to a Medicaid eligibility vendor who screens them for Medicaid and other federal, state or local programs for assistance. St. Joseph's/Candler posts financial assistance contact information on its website. Upon admission to the Hospital, patients are provided the "Guide to Your Hospital Bill", which informs them how to understand their bill, as well as a summary of the Hospital's financial assistance policy. In addition, the billing statements sent to patients provide a message and financial assistance contact information in the event the patient has difficulty paying the balance due.

Part VI, Line 4 - Community Information

St. Joseph's/Candler is located in Savannah, GA. Savannah is the oldest city in GA and the county seat of Chatham County. St. Joseph's/Candler's 2016 Community Health Needs Assessment defined Chatham County as the primary service area for the System.

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Chatham County is located on the southeast coast of the United States. The U.S. Census Bureau's American Community Survey 2016 population estimate for Chatham County is 289,535 people, 113,232 households, 129,822 housing units and 71,309 families. Each category shows significant growth between years 2010 and year 2016. The most populous location is in zip code 31419 (51,630 people) located on Savannah's south side.

Females make up the majority of the population at 51.6% of the total population. Caucasians make up the highest percentage of the total population at 52.30%, followed by African Americans at 39.43% and Hispanics at 6.42%.

The median household income in Chatham County is \$48,238. The U.S. census bureau reports median household income among Caucasians in 2016 was \$59,402 compared to Hispanics at \$40,943 and African Americans at \$34,930. The highest number of people living in poverty reside in zip code 31401.

In 2016, the U.S. Census Bureau reports that by industry, Health Care and Social Assistance Services employ the most people in Chatham County at 16,449 (13.03%). Accommodations/Foodservices and Retail Trade follow closely behind at 11.59% and 11.25% respectively. In 2016, the U.S. Census

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

Bureau reports 10.57% of Chatham County residents report being unemployed compared to 8.2% reported in the 2013 CHNA. Chatham County's rate was marginally higher in 2016 at 10.68%.

In the Chatham County population of people twenty-five (25) and older, 5,993 (3.13%) have less than a 9th grade education and 14,903 (7.78%) have some high school, but have never graduated.

Part VI, Line 5 - Promotion of Community Health

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

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.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

hospitalists or through other physicians.

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

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

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

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.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

Part VI, Line 6 - Affiliated Health Care System

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

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

Part VI Supplemental Information

Provide the following information.

- 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.

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

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

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

Part VI Supplemental Information

Provide the 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.

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

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

Part VI 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.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

Georgia

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2017)

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2017, or tax year beginning 07/01/17, and ending 06/30/18

2017

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

Public Inspection Copy

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

Mammography Assistance Program

Patients are screened for qualification by the Director of Telfair Pavilion and her eligibility screener. Once patients are approved, they are funneled into a master mammography services bill and sent to the Foundations Specialist. Foundation Executive Director reviews master bill according to mammography fund purpose statement and sends for processing of payment.

Note that the Foundation's board is aware that some month's billings may exceed \$5,000.

Pharmacy Scholarship Program

The Pharmacy department does monthly requests for funds. Each grant transfer request is filled out by pharmacy staff and then approved and signed off on by the Pharmacy Director. The forms are then submitted to the Foundation with back up for grant transfer. These grant transfer forms are then reviewed by the Foundations Director and signed again for the transfer of funds. These amounts are also reviewed by the Foundations' Board and approved again. Both Pharmacy Director and Executive Director have signed them and reviewed them for accuracy and making sure they meet Fund stipulations.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Candler Hospital, Inc.

Employer identification number

58-0593388

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 Gregory J. Schaack Trustee/CFO	(i)	262,017	0	40,296	10,440	26,929	339,682	0
	(ii)	189,736	0	29,180	7,560	19,501	245,977	0
2 Sherry A. Danello Trustee/VP	(i)	179,096	0	18,954	10,440	36,780	245,270	0
	(ii)	129,690	0	13,725	7,560	26,633	177,608	0
3 Thomas S. Pound Chairman/VP	(i)	142,219	0	12,784	10,440	16,938	182,381	0
	(ii)	102,986	0	9,257	7,560	12,265	132,068	0
4 Julia Mikell, MD Trustee/Physician	(i)	79,444	0	7,242	0	5,406	92,092	0
	(ii)	57,528	0	5,245	0	3,914	66,687	0
5 Paul P. Hinchey President & CEO	(i)	458,546	0	52,914	0	26,654	538,114	0
	(ii)	332,050	0	38,317	210,000	19,302	599,669	0
6 Kyle L. McCann COO	(i)	241,813	0	27,532	10,440	15,858	295,643	0
	(ii)	175,106	0	19,937	7,560	11,483	214,086	0
7 Sr. Margie Beatty, RSM VP	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
8 Nolan D. Hennessee VP	(i)	150,794	0	19,120	8,770	16,922	195,606	0
	(ii)	109,196	0	13,846	6,350	12,254	141,646	0
9 Bradley Trower VP	(i)	127,441	0	7,448	7,412	10,779	153,080	0
	(ii)	92,285	0	5,393	5,368	7,806	110,852	0
10 James I. Scott, M.D. Past VP	(i)	121,974	0	1,226	10,440	24,323	157,963	0
	(ii)	88,326	0	888	7,560	17,614	114,388	0
11 Gregory A. Menke VP	(i)	114,961	0	6,242	6,786	10,397	138,386	0
	(ii)	83,248	0	4,520	4,914	7,529	100,211	0
12 William E. Richards Radiation Oncologist	(i)	693,762	70,000	444,316	0	26,291	1,234,369	0
	(ii)	0	0	0	0	0	0	0
13 John Pablo Director-Oncology	(i)	736,839	202,600	153,537	0	27,582	1,120,558	0
	(ii)	0	0	0	0	0	0	0
14 Joshua T. McKenzie Radiation Oncologist	(i)	644,934	100,000	106,003	0	27,832	878,769	0
	(ii)	0	0	0	0	0	0	0
15 Howard A. Zaren MedDirector-Oncology	(i)	601,701	0	52,348	0	32,494	686,543	0
	(ii)	0	0	0	0	0	0	0
16 John L. Mikell Radiation Oncologist	(i)	428,058	105,100	53,135	0	23,884	610,177	0
	(ii)	0	0	0	0	0	0	0

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Peter M. Schenk 1 Former VP	(i)	0	0	74,865	0	0	74,865	10,440
	(ii)	0	0	54,212	0	0	54,212	7,560
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 1a - Fringe or Expense Explanation

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

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

	Severance	Nonqualified	Equity-based
Gregory J. Schaack	0	18,000	0
Sherry A. Danello	0	18,000	0
Thomas S. Pound	0	18,000	0
Paul P. Hinchey	0	210,000	0
Kyle L. McCann	0	18,000	0
Nolan D. Hennessee	0	15,120	0
Bradley Trower	0	12,780	0
James I. Scott, M.D.	0	18,000	0
Gregory A. Menke	0	11,700	0
Peter M. Schenk	129,077	0	0

Part III - Other Additional Information

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 4(b) - Supplemental Executive Retirement Plan (SERP)

The System maintains an unfunded supplemental executive retirement plan (SERP), which provides retirement benefits to certain officers and select employees. This plan is non-qualified and does not have a minimum funding requirement. The liability for this SERP obligation is included as deferred compensation payable and the assets set aside as a reserve for this liability are included in board designated assets limited as to use.

Part II, Bonus Award

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

Compensation from unrelated organization

Sister Margie Beatty is a key employee for the filing organization spending

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.

approximately half her time between two related hospitals, Candler Hospital and St. Joseph's Hospital. The organizations, however, submit 100% of her compensation to The Sisters of Mercy (SOM) for her services. Total amount paid to SOM in calendar year 2017 was \$214,357.

Public Inspection Copy

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

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

u Attach to Form 990 or Form 990-EZ.

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

2017

Open To Public Inspection

Employer identification number

58-0593388

Candler Hospital, Inc.

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total **u** \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) John L. Mikell	Trustee Son	610,177	Employee		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

Schedule L, Part V - Additional Information

John Mikell is the son of Julia Mikell, M.D., a Hospital Trustee, and is employed and compensated by the filing organization.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

Form 990 - Organization's Mission

Rooted in God's love, we treat illness and promote wellness for all people. Candler Hospital, Inc. provides comprehensive healthcare services to the surrounding counties through the operation of a 331-bed acute care hospital in Savannah, Georgia.

Form 990, Part I, Line 6

Volunteers sign in each time they volunteer and these hours are totaled.

Services provided by volunteers:

- Information desks: greet & provide information to visitors and give patient room information.
- Courtesy car: provide rides to and from hospital buildings to visitors' cars.
- Patient family rooms: contact persons in waiting rooms.
- Deliver patient mail and flowers.
- Operate gift shops.
- Patient visitation: patients are visited and given a welcome packet with paper, pencil, and information sheet covering hospital services.
- Security: monitor hospital cameras and take calls for security (relays to hospital staff).
- Patient floors: assist staff with non-clinical chores.
- Office volunteer: assist volunteer office staff as needed.

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

all its activities and contracts.

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

During the fiscal year ended June 30, 2018, the Hospital served the following: 58,507 acute care patient days and 13,605 discharges including newborn; 4,563 rehab days with 345 discharges; and 2,890 skilled nursing days with 229 discharges. Emergency room visits totaled 61,069. The Hospital also provided services for 272,940 outpatient visits.

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

St. Joseph's/Candler Health System, Inc. (System) is the sole member of the filing organization.

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

The Sisters of Mercy, Baltimore Regional Community (SMB) is the sole member of the System. Both CH and System share a common management team. SMB has certain limited rights such as appointment of three trustees to the System board. The System has the authority to appoint 13 of the 17 voting trustee positions and the System CEO is an ex-officio trustee.

As the sole member, System also controls CH. Pursuant to Section 3.2 of the Amended and Restated Joint Operating Agreement entered into on April 1, 2003, 4 of its 5 trustees are recommended by the CEO of System from among the member's management personnel and they are approved by the member's board. The 5th member of the Hospital board is the president of the Hospital's medical and dental staff.

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

System has certain limited rights such as the recommendation of 4 of CH's 5 trustees by the CEO of System from among the member's management

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

personnel which are then subject to approval by the System's board.

Additionally, System has specific reserved powers which require that certain actions taken by the CH Board are effective only if first approved by System.

These actions include:

1. development of the role, mission, goals and strategic and operational plan(s) of Candler Hospital.
2. establishment of an organization-wide policy.
3. responsibility for the organization-wide quality of care and quality of work life.
4. development and approval of the budgets.
5. approval of the sale, lease, transfer, encumbrance, alienation, or disposition of property or assets of CH, subject to the SMB Reserved Powers.
6. approval of any dissolution, merger, consolidation or sale of CH, subject to the SMB Reserved Powers.
7. ratification of the appointment by the System CEO of the members of the board of trustees and the board of directors of CH and to determine, when appropriate with respect to CH, the number of trustees or directors, quorum and voting requirements, terms, committees, officers, and any other customary and appropriate bylaw provisions for CH; and
8. delegation of such responsibilities and other activities to CH as necessary, including the delegation to SJH of responsibilities related to credentialing of medical staff; licensure; JCAHO certification; maintaining the Roman Catholic identity and presence of CH pursuant to the SMB Reserved Powers.

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

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

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

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

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

At least annually, and as deemed necessary, the conflicts of interest policy is reviewed to determine if any changes or enhancements are needed.

The annual disclosures are provided to the President's assistant and are reviewed by the organization's Corporate Compliance Officer. If any

conflicting interest is identified, the Board Chairman will discuss with the Board to determine further actions needed.

The Board Chairman may ask the interested person to leave the meeting during discussion of the matter that gives rise to the potential conflict.

If asked, the interested person shall leave the meeting, but may make a statement or answer any questions on the matter before leaving. The

interested person will not vote on the matter that gives rise to the potential conflict and the Board or Board Committee must approve the

transaction or arrangement by majority vote of the Board members present at a meeting that has a quorum, not including the vote of the interested person.

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

An independent consulting firm annually evaluates the compensation of the CEO using comparability data obtained through compensation surveys/studies.

Their recommendations are considered by a compensation committee comprised

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

of independent voting members of the Board and the final compensation package requires full approval by the Board. The actions, motions, considerations, members present and dissenting opinions are recorded in the Board minutes.

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

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

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Certain organizational policies, including the conflicts of interest policy, are located on the St. Joseph's/Candler website. Combined financial statements are available through the Annual Bond Disclosure Report posted to a public website. Governing documents are currently not publicly available.

Form 990, Part VII - Additional Information

Consolidated Management and General Services - The filing organization is a member of a comprehensive integrated healthcare network, i.e., St. Joseph's/Candler Health System, Inc. (System). Essential management and general services are provided by the System to the related organizations. The costs of such services remain on the books of System.

Name of the organization

Employer identification number

Candler Hospital, Inc.

58-0593388

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

Description

Program Service

Mgt & General

Fundraising

Purchased services

\$ 18,993,757

\$ 3,278,949

\$ 0

Professional fees

\$ 17,218,728

\$ 8,299,296

\$ 0

Outside lab fees

\$ 1,703,450

\$ 0

\$ 0

Consulting fees

\$ 428,758

\$ 166,173

\$ 0

Temporary labor

\$ 2,011,244

\$ 148,406

\$ 0

Other fees

\$ 1,742,512

\$ 20

\$ 0

Total

\$ 42,098,449

\$ 11,892,844

\$ 0

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

Interest in Foundations

\$ 1,514,435

Unrealized change in derivatives

\$ 170,716

Equity transfers out

\$ -3,977,521

Total

\$ -2,292,370

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

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

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

u Attach to Form 990.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Candler Hospital, Inc.

Employer identification number
58-0593388**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SJC Oncology Services-GA, LLC 5353 Reynolds Street Savannah GA 31405-6015 58-1690520	Radiology	GA			CH
(2) SJC Oncology Services-SC, LLC 5353 Reynolds Street Savannah GA 31405-6015 58-1894698	Oncology	GA			CH
(3) Candler ENT Practice LLC 5353 Reynolds Street Savannah GA 31405-6015 46-5647244	ENT	GA			CH
(4) Candler Medical Oncology Practice L 5353 Reynolds Street Savannah GA 31405-6015 46-5633323	Oncology	GA			CH
(5) SJ/SC Cardiology LLC 5353 Reynolds Street Savannah GA 31405-6015 81-2136129	Cardiology	GA			CH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) St. Joseph's/Candler Health System 5353 Reynolds Street Savannah GA 31405-6015 58-2288758	Mgmnt	GA	501c 3	12c	N/A		X
(2) St. Joseph's Hospital, Inc. 11705 Mercy Blvd. Savannah GA 31419-1711 58-0568702	Acute Care	GA	501c 3	3	System		X
(3) SJC Home Health Services, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1329042	Home Hlth	GA	501c 3	10	System		X
(4) Georgia Infirmiry, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-0668614	Clinic	GA	501c 3	10	System		X
(5) Candler Foundation, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1553254	Foundation	GA	501c 3	12b	System		X

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

u Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) St Joseph's/Candler OB/GYN Practice 5353 Reynolds Street Savannah GA 31405-6015 82-2647012	OB/GYN	GA			CH
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) St. Joseph's Foundation of Savannah 5353 Reynolds Street Savannah GA 31405-6015 58-1905195	Foundation	GA	501c3	12b	System		X
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SJC/OIS Management, LLC 5353 Reynolds Street Savannah GA 31405-6015 46-0748220	Imaging	GA	N/A	Excluded	162,881	743,844		X	N/A		X	25.00
(2) Savannah Neurosurgery Svcs Jt Ventu 5353 Reynolds Street Savannah GA 31405-6015 46-4223371	Neurosurgery	GA	N/A	Excluded	30,224			X	N/A		X	25.00
(3) The Listening Center, LLC 5356 Reynolds Street Savannah GA 31405 45-4044301	ENT	GA	N/A	Excluded	89,381	28,000		X	N/A		X	25.00
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SJC Medical Group, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2011805	Physicians	GA	N/A	C	N/A	N/A	N/A		X
(2) SJC Ventures, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2650129	Healthcare	GA	N/A	C	N/A	N/A	N/A		X
(3) SJC Properties, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1583360	Property	GA	N/A	C	N/A	N/A	N/A		X
(4) SJC Health Services, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1701535	Healthcare	GA	N/A	C	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

Schedule R - Additional Information

Part I, Columns (d) and (e)

The organization's recordkeeping is such that accurate amounts for the end-of-year assets and total income for each disregarded entity cannot be segregated without a proper cost accounting. Therefore, these columns are blank as to not mislead the reader.

Public Inspection Copy

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning 07/01/17, and ending 06/30/18

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year <u>184,764,999</u></p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Print <u>Candler Hospital, Inc.</u> or Type <u>5353 Reynolds Street</u> Number, street, and room or suite no. If a P.O. box, see instructions. City or town, state or province, country, and ZIP or foreign postal code <u>Savannah GA 31405-6015</u></p>	<p>D Employer identification number (Employees' trust, see instructions.) <u>58-0593388</u></p> <p>E Unrelated business activity codes (See instructions.) <u>621500 713940</u></p>
<p>F Group exemption number (See instructions.) <u>u</u></p> <p>G Check organization type <u>u</u> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

H Describe the organization's primary unrelated business activity.
u See Statement 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? u Yes No
If "Yes," enter the name and identifying number of the parent corporation.
u St. Joseph's/Candler Health System, Inc. 58-2288758

J The books are in care of u Gregory J. Schaack Telephone number u 912-819-6162

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance <u>u</u>		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) <u>See Stmt 2</u>	12	1,793,042	1,793,042
13	Total. Combine lines 3 through 12	13	1,793,042	1,793,042

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	1,312,093
16	Repairs and maintenance	16	40,198
17	Bad debts	17	873
18	Interest (attach schedule) <u>See Statement 3</u>	18	27,937
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	55,223
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
		22b	55,223
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	138,957
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) <u>See Statement 4</u>	28	779,116
29	Total deductions. Add lines 14 through 28	29	2,354,397
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-561,355
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-561,355
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-561,355

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here u [] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Tax on Non-Compliant Facility Income. See instructions 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a
b Other credits (see instructions) 41b
c General business credit. Attach Form 3800 (see instructions) 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d
e Total credits. Add lines 41a through 41d 41e
42 Subtract line 41e from line 40 42
43 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (att. sch.) 43
44 Total tax. Add lines 42 and 43 44 0
45a Payments: A 2016 overpayment credited to 2017 45a
b 2017 estimated tax payments 45b
c Tax deposited with Form 8868 45c
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total u 45g
46 Total payments. Add lines 45a through 45g 46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached u [] 47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed u 48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid u 49
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax u Refunded u 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here u Yes No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
53 Enter the amount of tax-exempt interest received or accrued during the tax year u \$

Sign Here u Signature of officer Date u Trustee/CFO Title
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name: Jacqueline G. Atkins
Preparer's signature:
Date:
Check [] if self-employed PTIN: P00861721
Firm's name: Draffin & Tucker LLP
Firm's EIN: 58-0914992
Firm's address: PO Box 71309, Albany, GA 31708-1309
Phone no.: 229-883-7878

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			u	u

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			u	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		u		

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	u					

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..	u					

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	u					
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	u					

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		u	

Statement 1 - Form 990-T - Primary Unrelated Business ActivityDescription

Candler Hospital, Inc. operates a child day care facility for children of employees and non-employees. The day care service that is provided to children of non-employees generates unrelated business income.

Candler Hospital, Inc. maintains a reference lab (not used for inpatient or outpatient lab needs), which is used by hospital physicians for patients they see in their offices. This outside lab generates unrelated business income.

Candler Hospital, Inc. operates a wellness center that is used by patients, employees, and non-employees in order to promote emotion wellness, life management, and other social services. The services provided to non-employees generate unrelated business income.

Statement 2 - Form 990-T, Part I, Line 12 - Other Income

<u>Description</u>	<u>Amount</u>
Reference Lab	\$ 750,441
Children's House	433,751
Wellness Center	608,850
Total	\$ <u>1,793,042</u>

Statement 3 - Form 990-T, Part II, Line 18 - Interest

<u>Description</u>	<u>Amount</u>
Miscellaneous interest	\$ 27,937
Total	\$ <u>27,937</u>

Statement 4 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
Medical professional fees	\$ 201,284
Non-medical professional fees	1,689
Materials and supplies	443,309
Purchased services	49,868
Utilities	50,425
Insurance	23,225
Other operating expenses	9,316
Total	\$ <u>779,116</u>

**Annual Hospital Questionnaires CY 2018:
St. Joseph's Hospital, Inc. and Candler Hospital, Inc.**



2018 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP621

Facility Name: Saint Joseph's Hospital

County: Chatham

Street Address: 11705 Mercy Boulevard

City: Savannah

Zip: 31419-1791

Mailing Address: 11705 Mercy Boulevard

Mailing City: Savannah

Mailing Zip: 31419-1791

Medicaid Provider Number: 18010000

Medicare Provider Number: 110043

2. Report Period

Report Data for the full twelve month period- January 1, 2018 through December 31, 2018.

Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Elizabeth Medo

Contact Title: Manager, Decision Support

Phone: 912-819-8202

Fax: 912-819-8664

E-mail: medoe@sjchs.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's Hospital, Inc.	Not for Profit	8/30/1946

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	4/1/1997

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's Hospital, Inc.	Not for Profit	8/30/1946

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	4/1/1997

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period.

If checked, please explain in the box below and include effective dates.

3. Check the box to the right if your facility is part of a health care system

Name: St. Joseph's/Candler Health System, Inc.

City: Savannah **State:** GA

4. Check the box to the right if your hospital is a division or subsidiary of a holding company.

Name:

City: **State:**

5. Check the box to the right if the hospital itself operates subsidiary corporations

Name:

City: State:

6. Check the box to the right if your hospital is a member of an alliance.

Name: Premier

City: Charlotte State: NC

7. Check the box to the right if your hospital is a participant in a health care network

Name: The Care Network

City: Savannah State: GA

8. Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors.

9. Check the box to the right if the hospital owns or operates a primary care physician group practice.

10a. Managed Care Information: Formal Written Contract

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO)

2. Preferred Provider Organization(PPO)

3. Physician Hospital Organization(PHO)

4. Provider Service Organization(PSO)

5. Other Managed Care or Prepaid Plan

10b. Managed Care Information: Insurance Products

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Owner or Owner Parent Based in Another State

If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

Part D : Inpatient Services

1. Utilization of Beds as Set Up and Staffed(SUS):

Please indicate the following information. Do not include newborn and neonatal services. Do not include long-term care units, such as Skilled Nursing Facility beds, if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	0	0	0	0	0
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	234	9,039	36,403	9,030	36,213
Intensive Care	38	2,159	17,543	2,170	17,781
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	22	472	5,036	467	5,004
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	294	11,670	58,982	11,667	58,998

2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	20	182
Asian	100	609
Black/African American	3,117	18,137
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	22	150
White	8,411	39,904
Multi-Racial	0	0
Total	11,670	58,982

3. Gender

Please report admissions and inpatient days by gender. Exclude newborn and neonatal.

Gender	Admissions	Inpatient Days
Male	5,586	28,128
Female	6,084	30,854
Total	11,670	58,982

4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal.

Primary Payment Source	Admissions	Inpatient Days
Medicare	7,721	40,085
Medicaid	491	3,029
Peachare	0	0
Third-Party	2,676	11,638
Self-Pay	743	4,146
Other	39	84

5. Discharges to Death

Report the total number of inpatient admissions discharged during the reporting period due to death.

334

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2018 (to the nearest whole dollar).

Service	Charge
Private Room Rate	1,126
Semi-Private Room Rate	1,126
Operating Room: Average Charge for the First Hour	5,038
Average Total Charge for an Inpatient Day	10,616

Part E : Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only.

49,226

2. Inpatient Admissions from ER

Please report inpatient admissions to the Hospital from the ER for emergency cases ONLY.

7,101

3. Beds Available

Please report the number of beds available in ER as of the last day of the report period.

33

4. Utilization by Specific type of ER bed or room for the report period.

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	1	0
General Beds	28	47,315
	0	0
	0	0
	0	0
	0	0

5. Transfers

Please provide the number of Transfers to another institution from the Emergency Department.

576

6. Non-Emergency Visits

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital.

38,847

7. Observation Visits/Cases

Please provide the total number of Observation visits/cases for the entire report period.

1,807

8. Diverted Cases

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period.

0

9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

0

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted.

764

Part F : Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. (Use the blank lines to specify other services.)

Site Codes

- 1 = In-House - Provided by the Hospital
- 2 = Contract - Provided by a contractor but onsite
- 3 = Not Applicable

Status Codes

- 1 = On-Going
- 2 = Newly Initiated
- 3 = Discontinued
- 4 = Not Applicable

Service/Facilities	Site Code	Service Status
Podiatric Services	1	1
Renal Dialysis	2	1
ESWL	3	4
Biliary Lithotripter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	1	1
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	2	1
Physical Therapy	2	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	1
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
Otoneurology	1	1
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines.

Category	Total
Number of Podiatric Patients	119
Number of Dialysis Treatments	3,327
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	44,283
Number of CTS Units (machines)	3
Number of CTS Procedures	29,220
Number of Diagnostic Radioisotope Procedures	4,347
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeutic Radioisotope Procedures	17
Number of Number of MRI Units	1
Number of Number of MRI Procedures	4,638
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	297,985
Number of Occupational Therapy Treatments	59,512
Number of Physical Therapy Treatments	115,814
Number of Speech Pathology Patients	5,971
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	641
Number of HIV/AIDS Patients	613
Number of Ambulance Trips	0
Number of Hospice Patients	60
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	3
Number of Ultrasound/Medical Sonography Procedures	15,179
Number of Treatments, Procedures, or Patients (Other 1)	10,976
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available

for immediate use as of the last day of the report period (12/31).

108

3. Robotic Surgery System

Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
1	227	DaVinci

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2018. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2018.

Profession	Profession	Profession	Profession
Licensed Physicians	6.00	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	12.86	0.83	0.00
Registered Nurses (RNs-Advanced Practice*)	431.78	3.42	0.00
Licensed Practical Nurses (LPNs)	11.43	3.94	0.00
Pharmacists	11.29	0.02	0.00
Other Health Services Professionals*	488.80	25.85	0.30
Administration and Support	103.42	0.13	0.00
All Other Hospital Personnel (not included above)	356.61	18.84	3.90

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Physician's Assistants	31-60 Days
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	30 Days or Less
Pharmacists	31-60 Days
Other Health Services Professionals	30 Days or Less
All Other Hospital Personnel (not included above)	30 Days or Less

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	12
Black/African American	24
Hispanic/Latino	15
Pacific Islander/Hawaiian	0
White	409
Multi-Racial	32

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please

indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plan and/or Board of Regents Benefit Plan).

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	36	<input checked="" type="checkbox"/>	36	0
General Internal Medicine	49	<input checked="" type="checkbox"/>	47	0
Pediatricians	45	<input type="checkbox"/>	45	0
Other Medical Specialties	107	<input type="checkbox"/>	94	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	26	<input type="checkbox"/>	26	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	5	<input type="checkbox"/>	5	0
Ophthalmology Surgery	18	<input type="checkbox"/>	14	0
Orthopedic Surgery	41	<input type="checkbox"/>	41	0
Plastic Surgery	16	<input type="checkbox"/>	15	0
General Surgery	20	<input type="checkbox"/>	20	0
Thoracic Surgery	4	<input type="checkbox"/>	4	0
Other Surgical Specialties	41	<input type="checkbox"/>	41	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	29	<input checked="" type="checkbox"/>	29	0
Dermatology	4	<input type="checkbox"/>	2	0
Emergency Medicine	27	<input checked="" type="checkbox"/>	27	0
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	4	<input checked="" type="checkbox"/>	4	0
Psychiatry	0	<input type="checkbox"/>	0	0
Radiology	16	<input checked="" type="checkbox"/>	16	0
Radiation Oncology	4	<input checked="" type="checkbox"/>	4	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	15
Podiatrists	10
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	4

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Psychologist

Comments and Suggestions:

Part H : Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. **(Due to the large number of entries, this section has been moved to a separate PDF file.)**

Part I : Patient Origin Table

1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

Inpat=Inpatient Services

Surg=Outpatient Surgical

OB=Obstetric

P18+=Acute psychiatric adult 18 and over

P13-17=Acute psychiatric adolescent 13-17

P0-12=Acute psychiatric children 12 and under

Rehab=Inpatient Rehabilitation

S18+=Substance abuse adult 18 and over

S13-17=Substance abuse adolescent 13-17

E18+=Extended care adult 18 and over

E13-17=Extended care adolescent 13-17

E0-12=Extended care children 0-12

LTCH=Long Term Care Hospital

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alabama	8	3	0	0	0	0	0	0	0	0	0	0	2
Appling	149	23	0	0	0	0	0	0	0	0	0	0	4
Atkinson	5	2	0	0	0	0	0	0	0	0	0	0	0
Bacon	19	3	0	0	0	0	0	0	0	0	0	0	0
Baldwin	1	0	0	0	0	0	0	0	0	0	0	0	0
Ben Hill	5	2	0	0	0	0	0	0	0	0	0	0	0
Berrien	1	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	1	0	0	0	0	0	0	0	0	0	0	0	0
Bleckley	0	1	0	0	0	0	0	0	0	0	0	0	0
Brantley	26	4	0	0	0	0	0	0	0	0	0	0	1
Bryan	1,128	452	0	0	0	0	0	0	0	0	0	0	48
Bulloch	350	178	0	0	0	0	0	0	0	0	0	0	21
Burke	7	3	0	0	0	0	0	0	0	0	0	0	1
Butts	1	0	0	0	0	0	0	0	0	0	0	0	0
Calhoun	3	0	0	0	0	0	0	0	0	0	0	0	0
Camden	4	5	0	0	0	0	0	0	0	0	0	0	0
Candler	101	28	0	0	0	0	0	0	0	0	0	0	4
Catoosa	1	0	0	0	0	0	0	0	0	0	0	0	0
Charlton	1	1	0	0	0	0	0	0	0	0	0	0	0
Chatham	5,750	2,974	0	0	0	0	0	0	0	0	0	0	228
Chattooga	1	0	0	0	0	0	0	0	0	0	0	0	0
Cherokee	3	3	0	0	0	0	0	0	0	0	0	0	0
Clarke	1	0	0	0	0	0	0	0	0	0	0	0	0
Clayton	2	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	1	0	0	0	0	0	0	0	0	0	0	0	0
Coffee	36	11	0	0	0	0	0	0	0	0	0	0	0
Colquitt	1	0	0	0	0	0	0	0	0	0	0	0	0

Columbia	2	0	0	0	0	0	0	0	0	0	0	0	0
Cook	1	0	0	0	0	0	0	0	0	0	0	0	0
Coweta	0	1	0	0	0	0	0	0	0	0	0	0	0
Crawford	1	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	2	0	0	0	0	0	0	0	0	0	0	0	0
Decatur	1	0	0	0	0	0	0	0	0	0	0	0	0
DeKalb	5	0	0	0	0	0	0	0	0	0	0	0	0
Dodge	3	2	0	0	0	0	0	0	0	0	0	0	0
Dooly	3	1	0	0	0	0	0	0	0	0	0	0	0
Douglas	2	0	0	0	0	0	0	0	0	0	0	0	0
Effingham	810	432	0	0	0	0	0	0	0	0	0	0	37
Emanuel	52	12	0	0	0	0	0	0	0	0	0	0	2
Evans	100	39	0	0	0	0	0	0	0	0	0	0	3
Fannin	1	0	0	0	0	0	0	0	0	0	0	0	0
Florida	49	9	0	0	0	0	0	0	0	0	0	0	5
Forsyth	0	1	0	0	0	0	0	0	0	0	0	0	0
Fulton	4	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	53	39	0	0	0	0	0	0	0	0	0	0	2
Gordon	1	0	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	2	0	0	0	0	0	0	0	0	0	0	0	0
Hancock	0	1	0	0	0	0	0	0	0	0	0	0	0
Henry	1	0	0	0	0	0	0	0	0	0	0	0	0
Irwin	1	0	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	37	9	0	0	0	0	0	0	0	0	0	0	1
Jefferson	1	0	0	0	0	0	0	0	0	0	0	0	0
Jenkins	13	7	0	0	0	0	0	0	0	0	0	0	1
Johnson	11	2	0	0	0	0	0	0	0	0	0	0	0
Lanier	1	0	0	0	0	0	0	0	0	0	0	0	0
Laurens	12	8	0	0	0	0	0	0	0	0	0	0	1
Liberty	1,114	332	0	0	0	0	0	0	0	0	0	0	42
Lincoln	1	0	0	0	0	0	0	0	0	0	0	0	0
Long	144	40	0	0	0	0	0	0	0	0	0	0	3
Lowndes	1	0	0	0	0	0	0	0	0	0	0	0	0
Macon	2	1	0	0	0	0	0	0	0	0	0	0	0
McIntosh	128	56	0	0	0	0	0	0	0	0	0	0	8
Montgomery	32	9	0	0	0	0	0	0	0	0	0	0	2
Muscogee	3	1	0	0	0	0	0	0	0	0	0	0	0
North Carolina	21	6	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	118	27	0	0	0	0	0	0	0	0	0	0	3
Paulding	1	0	0	0	0	0	0	0	0	0	0	0	0
Peach	0	2	0	0	0	0	0	0	0	0	0	0	0
Pierce	28	8	0	0	0	0	0	0	0	0	0	0	0
Richmond	1	0	0	0	0	0	0	0	0	0	0	0	0
Rockdale	1	0	0	0	0	0	0	0	0	0	0	0	0

Screven	86	44	0	0	0	0	0	0	0	0	0	0	0	6
South Carolina	589	277	0	0	0	0	0	0	0	0	0	0	0	23
Sumter	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Tattnall	191	75	0	0	0	0	0	0	0	0	0	0	0	5
Telfair	9	8	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	12	3	0	0	0	0	0	0	0	0	0	0	0	2
Thomas	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Tift	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Toombs	101	28	0	0	0	0	0	0	0	0	0	0	0	5
Treutlen	9	6	0	0	0	0	0	0	0	0	0	0	0	0
Troup	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Union	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Upson	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Walker	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Walton	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Ware	31	12	0	0	0	0	0	0	0	0	0	0	0	2
Washington	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Wayne	251	57	0	0	0	0	0	0	0	0	0	0	0	9
Wheeler	3	0	0	0	0	0	0	0	0	0	0	0	0	0
White	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilcox	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	2	1	0	0	0	0	0	0	0	0	0	0	0	1
Total	11,670	5,252	0	0	0	0	0	0	0	0	0	0	0	472

Surgical Services Addendum

Part A : Surgical Services Utilization

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	2	20
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	0	2	20

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	1,664	4,498	3,598
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	1,664	4,498	3,598

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	1,661	4,203	3,591
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	1,661	4,203	3,591

Part B : Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	9
Asian	60
Black/African American	1,445
Hispanic/Latino	0
Pacific Islander/Hawaiian	5
White	3,733
Multi-Racial	0
Total	5,252

2. Age Grouping

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	40
Ages 15-64	2,839
Ages 65-74	1,541
Ages 75-85	720
Ages 85 and Up	112
Total	5,252

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	2,336
Female	2,916
Total	5,252

4. Payment Source

Please report the total number of ambulatory patients by payment source.

Primary Payment Source	Number of Patients
Medicare	2,634
Medicaid	221
Third-Party	2,229
Self-Pay	168

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of the hospital or anywhere on its grounds.

1. Number of Delivery Rooms: 0

2. Number of Birthing Rooms: 0

3. Number of LDR Rooms: 0

4. Number of LDRP Rooms: 0

5. Number of Cesarean Sections: 0

6. Total Live Births: 0

7. Total Births (Live and Late Fetal Deaths): 0

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 0

Part B : Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	0	0	0	0
Specialty Care (Intermediate Neonatal Care)	0	0	0	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0

Part C : Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Age Grouping

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	0	0
Ages 15-44	0	0
Ages 45 and Up	0	0
Total	0	0

3. Average Charge for an Uncomplicated Delivery

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

\$0.00

4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$0.00

LTCH Addendum

Part A : General Information

1a. Accreditation Check the box to the right if your Long Term Care Hospital is accredited.
If you checked the box for yes, please specify the agency that accredits your facility in the space below.

1b. Level/Status of Accreditation

Please provide your organization's level/status of accreditation.

2. Number of Licensed LTCH Beds: 0

3. Permit Effective Date:

4. Permit Designation:

5. Number of CON Beds: 0

6. Number of SUS Beds: 0

7. Total Patient Days: 0

8. Total Discharges: 0

9. Total LTCH Admissions: 0

Part B : Utilization by Race, Age, Gender and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Age of LTCH Patient

Please provide the number of admissions and inpatient days by the following age groupings.

Age of Patient	Admissions	Inpatient Days
Ages 0-64	0	0
Ages 65-74	0	0
Ages 75-84	0	0
Ages 85 and Up	0	0
Total	0	0

3. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

4. Payment Source

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Third-Party	0	0
Self-Pay	0	0
Other	0	0

Psychiatric/Substance Abuse Services Addendum

Part A : Psychiatric and Substance Abuse Data by Program

1. Beds

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example, "AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	0	0
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F-Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

Part B : Psych/SA Utilization by Race/Ethnicity, Gender, and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

3. Payment Source

Please indicate the number of patients by the following payment sources. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Medicaid	0	0
Third Party	0	0
Self-Pay	0	0
PeachCare	0	0

Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

1. Do you have paid medical interpreters on staff? *(Check the box, if yes.)*

If you checked yes, how many? 0 (FTE's)

What languages do they interpret?

Paid medical interpreters are contracted but not on staff at St. Josephs Hospital. In person translation is provided for Spanish speaking patients only.

2. When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? *(Check all that apply)*

Bilingual Hospital Staff Member

Bilingual Member of Patient's Family

Community Volunteer Intrepreter

Telephone Interpreter Service

Refer Patient to Outside Agency

Other (please describe):

3. Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.)

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	unknown	0	0	0
Vietnamese	unknown	0	0	0
Gujarati	unknown	0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

- 1) Computer based learning (CBL) required for all clinical and non-clinical personnel annually.
2) Cultural Competency website on internal intranet. Any co-worker can access documents on care, customs, health and dietary interest of any non-English speaking patient. Site also includes external internet site links for further reading and more information.

-
-

5. What is the most urgent tool or resource you need in order to increase your ability to provide **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

Cultural competency education fair, seminars and learning events.

-
-

6. In what languages are the signs written that direct patients within your facility?

1. English 2. Universal Symbol 3. Braille 4.

7. If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? (*Check the box, if yes*)

If you checked yes, what is the name and location of that health care center or clinic?

Affiliated

-

St. Joseph's/Candler's St. Mary's Health Clinic
1302 Drayton Street
Savannah, GA 31401

-

St. Joseph's/Candler's Good Samaritan Clinic
4704 Augusta Road
Garden City, GA 31408

-

-

Non-Affiliated

-

Curtis V. Cooper-Savannah
840 A Hitch Drive
Savannah, GA 31401

-

Curtis V. Cooper Primary Care, Inc- Garden City
106 East Broad Street
Savannah, GA 31408

-

J.C. Lewis Health
107 Fahm Street
Savannah, GA 31401

-

Comprehensive Inpatient Physical Rehabilitation Addendum

Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	2	15
Black/African American	104	1,234
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	366	3,787
Multi-Racial	0	0

2. Admissions and Days of care by Gender

Please report the number of inpatient physical rehabilitation admissions and inpatient days by gender.

Gender	Admissions	Inpatient Days
Male	198	2,113
Female	274	2,923

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort.

Gender	Admissions	Inpatient Days
0-17	0	0
18-64	86	969
65-84	298	3,125
85 Up	88	942

Part B : Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	472
Long Term Care Hospital	0
Skilled Nursing Facility	0
Traumatic Brain Injury Facility	0

	0
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1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	406
Third Party/Commercial	66
Self Pay	0
Other	0

2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

32

Part D : Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1. Stroke	86
2. Brain Injury	29
3. Amputation	12
4. Spinal Cord	54
5. Fracture of the femur	92
6. Neurological disorders	94
7. Multiple Trauma	2
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	3
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	31
All Other	69

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and

completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Greg Schaack

Date: 3/5/2019

Title: CFO

Comments:

Part D-1: SUS beds reflect all of the hospital's CON-authorized and licensed beds.

-

Part D - 1: Inpatient days and discharge days associated with ICU include all days associated with the patient stay. In many instances, this would include days where the patient was in a Med/Surg bed.

-

Part D—1: The Medical/Surgical patients and days data include 3 cases involving obstetrics services falling within MS DRG 776 and MS DRG 777. All of these types of cases are covered by Georgia Medicaid. The physicians involved in caring for these patients included OB/GYNs and hospitalists.

-

Part D – 2: SJH no longer designates Hispanic/latino or multi-racial as a distinct race.

-

Part E – 4: SJH does not track patients by visit type. All ED visits, including psych visits, are reported as general ED visits.

-

Part E - 4: The 28 general ED rooms contain 32 general ED beds.

-

Part E – 8 and 9: SJH did not experience a general ambulance diversion in 2018. In the rare instance when it is necessary, SJH diverts ambulances to CH, its sister facility. SJH does not track the ED cases that are “diverted” in those instances; so the most accurate response to E8 is “not available”.

-

Part F – 1b: Number of Treatments, Procedures or Patients (Other 1) = Otoneurology Procedures.

-

Part G – 4: Number of Medical Staff: The data reflected in Part G-4 is the most accurate data available, but may not precisely reflect the physician staff database as of December 31, 2018.

-

Part G – 4: #Enrolled as Providers in Medicaid/Peachcare and PEHB Plan: The SJC Medical Staff Office does not track this information. We determined participation by looking up each staff physician on the Medicaid physician search tool, “<http://www.mmis.georgia.gov/portal>” (the Georgia Medicaid Management Information System portal). The PEHB plan participant information is no longer available on this site.

-

Georgia Minority Advisory Council Addendum, Q3: SJC does not track information regarding languages spoken by physicians, nurses and other employed staff. The accurate response would be “unknown”.

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2018 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP626

Facility Name: Candler Hospital

County: Chatham

Street Address: 5353 Reynolds Street

City: Savannah

Zip: 31405

Mailing Address: 5353 Reynolds Street

Mailing City: Savannah

Mailing Zip: 31405

Medicaid Provider Number: 32700000

Medicare Provider Number: 110024

2. Report Period

Report Data for the full twelve month period- January 1, 2018 through December 31, 2018.

Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Elizabeth Medo

Contact Title: Manager, Decision Support

Phone: 912-819-8202

Fax: 912-819-8664

E-mail: medoe@sjchs.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Candler Hospital, Inc.	Not for Profit	7/26/1934

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	4/1/1997

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Candler Hospital, Inc.	Not for Profit	7/26/1934

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	4/1/1997

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period.

If checked, please explain in the box below and include effective dates.

3. Check the box to the right if your facility is part of a health care system

Name: St. Joseph's/Candler Health System, Inc.

City: Savannah State: GA

4. Check the box to the right if your hospital is a division or subsidiary of a holding company.

Name:

City: State:

5. Check the box to the right if the hospital itself operates subsidiary corporations

Name:

City: State:

6. Check the box to the right if your hospital is a member of an alliance.

Name: Premier

City: Charlotte State: NC

7. Check the box to the right if your hospital is a participant in a health care network

Name: The Care Network

City: Savannah State: GA

8. Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors.

9. Check the box to the right if the hospital owns or operates a primary care physician group practice.

10a. Managed Care Information: Formal Written Contract

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO)

2. Preferred Provider Organization(PPO)

3. Physician Hospital Organization(PHO)

4. Provider Service Organization(PSO)

5. Other Managed Care or Prepaid Plan

10b. Managed Care Information: Insurance Products

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Owner or Owner Parent Based in Another State

If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

Part D : Inpatient Services

1. Utilization of Beds as Set Up and Staffed(SUS):

Please indicate the following information. Do not include newborn and neonatal services. Do not include long-term care units, such as Skilled Nursing Facility beds, if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	42	2,829	7,274	2,825	7,252
Pediatrics (Non ICU)	20	325	933	321	905
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	215	6,408	32,484	6,405	32,405
Intensive Care	20	1,176	11,347	1,178	11,619
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	23	350	4,139	344	4,069
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	320	11,088	56,177	11,073	56,250

2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	14	76
Asian	107	435
Black/African American	4,604	23,433
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	6	17
White	6,357	32,216
Multi-Racial	0	0
Total	11,088	56,177

3. Gender

Please report admissions and inpatient days by gender. Exclude newborn and neonatal.

Gender	Admissions	Inpatient Days
Male	3,776	22,645
Female	7,312	33,532
Total	11,088	56,177

4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal.

Primary Payment Source	Admissions	Inpatient Days
Medicare	4,668	30,162
Medicaid	1,812	7,443
Peachare	0	0
Third-Party	3,828	14,621
Self-Pay	768	3,915
Other	12	36

5. Discharges to Death

Report the total number of inpatient admissions discharged during the reporting period due to death.

219

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2018 (to the nearest whole dollar).

Service	Charge
Private Room Rate	1,126
Semi-Private Room Rate	1,126
Operating Room: Average Charge for the First Hour	5,038
Average Total Charge for an Inpatient Day	6,975

Part E : Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only.

63,864

2. Inpatient Admissions from ER

Please report inpatient admissions to the Hospital from the ER for emergency cases ONLY.

5,860

3. Beds Available

Please report the number of beds available in ER as of the last day of the report period.

43

4. Utilization by Specific type of ER bed or room for the report period.

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	0	0
General Beds	43	63,756
	0	0
	0	0
	0	0
	0	0

5. Transfers

Please provide the number of Transfers to another institution from the Emergency Department.

711

6. Non-Emergency Visits

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital.

241,219

7. Observation Visits/Cases

Please provide the total number of Observation visits/cases for the entire report period.

2,031

8. Diverted Cases

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period.

0

9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

0

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted.

871

Part F : Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. (Use the blank lines to specify other services.)

Site Codes

- 1 = In-House - Provided by the Hospital
- 2 = Contract - Provided by a contractor but onsite
- 3 = Not Applicable

Status Codes

- 1 = On-Going
- 2 = Newly Initiated
- 3 = Discontinued
- 4 = Not Applicable

Service/Facilities	Site Code	Service Status
Podiatric Services	1	1
Renal Dialysis	2	1
ESWL	2	1
Biliary Lithotripter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	1	1
Positron Emission Tomography (PET)	1	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	2	1
Physical Therapy	2	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	1
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
Otoneurology	1	1
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines.

Category	Total
Number of Podiatric Patients	229
Number of Dialysis Treatments	2,028
Number of ESWL Patients	122
Number of ESWL Procedures	130
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	56,401
Number of CTS Units (machines)	5
Number of CTS Procedures	38,781
Number of Diagnostic Radioisotope Procedures	3,047
Number of PET Units (machines)	1
Number of PET Procedures	1,839
Number of Therapeutic Radioisotope Procedures	42
Number of Number of MRI Units	3
Number of Number of MRI Procedures	5,595
Number of Chemotherapy Treatments	14,235
Number of Respiratory Therapy Treatments	213,980
Number of Occupational Therapy Treatments	48,511
Number of Physical Therapy Treatments	107,305
Number of Speech Pathology Patients	4,815
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	5,184
Number of HIV/AIDS Patients	4,495
Number of Ambulance Trips	0
Number of Hospice Patients	150
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	9
Number of Ultrasound/Medical Sonography Procedures	22,739
Number of Treatments, Procedures, or Patients (Other 1)	339
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available

for immediate use as of the last day of the report period (12/31).

61

3. Robotic Surgery System

Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
3	934	DaVinci

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2018. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2018.

Profession	Profession	Profession	Profession
Licensed Physicians	10.81	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	11.98	2.19	0.00
Registered Nurses (RNs-Advanced Practice*)	497.63	21.00	0.00
Licensed Practical Nurses (LPNs)	13.04	0.00	0.00
Pharmacists	17.82	2.98	0.00
Other Health Services Professionals*	637.22	33.31	3.20
Administration and Support	143.43	7.80	0.00
All Other Hospital Personnel (not included above)	349.16	14.83	6.50

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Physician's Assistants	31-60 Days
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	30 Days or Less
Pharmacists	31-60 Days
Other Health Services Professionals	30 Days or Less
All Other Hospital Personnel (not included above)	30 Days or Less

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	12
Black/African American	25
Hispanic/Latino	15
Pacific Islander/Hawaiian	0
White	413
Multi-Racial	33

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please

indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plant and/or Board of Regents Benefit Plan).

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	37	<input checked="" type="checkbox"/>	37	0
General Internal Medicine	49	<input checked="" type="checkbox"/>	47	0
Pediatricians	45	<input type="checkbox"/>	45	0
Other Medical Specialties	108	<input type="checkbox"/>	94	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	26	<input type="checkbox"/>	26	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	5	<input type="checkbox"/>	5	0
Ophthalmology Surgery	18	<input type="checkbox"/>	14	0
Orthopedic Surgery	41	<input type="checkbox"/>	41	0
Plastic Surgery	16	<input type="checkbox"/>	15	0
General Surgery	22	<input type="checkbox"/>	21	0
Thoracic Surgery	4	<input type="checkbox"/>	4	0
Other Surgical Specialties	41	<input type="checkbox"/>	41	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	29	<input checked="" type="checkbox"/>	29	0
Dermatology	4	<input type="checkbox"/>	2	0
Emergency Medicine	29	<input checked="" type="checkbox"/>	29	0
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	4	<input checked="" type="checkbox"/>	4	0
Psychiatry	0	<input type="checkbox"/>	0	0
Radiology	16	<input checked="" type="checkbox"/>	16	0
Radiation Oncology	4	<input checked="" type="checkbox"/>	4	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	18
Podiatrists	11
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	2

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Psychologist

Comments and Suggestions:

Part H : Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. **(Due to the large number of entries, this section has been moved to a separate PDF file.)**

Part I : Patient Origin Table

1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

Inpat=Inpatient Services
Surg=Outpatient Surgical
OB=Obstetric

P18+=Acute psychiatric adult 18 and over
P13-17=Acute psychiatric adolescent 13-17
P0-12=Acute psychiatric children 12 and under
Rehab=Inpatient Rehabilitation

S18+=Substance abuse adult 18 and over
S13-17=Substance abuse adolescent 13-17
E18+=Extended care adult 18 and over
E13-17=Extended care adolescent 13-17
E0-12=Extended care children 0-12
LTCH=Long Term Care Hospital

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alabama	6	1	0	0	0	0	0	0	0	0	0	0	0
Appling	50	78	2	0	0	0	0	0	0	0	0	0	2
Atkinson	17	6	0	0	0	0	0	0	0	0	0	0	0
Bacon	7	20	0	0	0	0	0	0	0	0	0	0	0
Baldwin	1	0	0	0	0	0	0	0	0	0	0	0	0
Bartow	2	0	0	0	0	0	0	0	0	0	0	0	0
Ben Hill	1	12	0	0	0	0	0	0	0	0	0	0	0
Berrien	1	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	3	3	0	0	0	0	0	0	0	0	0	0	0
Brantley	4	37	0	0	0	0	0	0	0	0	0	0	0
Bryan	604	910	225	0	0	0	0	0	0	0	0	0	8
Bulloch	255	455	52	0	0	0	0	0	0	0	0	0	18
Burke	7	3	1	0	0	0	0	0	0	0	0	0	0
Calhoun	2	0	0	0	0	0	0	0	0	0	0	0	0
Camden	8	56	0	0	0	0	0	0	0	0	0	0	0
Candler	36	82	2	0	0	0	0	0	0	0	0	0	3
Charlton	0	8	0	0	0	0	0	0	0	0	0	0	0
Chatham	7,289	5,367	2,029	0	0	0	0	0	0	0	0	0	208
Cherokee	0	2	0	0	0	0	0	0	0	0	0	0	0
Clayton	3	0	0	0	0	0	0	0	0	0	0	0	0
Clinch	3	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	1	4	1	0	0	0	0	0	0	0	0	0	0
Coffee	66	40	0	0	0	0	0	0	0	0	0	0	2
Colquitt	1	0	0	0	0	0	0	0	0	0	0	0	0
Columbia	0	3	0	0	0	0	0	0	0	0	0	0	0
Cook	0	1	0	0	0	0	0	0	0	0	0	0	0
Coweta	1	2	1	0	0	0	0	0	0	0	0	0	0

Decatur	1	1	0	0	0	0	0	0	0	0	0	0	0
DeKalb	4	1	1	0	0	0	0	0	0	0	0	0	1
Dodge	3	2	0	0	0	0	0	0	0	0	0	0	0
Dooly	0	2	0	0	0	0	0	0	0	0	0	0	0
Dougherty	1	0	1	0	0	0	0	0	0	0	0	0	0
Douglas	0	1	0	0	0	0	0	0	0	0	0	0	0
Effingham	951	1,071	286	0	0	0	0	0	0	0	0	0	32
Emanuel	42	76	2	0	0	0	0	0	0	0	0	0	1
Evans	85	116	8	0	0	0	0	0	0	0	0	0	4
Fayette	1	1	0	0	0	0	0	0	0	0	0	0	0
Florida	36	28	5	0	0	0	0	0	0	0	0	0	2
Forsyth	1	2	0	0	0	0	0	0	0	0	0	0	0
Fulton	4	8	1	0	0	0	0	0	0	0	0	0	0
Glynn	44	214	4	0	0	0	0	0	0	0	0	0	2
Gwinnett	8	1	0	0	0	0	0	0	0	0	0	0	0
Harris	1	0	0	0	0	0	0	0	0	0	0	0	0
Henry	0	2	0	0	0	0	0	0	0	0	0	0	0
Houston	0	4	0	0	0	0	0	0	0	0	0	0	0
Irwin	4	6	0	0	0	0	0	0	0	0	0	0	0
Jackson	1	0	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	21	50	0	0	0	0	0	0	0	0	0	0	0
Jenkins	9	19	0	0	0	0	0	0	0	0	0	0	0
Johnson	3	5	1	0	0	0	0	0	0	0	0	0	0
Lamar	1	2	1	0	0	0	0	0	0	0	0	0	0
Lanier	1	0	0	0	0	0	0	0	0	0	0	0	0
Laurens	8	25	1	0	0	0	0	0	0	0	0	0	0
Liberty	453	658	107	0	0	0	0	0	0	0	0	0	19
Long	83	111	16	0	0	0	0	0	0	0	0	0	4
Lowndes	1	7	0	0	0	0	0	0	0	0	0	0	0
McDuffie	0	2	0	0	0	0	0	0	0	0	0	0	0
McIntosh	49	94	7	0	0	0	0	0	0	0	0	0	4
Monroe	0	2	0	0	0	0	0	0	0	0	0	0	0
Montgomery	14	29	0	0	0	0	0	0	0	0	0	0	3
Morgan	1	0	0	0	0	0	0	0	0	0	0	0	0
Muscogee	1	2	0	0	0	0	0	0	0	0	0	0	0
Newton	0	1	0	0	0	0	0	0	0	0	0	0	0
North Carolina	10	8	1	0	0	0	0	0	0	0	0	0	0
Other Out of State	99	45	6	0	0	0	0	0	0	0	0	0	4
Peach	1	0	0	0	0	0	0	0	0	0	0	0	0
Pierce	5	44	0	0	0	0	0	0	0	0	0	0	0
Pulaski	1	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	1	0	1	0	0	0	0	0	0	0	0	0	0
Richmond	6	3	1	0	0	0	0	0	0	0	0	0	0
Rockdale	2	0	1	0	0	0	0	0	0	0	0	0	0

Screven	103	117	11	0	0	0	0	0	0	0	0	0	0	3
South Carolina	327	536	29	0	0	0	0	0	0	0	0	0	0	15
Tattnall	136	241	17	0	0	0	0	0	0	0	0	0	0	6
Telfair	8	8	0	0	0	0	0	0	0	0	0	0	0	0
Tift	1	4	0	0	0	0	0	0	0	0	0	0	0	0
Toombs	57	127	2	0	0	0	0	0	0	0	0	0	0	3
Towns	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Treutlen	7	9	0	0	0	0	0	0	0	0	0	0	0	0
Turner	0	3	0	0	0	0	0	0	0	0	0	0	0	0
Twiggs	2	0	0	0	0	0	0	0	0	0	0	0	0	1
Union	3	2	0	0	0	0	0	0	0	0	0	0	0	0
Walker	1	0	1	0	0	0	0	0	0	0	0	0	0	0
Ware	12	48	1	0	0	0	0	0	0	0	0	0	0	0
Warren	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	1	4	1	0	0	0	0	0	0	0	0	0	0	0
Wayne	98	191	3	0	0	0	0	0	0	0	0	0	0	5
Wheeler	5	8	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Total	11,088	11,032	2,829	0	0	0	0	0	0	0	0	0	0	350

Surgical Services Addendum

Part A : Surgical Services Utilization

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	0	17
Cystoscopy (OR Suite)	0	0	2
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	0	0	19

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	2,515	10,279
Cystoscopy	0	0	113	804
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	0	2,628	11,083

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	2,259	10,229
Cystoscopy	0	0	103	803
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	0	2,362	11,032

Part B : Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	14
Asian	125
Black/African American	3,087
Hispanic/Latino	0
Pacific Islander/Hawaiian	19
White	7,787
Multi-Racial	0
Total	11,032

2. Age Grouping

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	2,214
Ages 15-64	6,222
Ages 65-74	1,688
Ages 75-85	761
Ages 85 and Up	147
Total	11,032

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	4,016
Female	7,016
Total	11,032

4. Payment Source

Please report the total number of ambulatory patients by payment source.

Primary Payment Source	Number of Patients
Medicare	2,755
Medicaid	2,023
Third-Party	5,827
Self-Pay	427

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of the hospital or anywhere on its grounds.

1. Number of Delivery Rooms: 0

2. Number of Birthing Rooms: 0
3. Number of LDR Rooms: 0
4. Number of LDRP Rooms: 14
5. Number of Cesarean Sections: 1,096
6. Total Live Births: 2,751
7. Total Births (Live and Late Fetal Deaths): 2,772
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 2,852

Part B : Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	35	2,609	5,344	0
Specialty Care (Intermediate Neonatal Care)	18	300	3,579	65
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0

Part C : Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	7	17
Asian	52	118
Black/African American	1,253	3,469
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	3	6
White	1,514	3,664
Multi-Racial	0	0
Total	2,829	7,274

2. Age Grouping

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	4	10
Ages 15-44	2,822	7,255
Ages 45 and Up	3	9
Total	2,829	7,274

3. Average Charge for an Uncomplicated Delivery

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

\$13,532.00

4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$16,753.00

LTCH Addendum

Part A : General Information

1a. Accreditation Check the box to the right if your Long Term Care Hospital is accredited.
If you checked the box for yes, please specify the agency that accredits your facility in the space below.

1b. Level/Status of Accreditation

Please provide your organization's level/status of accreditation.

2. Number of Licensed LTCH Beds: 0

3. Permit Effective Date:

4. Permit Designation:

5. Number of CON Beds: 0

6. Number of SUS Beds: 0

7. Total Patient Days: 0

8. Total Discharges: 0

9. Total LTCH Admissions: 0

Part B : Utilization by Race, Age, Gender and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Age of LTCH Patient

Please provide the number of admissions and inpatient days by the following age groupings.

Age of Patient	Admissions	Inpatient Days
Ages 0-64	0	0
Ages 65-74	0	0
Ages 75-84	0	0
Ages 85 and Up	0	0
Total	0	0

3. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

4. Payment Source

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Third-Party	0	0
Self-Pay	0	0
Other	0	0

Psychiatric/Substance Abuse Services Addendum

Part A : Psychiatric and Substance Abuse Data by Program

1. Beds

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example, "AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	0	0
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F-Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

Part B : Psych/SA Utilization by Race/Ethnicity, Gender, and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

3. Payment Source

Please indicate the number of patients by the following payment sources. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Medicaid	0	0
Third Party	0	0
Self-Pay	0	0
PeachCare	0	0

Georgia Minority Health Advisory Council Addendum

Because of Georgia’s racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems’ ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

1. Do you have paid medical interpreters on staff? *(Check the box, if yes.)*

If you checked yes, how many? 0 (FTE's)

What languages do they interpret?

Paid medical interpreters are contracted but not on staff at Candler Hospital. In person translation is provided for Spanish speaking patients only.

2. When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? *(Check all that apply)*

Bilingual Hospital Staff Member

Bilingual Member of Patient's Family

Community Volunteer Intrepreter

Telephone Interpreter Service

Refer Patient to Outside Agency

Other (please describe):

3. Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.)

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	unknown	0	0	0
Vietnamese	unknown	0	0	0
Hindi	unknown	0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

1) Computer based learning (CBL) required for all clinical and non-clinical personnel annually.
2) Cultural Competency website on internal intranet. Any co-worker can access documents on care, customs, health and dietary interest of any non-English speaking patient. Site also includes external internet site links for further reading and more information.

5. What is the most urgent tool or resource you need in order to increase your ability to provide **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

Cultural competency education fair, seminars and learning events.

6. In what languages are the signs written that direct patients within your facility?

1. English 2. Universal Symbol 3. Braille 4.

7. If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? (*Check the box, if yes*)

If you checked yes, what is the name and location of that health care center or clinic?

Affiliated

-
St. Joseph's/Candler's St. Mary's Health Clinic
1302 Drayton Street
Savannah, GA 31401

-
St. Joseph's/Candler's Good Samaritan Clinic
4704 Augusta Road
Garden City, GA 31408

-
-

Non-Affiliated

-
Curtis V. Cooper-Savannah
840 A Hitch Drive
Savannah, GA 31401

-
Curtis V. Cooper Primary Care, Inc- Garden City
106 East Broad Street
Savannah, GA 31408

-
J.C. Lewis Health
107 Fahm Street
Savannah, GA 31401

-

Comprehensive Inpatient Physical Rehabilitation Addendum

Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	1	30
Black/African American	106	1,311
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	243	2,798
Multi-Racial	0	0

2. Admissions and Days of care by Gender

Please report the number of inpatient physical rehabilitation admissions and inpatient days by gender.

Gender	Admissions	Inpatient Days
Male	168	1,991
Female	182	2,148

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort.

Gender	Admissions	Inpatient Days
0-17	0	0
18-64	94	1,108
65-84	213	2,532
85 Up	43	499

Part B : Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	349
Long Term Care Hospital	0
Skilled Nursing Facility	1
Traumatic Brain Injury Facility	0

	0
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1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	291
Third Party/Commercial	53
Self Pay	2
Other	4

2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

36

Part D : Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1. Stroke	63
2. Brain Injury	15
3. Amputation	13
4. Spinal Cord	13
5. Fracture of the femur	11
6. Neurological disorders	185
7. Multiple Trauma	9
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	2
All Other	39

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and

completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Greg Schaack

Date: 3/5/2019

Title: CFO

Comments:

Part D-1: SUS beds reflect all of the hospital's CON-authorized and licensed beds.

-

Part D - 1: Inpatient days and discharge days associated with ICU include all days associated with the patient stay. In many instances, this would include days where the patient was in a Med/Surg bed.

-

Part D – 2: CH no longer designates Hispanic/latino or multi-racial as a distinct race.

-

Part E – 4: CH does not dedicate ER beds to specific services.

-

Part E – 8 and 9: Candler did not experience a general ambulance diversion in 2018. In the rare instance when it is necessary, Candler diverts ambulances to SJH, its sister facility. Candler does not track the ED cases that are “diverted” in those instances; so the most accurate response to E8 is “not available”.

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Part F – 1b: Number of Treatments, Procedures or Patients (Other 1) = Otoneurology Procedures.

-

Part G – 4: Number of Medical Staff: The data reflected in Part G-4 is the most accurate data available, but may not precisely reflect the physician staff database as of December 31, 2018.

-

Part G – 4: #Enrolled as Providers in Medicaid/Peachcare and PEHB Plan: The SJC Medical Staff Office does not track this information. We determined participation by looking up each staff physician on the Medicaid physician search tool, "http:// www.mmis.georgia.gov/portal" (the Georgia Medicaid Management Information System portal). The PEHB plan participant information is no longer available on this site.

-

Perinatal Addendum, Part B – 1: Neonatal admissions are not available. The number reports in the admissions column is actually discharges.

-

Perinatal Addendum, Part C – 3: The Average Charge for an Uncomplicated Delivery is based on the average charge for MS DRG 775 – Vaginal Delivery w/o Complicating Diagnoses and MS DRG 807 – Vaginal Delivery w/o Sterilization w/o CC/MCC. The average charge for a premature delivery excludes outliers +1 or more and -1 or less standard deviations from the mean.

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Georgia Minority Advisory Council Addendum, Q3: SJC does not track information regarding languages spoken by physicians, nurses and other employed staff. The accurate response would be “unknown”.

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Community Benefit Report

**- A SOCIAL ACCOUNTABILITY REPORT ON ST. JOSEPH'S/CANDLER'S CHARITABLE MISSION
REFLECTING THE ACTUAL COST (NOT CHARGES) OF PROVIDING CARE IN OUR COMMUNITY -**

TRADITIONAL CHARITY CARE

Charity Care	\$51,753,549
Outpatient and inpatient services provided <u>at cost</u> for indigent patients	
Unreimbursed Care	\$14,239,208
Medicaid uncompensated care <u>at cost</u> for the underinsured and GA hospital tax	
TOTAL TRADITIONAL CHARITY CARE	\$65,992,757

OTHER BENEFITS

Community Health Improvement Services & Community Benefit Operations	\$1,801,867
<ul style="list-style-type: none"> • African American Health Info. and Resource Center • Community Health Education and Presentations • ED Medical Home Program • Eye Care Clinic • Good Samaritan Clinic • Johnny's Bridges to Hope Mental Health Prog. • Smart Senior • St. Mary's Health Center 	
Health Professions Education	\$220,900
Subsidized Health Services	\$1,164,513
<ul style="list-style-type: none"> • Assisted Living Assistance • Home Health Services • Infusion/DME/Tube Feeding Supplies • Nursing Home Assistance • Outpatient Palliative Care • Renal Dialysis Services 	
Financial and In-Kind Contributions	\$648,660
<ul style="list-style-type: none"> • Angels of Mercy • Augusta University • Church/Religious Outreach • Community Board Involvement • Food Assistance • Hotel Lodging • Medbank, Inc. • Medical Missions • Meeting Space • Mercy Volunteers • Prescription Drug Assistance • Support Groups 	
Community Building Activities	\$437,892
<ul style="list-style-type: none"> • Community Economic Development Boards • GED Classes • Pre-school Program • Project SEARCH • Resume and Employment Search Assistance • Tax Preparation Assistance (VITA) • Workforce Development Programs 	
TOTAL OTHER BENEFITS	\$4,273,832

TOTAL COMMUNITY BENEFITS \$70,266,589

In addition to the more than \$70.2 million dollars in formal community benefits, St. Joseph's/Candler provided \$37,925,845 in uncollected service cost and uncompensated Medicare cost in Fiscal Year 2018.

2018 TOTAL COMMUNITY ASSISTANCE \$108,192,434

2017 TOTAL COMMUNITY ASSISTANCE \$98,204,839

St. Joseph's/Candler Community Benefits Fiscal Year 2018

COMMUNITY BENEFITS – AN EXTENSION OF ST. JOSEPH'S/CANDLER'S CHARITABLE MISSION

St. Joseph's/Candler's (SJ/C) Mission, "Rooted in God's Love, we treat illness and promote wellness for all people," is the foundation of everything we do to support the communities we serve. This is a living mission that extends beyond the walls of the two hospitals and takes services to the people where they live, work and play. These services are tracked annually and reported formally to the Internal Revenue Services (IRS) on the hospitals' Form 990, schedule H. This report is completed in late October or early November each year depending on the timing on the System's audited financials. All programs and services are reported at the actual cost of providing these services, not the charges or value of the services provided.

The annual Community Benefits Report is also shared with internal stakeholders including the System's Board of Trustees, Mission and Ethics Committee of the Board of Trustees, System Leadership and Management and all other System co-workers. Externally, the report is distributed annually to Federal, State and local government leaders. It is also disseminated to local opinion makers, community organization leaders and is available to the broader community on SJ/C's website: <https://www.sjchs.org/in-the-community/community-health-needs-assessment>

Community Benefit Data Capture and Reporting

Using guidance from the IRS, Catholic Health Association (CHA), Volunteer Hospital Association (VHA) and Georgia Hospital Association (GHA), community benefits are tracked, recorded and reported through Lyon Software's Community Benefit Inventory and Social Accountability (CBISA) database.

SJ/C employs a full time employee (FTE) who is responsible for educating all System co-workers on community benefits. This employee, the Director of Mission Service Operations (DMSO) is also responsible for evaluating community benefit programs to ensure they meet IRS definitions of countable community benefit programs. The DMSO is assisted in this work internally by several System co-workers who enter community benefit program information for their departments and divisions. Externally, a variety of community organizations help in determining what priorities are most important in the Chatham County and surrounding areas. The prioritized needs by internal and external stakeholders establish the programs and services which are provided and tracked as community benefits. Collectively, this information is reported annually in the System's Community Benefit Report.

Determining What Counts as a Community Benefits and Community Building Activities

Using guidance from the before mentioned organizations, community benefits and building activities are defined as programs or activities that provide treatment or promote health and healing in response to an identified community need and meet at least one of community benefit objective.

The objectives of these programs are to:

St. Joseph's/Candler Community Benefits Fiscal Year 2018

- Improve access to health care services
- Enhance overall public health
- Increase medical knowledge
- Relieve the burden of government to improve health

While many of these benefits are provided to the broader community, the majority of them are specifically targeted at vulnerable populations. Those populations include:

- Children
- People living in poverty (seniors, families and individuals)
- Un/under insured
- Un/under employed
- Undocumented

Community needs include those identified in the Community Health Needs Assessment (CHNA), from other documentation, such as a letter from local government leader or needs identified by the hospitals through other processes and collaborations. The formal CHNA is completed every three years as determined necessary by the IRS, but informally needs are evaluated each year through input from community members, SJ/C community benefit program participants, local leaders, other not-for-profit organizations, churches, etc.

SJ/C's Community Benefit Outreach Departments

SJ/C operates a number of programs and services designed to address community health and social needs. Among these are four (4) flagship community benefit departments which are part of SJ/C's Mission Services Division. This division includes the department of Mission Services, which is responsible for ensuring SJ/C's charitable mission is actively engaged in the support and enhancement of health and wellbeing for the communities served. Each of the four programs is described below. Because each department provides multiple services across a variety of program categories, their services are summarized below and then reported in the IRS categories that follow. These departments are supported primarily by SJ/C operations, but some do receive limited grants and private donations to support activities which have been netted out of overall program costs.

Community Resource Access

SJ/C operates two (2) resource and community centers serving the broader community and vulnerable populations with a variety of social service program which enrich the lives of the people they serve. These centers specialize in education, work-force development and public benefit assistance. They serve as resource hubs for communities in Savannah who are the most in need of help.

SJ/C's African American Health Information and Resource Center

Started in November 1999, this center is part of St. Joseph's/Candler's ongoing commitment to improve the health of the African-American community by providing culturally competent health care and to correcting health disparities. Originally the

St. Joseph's/Candler Community Benefits Fiscal Year 2018

center was opened to bridge the digital divide, but has since added services and programs the community needs most. They include:

Computer Classes, Free Internet Access, Media Center, Health Seminars, Blood Pressure Screenings, Health/Social Service Referrals, Professional Puppet Shows, Healthy Kids Cooking Camp, Youth Health Education Classes, 4-H Community Club and Public Benefit Enrollment

SJ/C's St. Mary's Community Center

This center was established in October 2000 in Savannah's Historic Cuyler-Brownsville neighborhood to provide a variety of services addressing basic needs as well as opportunities for advancement. Cuyler-Brownsville is situated in one of Chatham County's poorest census tracts and services provided address the needs of a majority of Chatham County's most vulnerable populations, specifically those living in poverty and seniors.

Eye Exam and Eye Glass Assistance, Senior Services, General Education Diploma (GED) Courses, Employment Assistance & Employment Advancement, Free Tax Preparation, Public Benefit Enrollment and Resource Referrals

Primary Medical Home Access

SJ/C also operates Chatham County's only two free clinics for the qualified uninsured. These are the only clinics in a ninety (90) mile radius specifically established to help the uninsured living in poverty. SJ/C provides primary care services, diagnostic testing, and if needed, hospitalization at no cost. SJ/C also facilitates the assistance with specialty care including Dialysis, Physical Therapy, Durable Medical Equipment, etc. whenever needed and available.

SJ/C's St. Mary's Health Center

Once housed in the St. Mary's Community Center, the Health Center is now in a free standing building one mile away, open 5 days a week to serve the uninsured as their primary medical home.

Primary Care Ages 19-64, Mammograms, Pap Smears, HIV Testing, Diagnostic/Imaging, Routine Pathology, Medication Assistance, Medical Supply Assistance and Hospitalization, Mental Health Family Navigator and Clinical Pharmacist.

SJ/C's Good Samaritan Clinic

Located in Garden City, GA, the Good Samaritan is a trusted medical home for all their patients. Established in October 2007 to address the unmet needs of the uninsured Hispanic Population, services have expanded to help all populations, specifically those who are uninsured, living in poverty and located in West Chatham County. However, these services are available to anyone in Georgia or South Carolina who qualify under the Federal Poverty Guidelines. On site Spanish medical interpretation is available.

St. Joseph's/Candler Community Benefits Fiscal Year 2018

Services: Primary Care Ages 19-64, Diagnostic/Imaging, Routine Pathology, Diabetic Counseling, Nutrition Education, Eye Exams & Glasses and English as a Second Language Courses

SJ/C'S COMMUNITY BENEFITS REPORT FISCAL YEAR 2018

The Systems FY 18 Community Benefits Report is enclosed within this report. The following sections describe programs and services which are impacting the health and overall wellbeing of those people served by these community benefit programs. Each section describes the community benefit sections where each program is recorded, as defined by the IRS. Program descriptions highlight selected areas of impact and are not intended to be inclusive of the programs overall impact. Where possible, participants' program contacts are reported, although this section is optional and not required by the IRS for reporting purposes.

Charity Care

SJ/C is committed to providing care for indigent patients during inpatient and outpatient visits. This care is determined using a very simple one page application. Charity care determination is approved by utilizing guidelines as outlined in the Financial Assistance Policy. As instructed by the IRS, financial assistance is advertised in every area of registration throughout the System. Charity care is reported at the actual cost of providing services, not the charges of providing this care. Financial assistance in this category is provided to both the uninsured and underinsured people in the communities served. In 2013, a growing number of people elected to be insured by high deductible and co-pay insurance plans. These patients often needed care, but could not afford their deductibles and co-pays. Patients would then be eligible for write offs of their bills if they completed the very simple one page application. Policy and guidelines were provided to any patient who inquired and were published for the broader community at <https://www.sjchs.org/pay-my-bill/financial-assistance>

An excerpt from the websites commination follows:

We have financial options available to you.

St. Joseph's/Candler is committed to extending financial assistance to qualifying patients. If payment could create a financial hardship for you, our staff will work with you to apply for one or more of the following programs. We offer financial counseling, and all information discussed remains confidential. Applications will be processed, and approval will be determined based on specific criteria. We will not discriminate in the determination of financial assistance eligibility on the basis of race, color, creed, sex, age or handicap.

Medicaid: *The Hospital has an agreement with a Medicaid Eligibility Vendor to assist patients to become eligible for Medicaid.*

St. Joseph's/Candler Community Benefits Fiscal Year 2018

Financial Assistance Program: *The Hospital sponsors a program to provide reduced fees based on specific criteria related to income and dependents. For additional information call Customer Service at 912-819-8455 or 800-374-7054.*

In FY 18, SJ/C qualified patients served to receive \$51,753,549 in free care for those who qualified or were determined to qualify for assistance.

Unreimbursed Care – The Medicaid Program Shortfall

Private not-for-profit hospitals across the nation participate in State wide Medicaid programs. The State of Georgia elected not to increase eligibility in the program, but a significant portion of SJ/C's patient population had this coverage none-the-less. There a variety of programs established to help GA residents receive Medicaid coverage. These programs pay hospitals on average less than the actual cost for providing services. The difference in cost and reimbursement is tracked as a community benefit.

In FY 18, SJ/C provided \$14, 239,208 in unreimbursed care to support the vulnerable populations who qualified for these services.

Community Health Improvement and Community Benefit Operations

SJ/C follows the guidance of the Catholic Health Association who was instrumental in helping the Finance Committee of the United States Congress determine the guidelines which the IRS would use to determine what counts as a community benefit. For Community Health Improvement, the guidance followed is listed below from CHA's website: <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4>

These activities are carried out to improve community health, extend beyond patient care activities and are subsidized by the health care organization. Such services do not generate patient care bills although they may involve a nominal fee.

Specific community health programs and activities to quantify include:

- *Community health education.*
- *Community-based clinical services, such as health services and screenings for underinsured and uninsured persons.*
- *Support groups.*
- *Health care support services, such as enrollment assistance in public programs and transportation efforts.*
- *Self-help programs, such as smoking cessation and weight loss programs.*

Community Health Improvement Services

SJ/C African American Health and Resource Center (AAHIRC) Health Services

In FY 18, SJ/C's AAHIRC offered three (3) groups of services in this category to improve the communities' overall health. They included:

- **Ladies Living Smart Fitness Classes** – Exercise classes originally designed to provide exercise opportunities to females who could not afford a formal gym membership or did not feel comfortable with going to local gyms, such as the

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YMCA. In 2016, it expanded to address the fitness needs of males and children of both genders. In FY 18, there were 1,653 contacts in the program.

- **Health Screenings and Community Health Fair Involvement** – Blood pressure screenings are provided at SJ/C's AAHIRC and in the community. Blood pressure screening for African Americans are an important component to overall good health because African Americans suffer from heart attacks and strokes disproportionately to Caucasians throughout the United States. In FY 18, 1,597 screenings were made.
- **Health Education and Information** – SJ/C's AAHIRC provides health education and information through their Wisdom and Gathering series. This information is provided onsite and in the community. In FY 18, 1,890 contacts were made in this program.

SJ/C's Emergency Department Medical Home Program

In 2016, SJ/C partnered with Georgia Southern University to create a program to help the uninsured and underinsured patients' access appropriate medical care and health information in a primary medical home. The intent was to provide patients with a facility where they could go and access routine medical care, vaccinations and health information for various disease states without incurring large medical bills when accessing local Emergency Departments (EDs) for care. This program is staffed by three (3) FTEs and utilizes students from GSU who receive college credit for working in this service line. The program follows patients for six (6) months and addresses their health and social service needs by referring them to area providers for care. In FY 18, the program had 2,018 contacts. Fifty percent (50%) of the patients seen in the EDs were successfully connected with a medical home.

SJ/C's St. Mary's Community Center, Health Center and Good Samaritan Eye Care Clinics

Eye care assistance is a troublesome area of care for the uninsured. To address this problem, SJ/C created access to eye care evaluations and prescription glasses assistance in three of their community outreach centers. The program originally partnered with the GA Lighthouse Foundation to provide these services for the uninsured. Throughout 2018, patients received exams and low cost glasses (\$3 per pair) for quality eye ware. Additionally, patients were assisted with surgeries whenever needed through a partnership with GA Eye Institute. Lens Crafters in Savannah also provided volunteer eye exams and glasses for those who could not access services in the facility neighborhoods. In FY 18, 4,944 contacts were made.

SJ/C's Good Samaritan Clinic (GSC)

SJ/C's GSC offers a wide variety of primary health care services and education for the uninsured. The clinic offers primary health care, screenings and education to all their patients. A selection of services provided in 2018 includes:

- New Patients: 596
- Total Provider Visits: 3,650
- Total Patient Encounters: 7,935
- Cancer Screenings: 739

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SJ/C's Johnny's Bridges to Hope Program

In 2016, through the gift of a generous local donor, SJ/C established the Johnny's Bridges to Hope (JBTH) program. The program provides one-on-one counseling to patients who have diagnosed mental health disorders and their families. In FY 18, several patients and their families were served. Services were provided to patients, families, group counseling and through presentation. In FY 18, 289 were served.

SJ/C's SmartSeniors Program

SmartSenior is the most comprehensive senior membership program in Southeast Georgia and the South Carolina Low Country for persons ages 55 years and older. With over 4,000 members, the SmartSenior Program offers something for everyone.

For a nominal annual membership fee of only \$18, members enjoy a variety of benefits, including:

- **Health screenings** - Blood pressure checks and memory, hearing, stroke and skin cancer screenings.
- **Educational health seminars** - Monthly Lunch and Learn and Breakfast Bunch seminars where members enjoy a complimentary meal and a presentation by health professionals and community leaders on topics of interest.
- **Computer training classes** - This six-week class teaches basic terminology, file organization, how to type letters and send e-mail and more. Classes meet once a week.
- **Line-dancing classes** - SmartSenior offers beginner and intermediate line-dancing classes on a weekly basis.
- **Medicare counseling** - For assistance in understanding those daunting Medicare forms, policies and procedures, a counselor is available by appointment.
- **Merchant discount program** - You will receive an extensive merchant discount list featuring discounts to SmartSenior members at retail and restaurant establishments throughout the area, as well as discounts at the Candler and St. Joseph's Hospital cafeterias.
- **Travel club and discounts** - Discover new places and cultures while making friends at special discounted rates with SmartSenior's exclusive travel provider. Travel adventures include short day trips to nearby destinations, as well as longer excursions to destinations like New York City and abroad.
- **Office services** - Free office services including faxing, photocopying and notary services, as well as the use of computers with Internet access.
- **Hospitalization benefits** - Hospital inpatients receive complimentary newspapers, private rooms and a SmartSenior Newsletter.
- **Special events** - Popular social events such as the Bingo Bash and Picnic in Daffin Park and the Season Celebration Dinner/Dance are offered annually to SmartSenior members.

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- **YMCA** - Discount on the joiner's fee at any YMCA of Coastal Georgia. Free photocopying and fax services are also available to SmartSenior members at any YMCA in the local area.

In FY 18, more than \$101k was spent on providing these services to Smart Senior members – all at actual cost of providing services.

SJ/C's St. Mary's Health Care Center (SMCC)

SJ/C's SMHC also offers a wide variety of primary health care services and education for the uninsured. The health center offers primary health care, screenings and education to all their patients. A selection of services provided in 2018 includes:

- New Patients: 432
- Total Provider Visits: 3,356
- Total Patient Encounters: 7,352
- Cancer Screenings: 830

SJ/C's Health Education and Speakers Bureau

SJ/C offers a wide variety of health education and information through various departments and divisions. The information provided to the broader community focuses on information the community determined important via the CHNA. Spearheading these efforts is SJ/C's Wellness Center which provides an assortment of classes and educational series designed to inform and improve the communities overall well-being. In FY 18, approximately 1,123 people received this valuable information through classes such as, "What is Diabetes," "How do I live Healthier," "What is Cancer," and "How to Live with Asthma."

Community Benefit Operations

Following the guidance of the CHA and the IRS, SJ/C reports on services and activities, at cost, which support community benefit operations. These services, per the IRS reporting structure are included in the Community Health Improvement section of the Form 990, Schedule H. CHA defines this category as follows, with an excerpt from their website: <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4>

Community benefit operations include costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations.

In FY 18, SJ/C's Board of Trustees and Leadership Team allocated \$71k in community benefit operations which included staff time, CBISA annual costs and Community Health Needs Assessment Work.

Health Professions Education

An excerpt from CHA's category list found at <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4> defines this section of SJ/C's report as:

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This category includes educational programs for physicians, interns and residents, medical students, nurses and nursing students, pastoral care trainees and other health professionals when that education is necessary for a degree, certificate, or training that is required by state law, accrediting body or health profession society.

While there is not guarantee students will stay in Chatham County or GA, it is SJ/C's hope that exposing students to SJ/C's charitable will encourage allied health professionals to continue their careers at non-profit-hospitals; realizing that these hospitals have been established to care for all people, many the most vulnerable amount the populations served.

SJ/C's education department has signed Memorandum of Understandings (MOUs) with schools across the nation. While the majority of students rotate through the hospitals, a number of students from the University of GA's pharmacy school, GSU's nursing program and South University's School of Nursing also have the unique opportunity to rotate through SJ/C's St. Mary's Health Center and Good Samaritan Clinic as well. This gives students the unique opportunity to care for vulnerable populations and realize their future care of all patient populations must include an understanding and compassion that all patients do not equally enjoy access to full coverage provided to insured patients. As such, the uninsured and underinsured populations require special attention and it is imperative that they be treated with the same compassion and understanding as insured patients. Specifically, in addressing their aftercare, providers from every allied health profession must ensure these populations resources are considered when making specialty care referrals, writing prescriptions, arranging aftercare and evaluating additional care needs. It is through this exposure to vulnerable populations that future caregivers understand the needs of at risk populations and their specific health care needs.

In FY 18, 896 allied health students rotated through SJ/C and its outreach programs. Fifty-eight percent (58%) of them were nursing students and the rest included students from programs in disciplines such as dietary, radiology, pharmacy, patient care technicians, medical technologists, radiation therapy, respiratory technology and many others. SJ/C spent almost \$221k to ensure these students had skilled preceptors and a clinical environment to learn their future careers.

Subsidized Health Services

Once again, SJ/C utilized the guidance of CHA to determine which patients and aftercare programs should be counted as community benefits for the category of Subsidized Health Services. The website, <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4> defines this category as:

Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt and Medicaid shortfalls. Nevertheless, the service is provided

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because it meets an identified community need and if no longer offered, it would either be unavailable in the area or fall to the responsibility of government or another tax-exempt organization to provide.

Subsidized services do not include ancillary services that support service lines, such as lab and radiology (if these services are provided to persons meeting the hospital's financial assistance eligibility criteria, they should be reported as financial assistance).

SJ/C strongly believes that the care continuum must include services on the front end of care, such as health education and services on the back end of care, such as follow up and continued outpatient services. To this end, patients who are uninsured are provided with additional services after discharge which is intended to supplement care even after the patients leave inpatient care.

These uninsured patients require specialized discharge planning which goes beyond normal hospital discharge protocols. Patient care after services are coordinated by a highly skilled Clinical Care Coordination team who dedicate additional time and efforts to ensure continued services are coordinated. These services and their coordination would be normally left to the patient or family member to manage if the patient were insured.

SJ/C tracks several programs after discharges which are captured as Subsidized Health Services. During FY 18, a total of almost \$1.2m were recorded including cost of other purchased services and the time spent by skilled professionals to coordinate those services. The services are primarily categorized in five (5) areas including:

- Assisted Living/Nursing Home Care - \$466k
- Home Health Services – 312k
- Infusion DME Services - \$108k
- Outpatient Palliative Care - \$132k
- Renal Dialysis Care - \$182

Financial and In-Kind Donations

According to CHA's guidance, their webpage, <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4> describes this category as:

This category includes funds and in-kind services donated to community organizations or to the community at large for a community benefit purpose. In-kind services include hours contributed by staff to the community while on health care organization work time, the cost of meeting space provide to community groups and the donations of food, equipment, and supplies. (Note: contributions to provide support services to individuals should be reported in category A3, Health Care Support Services.)

Donations in this category must be restricted, in writing, to programs or activities that would qualify as community benefit if provided by the organization itself. If the

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contribution is used for a community-building activity or program, it should be reported as community-building.

SJ/C understands that no one organization alone can be responsible for addressing all the communities' health and social service needs. To that end, SJ/C partners with a variety of health and social service organizations to extend its charitable mission, leverage resources and make the maximum impact on the communities' health and wellbeing.

In this section of the community benefit report, SJ/C highlights programs and services which independently operate with SJ/C's total assistance and other programs which collaboratively work together to improve the communities' overall wellbeing. The information provided below is not inclusive of all the efforts SJ/C makes in this area, but instead is intended to highlight the majority of assistance provided to make the maximum impact within the community.

SJ/C's Angels of Mercy

SJ/C uses their corporate volunteer team, the Angels of Mercy to extend the charitable mission and carry out activities that benefit organizations and community members throughout Chatham County. While volunteer hours are never recorded for community benefit purposes, time for the co-workers who act as the Board of Directors is recorded when meetings fall during normal business hours or when a member of the BOD, who is salaried (a 24/7 employee) is managing an activity. During FY 18, fourteen (14) projects were complete including building homes with Habitat for Humanity, supporting races for other non-profits fund raising events, collecting school supplies for needy children and more. Approximately 700 hours or \$25k was expensed to provide these valuable services for the community.

Augusta University – Medical College of Georgia

Responding to the critical shortage of medical providers in GA, SJ/C partner with Augusta University's Medical College of GA to create a preceptor program for 3rd and 4th year physician residents. SJ/C partner physicians volunteer their time to precept these new physicians and help guide them along the path to become expert physician providers. SJ/C donates classroom space for these students and pays for their rent, utilities and living expenses while learning and practicing in Savannah, GA. In FY 18, SJ/C spent \$125k to support these learning activities. On average, twelve (12) students are support through this activity each year.

Church and Religious Outreach

SJ/C is rooted in its faith based heritage. St. Joseph's hospital traditionally Catholic and Candler Hospital traditionally Methodist support all Faith denominations and their efforts to care for the least among us. In FY 18, SJ/C supported local churches by providing them with equipment and education to support their local health ministries. In addition, SJ/C provided food to support local providers, such as the Carmelites of Savannah who SJ/C is also a sponsor of their continued medical care (captured in the Charity Care) category. In total, SJ/C provided \$23k in total in kind support for this category.

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Community Board Involvement

Being a part of and collaborating with other organizations is a hallmark of SJ/C's involvement in community outreach. Because SJ/C is a foundational organization for the Chatham County and surrounding communities, SJ/C allows co-workers from every level of the organization to participate on other non-profit organization boards. During FY 18, SJ/C allocated time for co-workers during normal business hours to assist twenty (20) other organizations including Chatham County Safety Net Planning Council, Coastal GA Indicators, March of Dimes, Red Cross GA, Rotary International and many others. Total contribution amounted to over \$40k. Total people served, immeasurable.

Food Assistance

One of the greatest needs in Chatham County is assistance with food. Many areas within the county are designated as food deserts. To address this issues, SJ/C and SJ/C's SMCC provide assistance through several food programs including: SMCC Publix Grocery Stores Food Assistance, Food Vouchers, Food Gift Cards (area grocery stores, Second Harvest Food Give-A-Ways, Feed the Hungry, and many others. In FY 18, SJ/C provided more than \$6.3k in donations serving approximately 8k people.

Hotel Lodging

SJ/C supports the homeless populations by providing direct medical assistance and supportive services. SJ/C also provides lodging for families of indigent patients and who also have financial need. Only services provided to the uninsured are counted in this category. More than twenty-three (23) families were assisted in FY 18. SJ/C also provided Cancer Care housing support for underinsured patients, but that is not recorded in this category or anywhere else as it is a program supported by the SJ/C Lewis Cancer and Research Pavilion programs.

MedBank Foundation, Inc.

SJ/C is a founding member of MedBank, Foundation Inc. Working with Pharmaceutical companies; MedBank provides prescription drug assistance for community members in Chatham and surrounding areas. SJ/C provides the first 10-15-30 day supplies of medications for all their patients. Additionally, SJ/C provides free rental space and utilities for their organization to operate their headquarters in midtown Savannah. SJ/C also supplements the organization with office supply donations to further reduce overhead. In 2018, MedBank provided clients with more than \$11m in free medications to more than 10k clients. SJ/C provided \$75k in direct assistance to offset operations.

Medical Missions

SJ/C is committed to providing medical assistance through donations of medical supplies, equipment and medications to people affected by natural disasters or normal day-to-day short falls in community health. In FY 18, SJ/C supported medical missions to five (5) countries, treating more than 17K people, at a total expense of \$78k.

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Meeting Space

SJ/C recognizes that small non-profits have difficulty in fulfilling their missions because they cannot provide space to hold board meetings, community meetings or other events. To support these organizations, SJ/C provides meeting room space and food services to support these activities. All expenses are captured at the cost of providing services. In FY 18, SJ/C provided eight (8) organizations with free meeting room space totaling \$11.5k in expenses.

Mercy Volunteers

The Mercy Volunteer Corp (MVC) program provides recently graduated students a place to live in community while giving their time and talents to vulnerable populations. Each year, SJ/C contributes \$54k to provide up to four (4) students with this opportunity. SJ/C pays for the students rent, utilities, gas, and other living expenses and provides the students with employment to care for the underserved. In FY 18, the students had more than 11k contacts. The clients were helped with medical care, social service referrals, housing assistance, public benefic enrollment and much more.

Prescription Drug Assistance

SJ/C is dedicated to helping people get the prescription drug assistance they need. These programs are offered through MedBank, SJ/C St. Mary's Health Center, SJ/C's Good Samaritan Clinic, SJ/C Mission Services and SJ/C's Community Outreach and Medical Mission Program. In FY 18, 18k people were served with a combine value of \$3.3k in actual cost to provide these free medicines. Additionally, the following outreach centers provided additional prescription assistance:

- SJ/C SMHC – \$3m retail
- SJ/C GSC - \$106k retail
- SJ/C ED Medical Home - \$4.9k retail

Support Groups

SJ/C believes that supporting people through support group activities is important to support a persons overall wellbeing. In FY 18, SJ/C provided free meeting room space to seven (7) different organizations at a combined value of \$7.5k. Approximately sixteen (16) people were served on average.

Community Building Activities

Although not formally recognized as community benefits, programs that affect and support the social determinants of health, such as housing, education, workforce and the built environment are important to a person's overall health. While these programs and services are not recognized as formal community benefits, they are reportable on the System's 990. Programs include:

- **Community Economic Board Involvement** - \$6k investment
- **General Education Diploma (GED) Classes** – Twenty-nine (29) GEDs completed
- **Project SEARCH** – A program of Savannah Chatham County Board of Education for mentally and physically handicap students. SJ/C provides a

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classroom at both hospital campuses and attempts to hire as many qualified students as possible. In FY 18, six (6) students were hired, and a total of \$26.5k cost were recorded for the program.

- **SJ/C's Volunteer Income Tax Assistance Program (VITA)** - A partnership of SJ/C and the IRS, clients receive free income tax assistance for their annual returns. In FY 18, 636 people received free help from certified SJ/C volunteers returning a total of \$1.5m directly to the Chatham County community.
- **Workforce Development Programs** – SJ/C believes that giving people a hand-up is more beneficial than giving a person a hand-out. A good education and worth employment is the best way to lift people out of poverty. The following programs support workforce improvement initiatives including:
 - **SJ/C AAHIRC Workforce Programs**
 - Surfing Center: 1,618 people served
 - Job and Career assistance: 356 people served
 - SJ/C St. Mary's Community Center
 - Total workforce programs access – 3,360 contacts
 - Seventy-eight (78) jobs obtained

Other Community Assistance

In addition to accepting GA Medicaid reimbursement, SJ/C accepts Medicare reimbursements. Similar to the State program, on average, the Federal Medicare program reimburses at less than cost to provide services. The difference between cost and reimbursement is referred to as the Medicare shortfall. In FY 18, that amounted to \$31.5m in 2018.

Additionally, unlike most industries, SJ/C provides services regardless of an individual's ability to pay. Uncollected service cost represents the patients' choice not to pay regardless of their ability to pay. In FY 18, SJ/C absorbed \$6.4m in uncollected service cost.

Total Community Assistance in FY 18

SJ/C provided \$108m in total community assistance in FY 18. This is up substantially from \$98.2m in FY 17.

**Medicaid DSH Survey 2019 for
reporting period FY17:**

St. Joseph's Hospital, Inc. and Candler Hospital, Inc.

A. General DSH Year Information

1. DSH Year:

Begin	End
07/01/2016	06/30/2017

2. Select Your Facility from the Drop-Down Menu Provided:

ST. JOSEPH HOSPITAL SAVANNAH

Identification of cost reports needed to cover the DSH Year:

- 3. Cost Report Year 1
- 4. Cost Report Year 2 (if applicable)
- 5. Cost Report Year 3 (if applicable)

Cost Report Begin Date(s)	Cost Report End Date(s)
07/01/2016	06/30/2017

Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

- 6. Medicaid Provider Number:
- 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):
- 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):
- 9. Medicare Provider Number:

Data	
	000001801A
	0
	0
	110043

B. DSH OB Qualifying Information

Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the DSH Examination Year:

- 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)
- 2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?
- 3a. Was the hospital open as of December 22, 1987?
- 3b. What date did the hospital open?

DSH Examination Year (07/01/16 - 06/30/17)

Questions 4-6, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the Interim DSH Payment Year:

- 4. Does the hospital have at least two obstetricians who have staff privileges at the hospital who have agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)

DSH Payment Year (07/01/18 - 06/30/19)

List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services:

Wilfredo A. Negron, M.D.
 Nhi Phan, M.D.

- 5. Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 6. Is the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?

C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for DSH Year 07/01/2016 - 06/30/2017

(Should include UPL and Non-Claim Specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

\$ 472,358

Certification:

1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year?

Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments.

Answer
Yes

Explanation for "No" answers: _____

The following certification is to be completed by the hospital's CEO or CFO:

I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurate to the best of our ability, and supported by the financial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the due date of the survey, and will be made available for inspection when requested.

Hospital CEO or CFO Signature	CFO	Date
Greg Schaack	Title	
Hospital CEO or CFO Printed Name	912-819-6162	schaackg@sjchs.org
	Hospital CEO or CFO Telephone Number	Hospital CEO or CFO E-Mail

Contact Information for individuals authorized to respond to inquiries related to this survey:

Hospital Contact:	
Name	Greg Schaack
Title	CFO
Telephone Number	912-819-6162
E-Mail Address	schaackg@sjchs.org
Mailing Street Address	11705 Mercy Blvd
Mailing City, State, Zip	Savannah, GA 31419

Outside Preparer:	
Name	Bert Bennett
Title	Partner
Firm Name	Draffin & Tucker, LLP
Telephone Number	229-883-7878
E-Mail Address	bbennett@draffin-tucker.com

DSH Survey Submission Checklist

Please indicate with an "X" each item included or a "N/A" if not included. Consider a separate cover letter to explain any "N/A" answers to avoid additional documentation requests.

	1. Electronic copy of the DSH Survey Part I - DSH Year Data - 07/01/2016 - 06/30/2017	
	2. Electronic copy of the DSH Survey Part II - Cost Report Data - Cost Report Year 07/01/2016 - 06/30/2017	
	3. N/A	
	4. N/A	
	5(a). Electronic copy of Exhibit A - Uninsured Charges / Days - Must be in Excel (.xls or .xlsx) or CSV (.csv) using either a TAB or (pipe symbol) above the ENTER key)	
	5 (b). Description of logic used to compile Exhibit A - Include a copy of all financial classes and payor plan codes utilized during the cost report period and a description of which codes were included or excluded if applicable.	
	6 (a). Electronic copy of Exhibit B - Self-Pay Payments - Must be in Excel (.xls or .xlsx) or CSV (.csv) using either a TAB or (pipe symbol) above the ENTER key).	
	6 (b). Description of logic used to compile Exhibit B. Include a copy of all transaction codes utilized to post payments during the cost reporting period and a description of which codes were included or excluded if applicable.	
	7 (a). Electronic copy of Exhibit C for hospital-generated data (includes Medicaid eligibles, Medicare crossover, Medicaid MCO, or Out-Of-State Medicaid data that isn't supported by a state-provided or MCO-provided report) - Must be in Excel (.xls or .xlsx) or CSV (.csv) using either a TAB or (pipe symbol) above the ENTER key).	
	7 (b). Description of logic used to compile each Exhibit C. Include a copy of all financial classes and payor plan codes utilized during the cost report period and a description of which codes were included or excluded if applicable.	
	8. Copies of all out-of-state Medicaid fee-for-service PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)	
	9. Copies of all out-of-state Medicaid managed care PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)	
	10. Copies of in-state Medicaid managed care PS&Rs (Remittance Advice Summary or Paid Claims Summary including crossovers)	
	11. Support for Section 1011 (Undocumented Alien) payments if not applied at patient level in Exhibit B	
	12. Documentation supporting out-of-state DSH payments received - Examples may include remittances, detailed general ledgers, or add-on rates.	
	13. Financial statements or other documentation to support total charity care charges and subsidies reported on Section F of DSH Survey Part II	
	14. Revenue code cross-walk used to prepare cost report, or supporting grouping schedules	
	15a. A detailed working trial balance used to prepare each cost report (including revenues)	
	15b. A detailed revenue working trial balance by payor/contract. The schedule should show charges, contractual adjustments, and revenues by payor plan and contract (e.g., Medicare, each Medicaid agency payor, each Medicaid Managed care contract)	
	16. Electronic copy of all cost reports used to prepare each DSH Survey Part II	
	17. Documentation supporting cost report payments calculated for Medicaid/Medicare cross-overs (data eligible cost report payments)	
	18. Documentation supporting Medicaid Managed Care Quality Incentive Payments, or any other Medicaid Managed Care Lump sum payments	

Please upload all checklist items above to the Myers and Stautler Web Portal. If you are unable to access the Web Portal, please call or email Web Portal Address:

<https://dsh.msic.com>

All electronic (CD or DVD - CDs or DVDs must be encrypted and/or password protected) and paper documentation can be mailed (using certified or other traceable delivery) to:

Myers and Stautler LC
ATTN: DSH Examinations
700 W. 47th Street, Suite 1100
Kansas City, Missouri 64112
Fax: (816) 945-5301
Phone: (800) 374-6858
E-Mail:

Please Call Myers and Stautler if you have any questions on completing the DSH survey.

Example of Exhibit A - Uninsured Charges

Claim Type (A)	Primary Payor Plan (B)	Secondary Payor Plan (C)	Hospital's Medicaid Provider # (D)	Patient Identifier Code (PCN) (E)	Patient's Birth Date (F)	Patient's Social Security Number (G)	Patient's Gender (H)	Name (I)	Admit Date (J)	Discharge Date (K)	Service Indicator (Inpatient / Outpatient) (L)	Revenue Code (M)	Total Charges for Services Provided (N) *	Routine Days of Care (O)	Total Patient Payments for Services Provided (P) **	Total Private Insurance Payments for Services Provided (Q) **	Claim Status (Exhausted or Non-Covered Service ***. If applicable) (R)
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	110	\$ 4,000.00	7		\$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	200	\$ 4,500.00	3		\$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	250	\$ 5,200.25			\$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	300	\$ 2,700.00			\$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	360	\$ 15,000.75			\$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	450	\$ 1,000.25			\$ -	
Uninsured Charges	Medicare		12345	4444444	7/12/1985	999-99-999	Male	Jones, James	6/15/2010	6/15/2010	Outpatient	250	\$ 150.00		\$ 500.00	\$ -	Exhausted
Uninsured Charges	Medicare		12345	4444444	7/12/1985	999-99-999	Male	Jones, James	6/15/2010	6/15/2010	Outpatient	450	\$ 750.00		\$ 500.00	\$ -	Exhausted
Uninsured Charges	Blue Cross		12345	1111111	3/5/2000	999-99-999	Male	Smith, Mike	8/10/2010	8/10/2010	Outpatient	450	\$ 1,100.00			\$ -	Non-Covered Service

Notes for Completing Exhibit A:

* All charges for non-hospital services should be excluded.

** Payments reported in Columns P & Q are not reported in the survey. These amounts are used for examination purposes only. Amount should include all payments received to date on the account.

*** Report services not covered under the patient's insurance package as a "Non-Covered Service". Note - the service must be covered under the state Medicaid plan.

Please submit the above data in the electronic file included with this survey document. The electronic file must be submitted in Excel (.xls or .xlsx). If this is not possible, the data must be submitted as a CSV (.csv) file using either the TAB or | (pipe symbol above the ENTER key). The data may not be accepted if not in one of these formats. Please do not alter column headings! These column headings will be used to input patient detail into a database from which Myers and Stauffer will generate reports.

Example of Exhibit B - Self Pay Collections

Claim Type (A)	Primary Payer Plan (B)	Secondary Payer Plan (C)	Transaction Code (D)	Hospital's Medicaid Provider # (E)	Patient Identifier Code (PCN) (F)	Patient's Birth Date (G)	Patient's Social Security Number (H)	Patient's Gender (I)	Patient's Name (J)	Admit Date (K)	Discharge Date (L)	Date of Cash Collection (M)	Amount of Cash Collections (N)	Indicate if Collection is a 1011 Payment (O) ***	Service Indicator (Inpatient / Outpatient) (P)	Total Hospital Charges for Services Provided (Q) *	Total Physician Charges for Services Provided (R) **	Total Other Hospital Charges for Services Provided (S) **	Insurance Status When Services Were Provided (Insured or Uninsured) (T) *	Claim Status (Exhausted or Non-Covered Service)****, If applicable (U)	Calculated Hospital Uninsured Collections If (T)="Uninsured" or (U)="Exhausted" or (U)="Non-Covered Service", (Q)/((O)+(R)+(S))*(N) *****
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jones, Anthony	7/12/1995	7/14/1995	1/1/2010	\$ 50	No	Inpatient	\$ 10,000	\$ 900	\$ -	Insured		\$ -
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jones, Anthony	7/12/1995	7/14/1995	2/1/2010	\$ 50	No	Inpatient	\$ 10,000	\$ 900	\$ -	Insured		\$ -
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jones, Anthony	7/12/1995	7/14/1995	3/1/2010	\$ 50	No	Inpatient	\$ 10,000	\$ 900	\$ -	Insured		\$ -
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jones, Anthony	7/12/1995	7/14/1995	4/1/2010	\$ 50	No	Inpatient	\$ 10,000	\$ 900	\$ -	Insured		\$ -
Self Pay Payments	Blue Cross		150	12345	9999999	9/25/1979	999-99-999	Male	Smith, John	9/21/2000	9/21/2000	9/30/2009	\$ 150	No	Outpatient	\$ 2,000	\$ -	\$ 50	Insured	Exhausted	\$ 148
Self Pay Payments	Blue Cross		150	12345	9999999	9/25/1979	999-99-999	Male	Smith, John	9/21/2000	9/21/2000	10/31/2009	\$ 150	No	Outpatient	\$ 2,000	\$ -	\$ 50	Insured	Exhausted	\$ 148
Self Pay Payments	Blue Cross		150	12345	9999999	9/25/1979	999-99-999	Male	Smith, John	9/21/2000	9/21/2000	11/30/2009	\$ 150	No	Outpatient	\$ 2,000	\$ -	\$ 50	Insured	Exhausted	\$ 148
Self Pay Payments	Self-Pay		500	12345	7777777	7/9/2000	999-99-999	Male	Cliff, Heath	12/31/2009	1/1/2010	5/15/2010	\$ 90	No	Inpatient	\$ 15,000	\$ 1,000	\$ -	Uninsured		\$ 84
Self Pay Payments	Self-Pay		500	12345	7777777	7/9/2000	999-99-999	Male	Cliff, Heath	12/31/2009	1/1/2010	5/31/2010	\$ 90	No	Inpatient	\$ 15,000	\$ 1,000	\$ -	Uninsured		\$ 84
Self Pay Payments	United Healthcare		500	12345	5555555	2/15/1960	999-99-999	Male	Johnson, Joe	9/1/2005	9/3/2005	11/12/2010	\$ 130	No	Inpatient	\$ 14,000	\$ 400	\$ 50	Insured	Non-Covered Service	\$ 128

Notes for Completing Exhibit B:
 * Charges and insurance status will be the same when listing multiple payments for the same patient and date of service.
 ** Other Non-Hospital Charges should include RHC, FQHC, Pharmacy, etc...
 *** If Section 1011 (Undocumented Alien) payments are applied at a patient level, include those payments in the cash collection column. If they are not applied at patient level, include them in Section E of the survey document.
 **** Report services not covered under the patient's insurance package as a "Non-Covered Service". Note - the service must be covered under the state Medicaid plan.
 ***** The total Calculated Hospital Uninsured Collections (column V) should tie to the total Inpatient and Outpatient payments reported in Section H, Line 143 of the DSH Survey.

Please submit the above data in the electronic file included with this survey document. The electronic file must be submitted in Excel (.xls or .xlsx). If this is not possible, the data must be submitted as a CSV (.csv) file using either the TAB or | (pipe symbol above the ENTER key). The data may not be accepted if not in one of these formats. Please do not alter column headings! These column headings will be used to input patient detail into a database from which Myers and Stauffer will generate reports.

D. General Cost Report Year Information

7/1/2016 - 6/30/2017

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

1. Select Your Facility from the Drop-Down Menu Provided:

ST. JOSEPH HOSPITAL SAVANNAH

7/1/2016 through 6/30/2017		
X		

2. Select Cost Report Year Covered by this Survey (enter "X"):

1 - As Submitted

3a. Date CMS processed the HCRIS file into the HCRIS database:

12/20/2017

4. Hospital Name:

Data	Correct?	If Incorrect, Proper Information
ST. JOSEPH HOSPITAL SAVANNAH	Yes	
000001801A	Yes	
0	Yes	
0	Yes	
110043	Yes	
Private	Yes	
Urban	Yes	

5. Medicaid Provider Number:

6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):

7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):

8. Medicare Provider Number:

8a. Owner/Operator (Private, State Govt., Non-State Govt., HIS/Tribal):

8b. DSH Pool Classification (Small Rural, Non-Small Rural, Urban):

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:

9. State Name & Number

10. State Name & Number

11. State Name & Number

12. State Name & Number

13. State Name & Number

14. State Name & Number

15. State Name & Number

(List additional states on a separate attachment)

State Name	Provider No.

E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2016 - 06/30/2017)

1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1)

2. Section 1011 Payment Related to Inpatient Hospital Services NOT included in Exhibits B & B-1 (See Note 1)

3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)

4. Total Section 1011 Payments Related to Hospital Services (See Note 1)

5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1)

6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)

7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)

8. Out-of-State DSH Payments (See Note 2)

\$-
\$-

9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)

10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)

11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments)

12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:

Inpatient	Outpatient	Total
\$ 18,745	\$ 216,959	\$235,704
\$ 1,641,287	\$ 5,195,248	\$6,836,535
\$1,660,032	\$5,412,207	\$7,072,239
1.13%	4.01%	3.33%

13. Did your hospital receive any Medicaid managed care payments not paid at the claim level?

Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

No

14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services

15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services

16. Total Medicaid managed care non-claims payments (see question 13 above) received

\$-

Note 1: Subtitle B - Miscellaneous Provision, Section 1011 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 provides federal reimbursement for emergency health services furnished to undocumented aliens. If your hospital received these funds during any cost report year covered by the survey, they must be reported here. If you can document that a portion of the payment received is related to non-hospital services (physician or ambulance services), report that amount in the section titled "Section 1011 Payments Related to Non-Hospital Services." Otherwise report 100 percent of the funds you received in the section related to hospital services.

Note 2: Report any DSH payments your hospital received from a state Medicaid program (other than your home state). In-state DSH payments will be reported directly from the Medicaid program and should not be included in this section of the survey.

F. MIUR / LIUR Qualifying Data from the Cost Report (07/01/2016 - 06/30/2017)

F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)

1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. 1, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6)

59,348

(See Note in Section F-3, below)

F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization Ratio (LIUR) Calculation):

- 2. Inpatient Hospital Subsidies
- 3. Outpatient Hospital Subsidies
- 4. Unspecified I/P and O/P Hospital Subsidies
- 5. Non-Hospital Subsidies
- 6. Total Hospital Subsidies
- 7. Inpatient Hospital Charity Care Charges
- 8. Outpatient Hospital Charity Care Charges
- 9. Non-Hospital Charity Care Charges
- 10. Total Charity Care Charges

\$	-
	29,643,075
	27,814,785
\$	57,457,860

F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (W/S G-2 and G-3 of Cost Report)

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.

	Total Patient Revenue (Charges)			Contractual Adjustments (Formula below can be overwritten if amounts are known)			Net Hospital Revenue
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	
11. Hospital	\$93,029,829.00			\$ 72,550,779	\$ -	\$ -	\$ 20,479,050
12. Subprovider I (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF			\$0.00			\$ -	\$ -
15. Swing Bed - NF			\$0.00			\$ -	\$ -
16. Skilled Nursing Facility			\$2,879,370.00			\$ 2,245,522	\$ -
17. Nursing Facility			\$0.00			\$ -	\$ -
18. Other Long-Term Care			\$0.00			\$ -	\$ -
19. Ancillary Services	\$500,794,945.00	\$291,507,299.00		\$ 390,552,834	\$ 227,336,563	\$ -	\$ 174,411,444
20. Outpatient Services		\$45,601,130.00			\$ 35,562,760	\$ -	\$ 10,038,370
21. Home Health Agency			\$0.00			\$ -	\$ -
22. Ambulance			\$ -			\$ -	\$ -
23. Outpatient Rehab Providers			\$0.00			\$ -	\$ -
24. ASC	\$0.00	\$0.00		\$ -	\$ -	\$ -	\$ -
25. Hospice			\$0.00			\$ -	\$ -
26. Other	\$0.00	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
27. Total	\$ 593,824,774	\$ 337,108,429	\$ 2,879,370	\$ 463,103,613	\$ 262,899,324	\$ 2,245,522	\$ 204,930,266
28. Total Hospital and Non Hospital		Total from Above	\$ 933,812,573	Total from Above	\$ 728,248,459		

- 29. Total Per Cost Report Total Patient Revenues (G-3 Line 1)
- 30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)
- 31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)
- 32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)
- 34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)
- 35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)"
- 35. Adjusted Contractual Adjustments

933,812,573

Total Contractual Adj. (G-3 Line 2)

730,902,454

+
+
+
- (2,653,995)
-
728,248,459

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) ST. JOSEPH HOSPITAL SAVANNAH

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	IP Days and IP Ancillary Charges	IP Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
		<i>Cost Report Worksheet B, Part I, Col. 26</i>	<i>Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*</i>	<i>Cost Report Worksheet C, Part I, Col.2 and Col. 4</i>	<i>Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26</i>	<i>Calculated</i>	<i>Days - Cost Report W/S D-1, Pt. 1, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others</i>	<i>Inpatient Routine Charges - Cost Report Worksheet C, Pt. 1, Col. 6 (Informational only unless used in Section L charges allocation)</i>	<i>Calculated Per Diem</i>

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.

Routine Cost Centers (list below):

1	03000 ADULTS & PEDIATRICS	\$ 30,442,739	\$ -	\$ -	\$ 30,442,739	48,767	\$54,052,224.00	\$ 624.25
2	03100 INTENSIVE CARE UNIT	\$ 9,275,883	\$ -	\$ -	\$ 9,275,883	6,894	\$23,267,265.00	\$ 1,345.50
3	03200 CORONARY CARE UNIT	\$ 7,164,886	\$ -	\$ -	\$ 7,164,886	4,911	\$16,417,821.00	\$ 1,458.95
4	03300 BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
6	03500 OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
7	04000 SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
8	04100 SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
9	04200 OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
10	04300 NURSERY	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
11		\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
12		\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
13		\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
14		\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
15		\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
16		\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
17		\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -
18	Total Routine	\$ 46,883,508	\$ -	\$ -	\$ 46,883,508	60,572	\$ 93,737,310	
19	Weighted Average							\$ 774.01

Hospital Observation Days - Cost Report W/S S-3, Pt. 1, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S-3, Pt. 1, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S-3, Pt. 1, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 7	Total Charges - Cost Report Worksheet C, Pt. 1, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
09200 Observation (Non-Distinct)	1,224	-	\$ 764,082	\$66,008.00	\$1,069,043.00	\$ 1,135,051	0.673170

Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 7	Total Charges - Cost Report Worksheet C, Pt. 1, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
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Ancillary Cost Centers (from W/S C excluding Observation) (list below):

21	5000 OPERATING ROOM	\$20,080,404.00	\$ -	\$13,699.00	\$ 20,094,103	\$83,850,332.00	\$40,656,884.00	\$ 124,507,216	0.161389
22	5100 RECOVERY ROOM	\$2,977,767.00	\$ -	\$0.00	\$ 2,977,767	\$9,355,667.00	\$5,465,333.00	\$ 14,821,000	0.200915
23	5300 ANESTHESIOLOGY	\$1,401,457.00	\$ -	\$0.00	\$ 1,401,457	\$18,677,875.00	\$11,660,346.00	\$ 30,338,221	0.046194
24	5400 RADIOLOGY-DIAGNOSTIC	\$7,167,389.00	\$ -	\$0.00	\$ 7,167,389	\$22,667,236.00	\$39,125,016.00	\$ 61,792,252	0.115992
25	5700 CT SCAN	\$1,719,338.00	\$ -	\$0.00	\$ 1,719,338	\$21,434,090.00	\$34,006,084.00	\$ 55,440,174	0.031012
26	5800 MRI	\$667,377.00	\$ -	\$0.00	\$ 667,377	\$6,971,860.00	\$7,411,070.00	\$ 14,382,930	0.046401
27	6000 LABORATORY	\$8,526,816.00	\$ -	\$0.00	\$ 8,526,816	\$49,626,356.00	\$17,088,846.00	\$ 66,715,202	0.127809
28	6500 RESPIRATORY THERAPY	\$4,006,794.00	\$ -	\$0.00	\$ 4,006,794	\$20,750,890.00	\$511,728.00	\$ 21,262,618	0.188443
29	6600 PHYSICAL THERAPY	\$3,525,773.00	\$ -	\$0.00	\$ 3,525,773	\$11,032,899.00	\$6,245,438.00	\$ 17,278,337	0.204057
30	6700 OCCUPATIONAL THERAPY	\$1,118,627.00	\$ -	\$0.00	\$ 1,118,627	\$5,675,368.00	\$882,397.00	\$ 6,557,765	0.170581

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) ST. JOSEPH HOSPITAL SAVANNAH

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
31	6800 SPEECH PATHOLOGY	\$336,298.00	\$ -	\$0.00	\$ 336,298	\$2,462,711.00	\$53,897.00	\$ 2,516,608	0.133631
32	6900 ELECTROCARDIOLOGY	\$4,599,708.00	\$ -	\$6,353.00	\$ 4,606,061	\$26,824,708.00	\$41,765,900.00	\$ 68,590,608	0.067153
33	7000 ELECTROENCEPHALOGRAPHY	\$1,158,670.00	\$ -	\$0.00	\$ 1,158,670	\$1,712,318.00	\$4,576,010.00	\$ 6,288,328	0.184257
34	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$23,325,443.00	\$ -	\$0.00	\$ 23,325,443	\$30,152,588.00	\$15,563,678.00	\$ 45,716,266	0.510222
35	7200 IMPL. DEV. CHARGED TO PATIENTS	\$38,996,692.00	\$ -	\$0.00	\$ 38,996,692	\$95,836,543.00	\$38,823,000.00	\$ 134,659,543	0.289595
36	7300 DRUGS CHARGED TO PATIENTS	\$21,303,443.00	\$ -	\$0.00	\$ 21,303,443	\$87,524,974.00	\$18,569,752.00	\$ 106,094,726	0.200796
37	7400 RENAL DIALYSIS	\$1,442,255.00	\$ -	\$0.00	\$ 1,442,255	\$5,745,375.00	\$982,459.00	\$ 6,727,834	0.214371
38	9100 EMERGENCY	\$8,661,868.00	\$ -	\$0.00	\$ 8,661,868	\$10,853,458.00	\$32,959,879.00	\$ 43,813,337	0.197699
39	9300 WOUND CARE	\$1,249,699.00	\$ -	\$7,537.00	\$ 1,257,236	\$492,322.00	\$8,065,555.00	\$ 8,557,877	0.146910
40		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
41		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
42		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
43		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
44		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
45		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
46		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
47		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
48		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
49		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
50		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
51		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
52		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
53		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
54		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
55		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
56		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
57		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
58		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
59		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
60		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
61		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
62		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
63		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
64		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
65		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
66		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
67		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
68		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
69		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
70		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
71		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
72		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
73		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
74		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
75		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
76		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
77		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
78		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
79		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
80		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
81		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
82		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
83		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
84		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
85		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
86		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
87		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
88		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
89		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
90		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) ST. JOSEPH HOSPITAL SAVANNAH

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
91		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
92		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
93		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
94		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
95		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
96		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
97		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
98		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
99		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
100		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
101		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
102		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
103		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
104		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
105		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
106		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
107		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
108		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
109		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
110		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
111		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
112		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
113		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
114		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
115		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
116		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
117		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
118		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
119		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
120		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
121		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
122		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
123		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
124		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
125		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
126	Total Ancillary	\$ 152,265,818	\$ -	\$ 27,589	\$ 152,293,407	\$ 511,713,578	\$ 325,482,315	\$ 837,195,893	
127	Weighted Average								0.182822
128	Sub Totals	\$ 199,149,326	\$ -	\$ 27,589	\$ 199,176,915	\$ 605,450,888	\$ 325,482,315	\$ 930,933,203	
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Cost Report Worksheet D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title 19, Column 5-7, Line 200)				\$0.00				
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost Report Worksheet D-3, Title 18, Column 3, Line 200 and Worksheet D, Part V, Title 18, Column 5-7, Line 200)				\$384,229.00				
131	NF, SNF, and Swing Bed Cost for Other Payors (Hospital must calculate. Submit support for calculation of cost.)								
131.01	Other Cost Adjustments (support must be submitted)								
132	Grand Total				\$ 198,792,686				
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost								0.00%

* Note A - Final cost-to-charge ratios should include teaching cost. Only enter Intern & Resident costs if it was removed in Column 25 of Worksheet B, Pt. I of the cost report you are using.

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2016-06/30/2017) ST. JOSEPH HOSPITAL SAVANNAH

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Inpatient Hospital P/R Primary		Inpatient Hospital Intensive Care Primary		Inpatient Hospital P/R Other/Other Intensive		Inpatient Hospital Intensive Care Other		Outpatient		Total In-State Medicaid		% Survey to Cost Report Totals			
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient				
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis						
Routine Cost Centers (from Section G):				Days				Days				Days				Days			
1	03000 ADULTS & PEDIATRICS	\$	624.25																
2	03100 INTENSIVE CARE UNIT	\$	1,245.50																
3	03200 CORONARY CARE UNIT	\$	1,458.95																
4	03300 BURN INTENSIVE CARE UNIT	\$	-																
5	03400 SURGICAL INTENSIVE CARE UNIT	\$	-																
6	03500 OTHER SPECIAL CARE UNIT	\$	-																
7	04000 SUBPROVIDER I	\$	-																
8	04100 SUBPROVIDER II	\$	-																
9	04200 OTHER SUBPROVIDER	\$	-																
10	04300 NURSERY	\$	-																
11		\$	-																
12		\$	-																
13		\$	-																
14		\$	-																
15		\$	-																
16		\$	-																
17		\$	-																
18		\$	-																
19				Total Days	3,377		407		3,985		3,722		2,966		11,491		24.33%		
20	Total Days per PS&R or Exhibit Detail				3,377		407		3,985		3,722		2,966						
	Unreconciled Days (Explain Variance)																		
21	Routine Charges	\$	6,064,003	Routine Charges	\$	699,042	Routine Charges	\$	7,704,095	Routine Charges	\$	6,169,483	Routine Charges	\$	20,636,623		27.47%		
21.01	Calculated Routine Charge Per Diem	\$	1,795.68		\$	1,717.55		\$	1,933.27		\$	1,657.57		\$	1,597.84				
Ancillary Cost Centers (from W/S C) (from Section G):				Ancillary Charges				Ancillary Charges				Ancillary Charges				Ancillary Charges			
22	09200 Observation (Non-Distinct)	0.673170	48,126	83,972	18,348	817,339	6,274,424	3,170,504	335	84,551	2,605	29,322	1,160	44,300	\$	51,066	\$	196,193	28.09%
23	5000 OPERATING ROOM	0.161389	3,012,645	1,190,207	681,754	817,339	6,274,424	3,170,504	335	84,551	2,605	29,322	1,160	44,300	\$	51,066	\$	196,193	10.01%
24	5100 RECOVERY ROOM	0.200915	302,676	174,467	85,709	131,523	717,443	371,590	836,014	598,982	497,772	303,408	2,490,843	1,140,235	\$	12,735,666	\$	5,837,409	17.44%
25	5300 ANESTHESIOLOGY	0.046194	568,742	317,508	145,449	262,304	1,373,346	636,014	1,373,346	598,982	497,772	303,408	2,490,843	1,140,235	\$	1,385,268	\$	773,332	16.80%
26	5400 RADIOLOGY-DIAGNOSTIC	0.115992	900,221	670,005	119,816	863,882	1,975,236	2,925,031	1,158,435	427,412	1,073,369	2,365,670	4,163,710	2,365,670	\$	2,686,519	\$	1,579,733	20.44%
27	5700 CT SCAN	0.030112	1,030,400	750,880	207,257	1,090,156	1,607,111	2,341,988	988,728	348,118	1,487,402	4,344,959	3,833,497	4,344,959	\$	4,163,710	\$	4,832,330	25.92%
28	5800 MRI	0.046401	332,934	162,404	87,665	159,835	546,189	436,674	302,419	102,885	533,378	201,237	1,269,207	971,598	\$	1,269,207	\$	971,598	20.08%
29	6000 LABORATORY	0.127809	3,198,677	676,551	347,408	613,710	4,333,810	1,283,735	3,176,609	417,743	2,732,808	2,345,390	11,055,504	2,345,390	\$	11,055,504	\$	2,971,739	28.98%
30	6500 RESPIRATORY THERAPY	0.188443	1,901,445	24,034	157,533	24,509	1,946,598	47,585	1,562,748	5,985	888,470	88,634	5,568,324	2,121,113	\$	5,568,324	\$	1,021,113	31.37%
31	6600 PHYSICAL THERAPY	0.204067	284,678	17,617	24,576	47,663	47,663	576,318	212,009	566,149	134,677	277,800	1,451,719	412,266	\$	1,451,719	\$	412,266	14.07%
32	6700 OCCUPATIONAL THERAPY	0.179581	106,353	8,021	3,541	6,227	184,231	20,315	362,777	19,476	90,389	21,177	656,502	54,038	\$	656,502	\$	54,038	15.97%
33	6800 SPEECH PATHOLOGY	0.133831	132,443	507	5,011	15,761	3,248	210,659	2,032	105,650	391	505,871	505,871	5,787	\$	505,871	\$	5,787	25.02%
34	6900 ELECTROCARDIOLOGY	0.067153	740,110	678,424	132,830	390,200	1,896,569	3,047,912	961,924	269,001	1,646,248	783,346	3,731,434	4,385,537	\$	3,731,434	\$	4,385,537	15.54%
35	7000 MEDICAL SUPPLIES CHARGED TO PATIENT	0.184257	61,130	98,675	45,472	126,525	280,181	119,405	79,433	46,200	35,506	352,532	630,215	352,532	\$	352,532	\$	630,215	17.34%
36	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.510222	853,186	307,799	154,306	283,354	2,161,605	1,193,205	846,150	184,128	829,475	302,008	4,015,247	1,968,486	\$	4,015,247	\$	1,968,486	15.68%
37	7200 IMPL. DEV. CHARGED TO PATIENTS	0.269595	2,291,623	791,335	806,209	342,973	6,547,336	3,823,541	2,083,784	290,223	1,245,744	555,277	11,728,952	5,248,072	\$	11,728,952	\$	5,248,072	14.11%
38	7300 DRUGS CHARGED TO PATIENTS	0.200796	5,417,440	1,347,108	753,963	476,518	7,117,226	2,017,807	5,538,750	309,991	4,500,032	1,095,286	18,827,379	4,151,424	\$	18,827,379	\$	4,151,424	27.33%
39	7400 RENAL DIALYSIS	0.214371	459,230	-	18,513	-	752,002	400,675	400,675	59,795	142,821	10,410	2,161,138	460,470	\$	2,161,138	\$	460,470	41.31%
40	9100 EMERGENCY	0.197699	320,404	1,198,256	123,878	2,247,284	895,564	2,443,770	614,856	480,647	1,955,742	990,366	6,369,957	6,369,957	\$	6,369,957	\$	6,369,957	38.00%
41	9300 WOUND CARE	0.145910	-	-	11,675	68,522	50,010	99,210	58,343	123,711	34,641	199,724	120,028	291,443	\$	120,028	\$	291,443	7.55%
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year: 10/01/2016-09/30/2017 ST. JOSEPH HOSPITAL SAVANNAH

	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid	
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
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127												
Totals / Payments		\$ 21,972,159	\$ 8,478,070	\$ 3,912,565	\$ 8,140,528	\$ 39,240,641	\$ 24,910,790	\$ 23,131,040	\$ 4,203,296	\$ 19,764,731	\$ 21,316,720	
128 Total Charges (includes organ acquisition from Section J)	\$ 28,036,162	\$ 8,478,070	\$ 4,611,607	\$ 8,140,528	\$ 46,944,736	\$ 24,910,790	\$ 29,300,523	\$ 4,203,296	\$ 24,503,917	\$ 21,316,720	\$ 109,893,028	\$ 45,732,684
129 Total Charges per PS&R or Exhibit Detail	\$ 28,036,162	\$ 8,478,070	\$ 4,611,607	\$ 8,140,528	\$ 46,944,736	\$ 24,910,790	\$ 29,300,523	\$ 4,203,296	\$ 24,503,917	\$ 21,316,720		
130 Unreconciled Charges (Explain Variance)												
131 Total Calculated Cost (includes organ acquisition from Section J)	\$ 7,631,402	\$ 1,446,838	\$ 1,089,618	\$ 1,290,995	\$ 10,735,840	\$ 4,272,892	\$ 7,141,002	\$ 702,631	\$ 5,636,324	\$ 3,073,035	\$ 26,596,862	\$ 7,713,356
132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 5,559,836	\$ 1,204,434	\$ -	\$ 170	\$ 823,950	\$ 207,244	\$ 301,117	\$ 19,380			\$ 7,684,903	\$ 1,431,228
133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ -	\$ -	\$ 975,410	\$ 948,613	\$ -	\$ -	\$ 2,218	\$ 12,752			\$ 977,626	\$ 961,365
134 Private Insurance (including primary and third party liability)	\$ 101,971	\$ 7,628	\$ -	\$ 2,107	\$ 2,623	\$ 4,050	\$ 463,433	\$ 383,224			\$ 568,027	\$ 397,009
135 Self-Pay (including Co-Pay and Spend-Down)	\$ -	\$ 2,666	\$ 53	\$ 1,566	\$ -	\$ -	\$ 647	\$ 2,606			\$ 700	\$ 6,840
136 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 5,661,807	\$ 1,214,728	\$ 975,483	\$ 952,458								
137 Medicaid Cost Settlement Payments (See Note B)	\$ -	\$ (17,151)	\$ -	\$ -								\$ (17,151)
138 Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ -	\$ -	\$ -	\$ -								
139 Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					\$ 8,238,496	\$ 3,584,102	\$ 4,060,095	\$ 224,903			\$ 12,299,591	\$ 3,809,005
140 Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)					\$ -	\$ -	\$ 1,272,705	\$ 107,919			\$ 1,272,705	\$ 107,919
141 Medicare Cross-Over Bad Debt Payments					\$ 116,324	\$ 199,700	\$ -	\$ -			\$ 116,324	\$ 199,700
142 Other Medicare Cross-Over Payments (See Note D)					\$ 107,681	\$ 9,651	\$ 41,060	\$ 363			\$ 148,741	\$ 10,014
143 Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									\$ 19,745	\$ 216,959		
144 Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)									\$ -	\$ -		
145 Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ 969,595	\$ 249,251	\$ 113,155	\$ 338,637	\$ 1,446,766	\$ 268,145	\$ 999,729	\$ (48,516)	\$ 5,617,579	\$ 2,856,076	\$ 3,529,245	\$ 807,427
146 Calculated Payments as a Percentage of Cost	87%	83%	50%	74%	87%	94%	85%	107%	0%	7%	87%	90%
147 Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)					40,160							
148 Percent of cross-over days to total Medicare days from the cost report					10%							

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's loss if PS&R summaries are not available (submit loss with survey).
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

NOTE: Inpatient uninsured payment rate is outside normal ranges, please verify this is correct.

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2016-06/30/2017) ST. JOSEPH HOSPITAL SAVANNAH

			Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total Out-Of-State Medicaid	
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
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122												
123												
124												
125												
126												
127												

Totals / Payments \$ 1,334,715 \$ 825,624 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -

128	Total Charges (Includes organ acquisition from Section K)	\$ 1,709,056	\$ 825,624	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,709,056	\$ 825,624
129	Total Charges per PS&R or Exhibit Detail	\$ 1,709,056	\$ 825,624	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
130	Unreconciled Charges (Explain Variance)												
131	Total Calculated Cost (Includes organ acquisition from Section K)	\$ 451,383	\$ 122,621	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 451,383	\$ 122,621
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 212,854	\$ 73,651									\$ 212,854	\$ 73,651
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)		\$ 10,000									\$ 10,000	
134	Private Insurance (including primary and third party liability)	\$ 13,075	\$ 683									\$ 13,075	\$ 683
135	Self-Pay (including Co-Pay and Spend-Down)		\$ 10,587									\$ 10,587	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 225,929	\$ 94,921	\$ -	\$ -							\$ 225,929	\$ 94,921
137	Medicaid Cost Settlement Payments (See Note B)												
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)												
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)												
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)												
141	Medicare Cross-Over Bad Debt Payments												
142	Other Medicare Cross-Over Payments (See Note D)												
143	Calculated Payment Shortfall / (Longfall)	\$ 225,454	\$ 27,700	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 225,454	\$ 27,700
144	Calculated Payments as a Percentage of Cost	50%	77%	0%	0%	0%	0%	0%	0%	0%	0%	50%	77%

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. LPL payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (i.e., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

J. Transplant Facilities Only: Organ Acquisition Cost In-State Medicaid and Uninsured

Cost Report Year (07/01/2016-06/30/2017) ST. JOSEPH HOSPITAL SAVANNAH

	Total Organ Acquisition Cost	Additional Reimbursement/Resident Charge	Total Additional Organ Acquisition Cost	Revenue for Medicaid/ Cross-Over / Uninsured Organs Sold	Total Useable Organs (Count)	In-State Medicaid Managed Care Primary		In-State Medicaid Managed Care Secondary		In-State Medicaid FFS Cross-Over Path Medicaid Secondary		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured	
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add-On Cost	Similar to instructions from Cost Report WS D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D-4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis
1	Lung Acquisition	\$0.00	\$ -	\$ -	0										
2	Kidney Acquisition	\$0.00	\$ -	\$ -	0										
3	Liver Acquisition	\$0.00	\$ -	\$ -	0										
4	Heart Acquisition	\$0.00	\$ -	\$ -	0										
5	Pancreas Acquisition	\$0.00	\$ -	\$ -	0										
6	Intestinal Acquisition	\$0.00	\$ -	\$ -	0										
7	Islet Acquisition	\$0.00	\$ -	\$ -	0										
8	\$0.00	\$ -	\$ -	\$ -	0										
9	Totals	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
10	Total Cost														

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).

Note B - Enter Organ Acquisition Payments in Section H as part of your In-State Medicaid total payments.

Note C - Enter the total revenue applicable to organs furnished to other providers, to organ procurement organizations and others, and for organs transplanted into non-Medicaid / non-Uninsured patients (but where organs were included in the Medicaid and Uninsured organ counts above). Such revenues must be determined under the accrual method of accounting. If organs are transplanted into non-Medicaid/non-Uninsured patients who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medicaid

Cost Report Year (07/01/2016-06/30/2017) ST. JOSEPH HOSPITAL SAVANNAH

	Total Organ Acquisition Cost	Additional Reimbursement/Resident Charge	Total Additional Organ Acquisition Cost	Revenue for Medicaid/ Cross-Over / Uninsured Organs Sold	Total Useable Organs (Count)	Out-of-State Medicaid Managed Care Primary		Out-of-State Medicaid Managed Care Secondary		Out-of-State Medicaid FFS Cross-Over (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add-On Cost	Similar to instructions from Cost Report WS D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D-4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)
11	Lung Acquisition	\$ -	\$ -	\$ -	0								
12	Kidney Acquisition	\$ -	\$ -	\$ -	0								
13	Liver Acquisition	\$ -	\$ -	\$ -	0								
14	Heart Acquisition	\$ -	\$ -	\$ -	0								
15	Pancreas Acquisition	\$ -	\$ -	\$ -	0								
16	Intestinal Acquisition	\$ -	\$ -	\$ -	0								
17	Islet Acquisition	\$ -	\$ -	\$ -	0								
18	\$ -	\$ -	\$ -	\$ -	0								
19	Totals	\$ -	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
20	Total Cost												

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).

Note B - Enter Organ Acquisition Payments in Section I as part of your Out-of-State Medicaid total payments.

L. Provider Tax Assessment Reconciliation / Adjustment

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment for some hospitals. The Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment on the Medicare cost report, the full amount of the provider tax assessment would not have been apportioned to the various payers through the step down allocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year (07/01/2016-06/30/2017) ST. JOSEPH HOSPITAL SAVANNAH

Worksheet A Provider Tax Assessment Reconciliation:

		Dollar Amount	W/S A Cost Center Line
1	Hospital Gross Provider Tax Assessment (from general ledger)*	\$ 2,653,995	
1a	Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	Contractual Adjustment	001.5515.4000 (WTB Account #)
2	Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)		(Where is the cost included on w/s A?)
3	Difference (Explain Here ----->)	\$ 2,653,995	
Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)			
4	Reclassification Code		(Reclassified to / (from))
5	Reclassification Code		(Reclassified to / (from))
6	Reclassification Code		(Reclassified to / (from))
7	Reclassification Code		(Reclassified to / (from))
DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)			
8	Reason for adjustment	\$ 2,653,995	5.00 (Adjusted to / (from))
9	Reason for adjustment		(Adjusted to / (from))
10	Reason for adjustment		(Adjusted to / (from))
11	Reason for adjustment		(Adjusted to / (from))
DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)			
12	Reason for adjustment		
13	Reason for adjustment		
14	Reason for adjustment		
15	Reason for adjustment		
16	Total Net Provider Tax Assessment Expense Included in the Cost Report	\$ 2,653,995	

DSH UCC Provider Tax Assessment Adjustment:

17	Gross Allowable Assessment Not Included in the Cost Report	\$ -
----	--	------

* Assessment must exclude any non-hospital assessment such as Nursing Facility.

A. General DSH Year Information

1. DSH Year:

Begin	End
07/01/2016	06/30/2017

2. Select Your Facility from the Drop-Down Menu Provided:

CANDLER HOSPITAL

Identification of cost reports needed to cover the DSH Year:

- 3. Cost Report Year 1
- 4. Cost Report Year 2 (if applicable)
- 5. Cost Report Year 3 (if applicable)

Cost Report Begin Date(s)	Cost Report End Date(s)
07/01/2016	06/30/2017

Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

- 6. Medicaid Provider Number:
- 7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):
- 8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):
- 9. Medicare Provider Number:

Data	
000000327A	
0	
0	
110024	

B. DSH OB Qualifying Information

Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the DSH Examination Year:

- 1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)
- 2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 3. Was the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?
- 3a. Was the hospital open as of December 22, 1987?

DSH Examination Year (07/01/16 - 06/30/17)
Yes

No
No

Yes

3b. What date did the hospital open?

7/26/1934

Questions 4-6, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the Interim DSH Payment Year:

- 4. Does the hospital have at least two obstetricians who have staff privileges at the hospital who have agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)

DSH Payment Year (07/01/18 - 06/30/19)
Yes

List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services:

Wilfredo A. Negron, M.D.
 Nhi Phan, M.D.

- 5. Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
- 6. Is the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?

No

No

C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for DSH Year 07/01/2016 - 06/30/2017

(Should include UPL and Non-Claim Specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

\$ 752,150

Certification:

1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year?

Matching the federal share with an IGT/CPE is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments.

Answer
Yes

Explanation for "No" answers: _____

The following certification is to be completed by the hospital's CEO or CFO:

I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurate to the best of our ability, and supported by the financial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the due date of the survey, and will be made available for inspection when requested.

Hospital CEO or CFO Signature	CFO	Date
Greg Schaack	912-819-6162	schaackg@sjchs.org
Hospital CEO or CFO Printed Name	Hospital CEO or CFO Telephone Number	Hospital CEO or CFO E-Mail

Contact Information for individuals authorized to respond to inquiries related to this survey:

Hospital Contact:	
Name	Greg Schaack
Title	CFO
Telephone Number	912-819-6162
E-Mail Address	schaackg@sjchs.org
Mailing Street Address	5353 Reynolds St.
Mailing City, State, Zip	Savannah, GA 31405

Outside Preparer:	
Name	Bert Bennett
Title	Partner
Firm Name	Draffin & Tucker, LLP
Telephone Number	229-883-7878
E-Mail Address	bbennett@draffin-tucker.com

Example of Exhibit A - Uninsured Charges

Claim Type (A)	Primary Payor Plan (B)	Secondary Payor Plan (C)	Hospital's Medicaid Provider # (D)	Patient Identifier Code (PCN) (E)	Patient's Birth Date (F)	Patient's Social Security Number (G)	Patient's Gender (H)	Name (I)	Admit Date (J)	Discharge Date (K)	Service Indicator (Inpatient / Outpatient) (L)	Revenue Code (M)	Total Charges for Services Provided (N) *	Routine Days of Care (O)	Total Patient Payments for Services Provided (P) **	Total Private Insurance Payments for Services Provided (Q) **	Claim Status (Exhausted or Non-Covered Service ***, If applicable) (R)
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	110	\$ 4,000.00	7		\$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	200	\$ 4,500.00	3		\$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	250	\$ 5,200.25			\$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	300	\$ 2,700.00			\$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	360	\$ 15,000.75			\$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	450	\$ 1,000.25			\$ -	
Uninsured Charges	Medicare		12345	4444444	7/12/1985	999-99-999	Male	Jones, James	6/15/2010	6/15/2010	Outpatient	250	\$ 150.00		\$ 500.00	\$ -	Exhausted
Uninsured Charges	Medicare		12345	4444444	7/12/1985	999-99-999	Male	Jones, James	6/15/2010	6/15/2010	Outpatient	450	\$ 750.00		\$ 500.00	\$ -	Exhausted
Uninsured Charges	Blue Cross		12345	1111111	3/5/2000	999-99-999	Male	Smith, Mike	8/10/2010	8/10/2010	Outpatient	450	\$ 1,100.00			\$ -	Non-Covered Service

Notes for Completing Exhibit A:

* All charges for non-hospital services should be excluded.

** Payments reported in Columns P & Q are not reported in the survey. These amounts are used for examination purposes only. Amount should include all payments received to date on the account.

*** Report services not covered under the patient's insurance package as a "Non-Covered Service". Note - the service must be covered under the state Medicaid plan.

Please submit the above data in the electronic file included with this survey document. The electronic file must be submitted in Excel (.xls or .xlsx). If this is not possible, the data must be submitted as a CSV (.csv) file using either the TAB or | (pipe symbol above the ENTER key). The data may not be accepted if not in one of these formats. Please do not alter column headings! These column headings will be used to input patient detail into a database from which Myers and Stauffer will generate reports.

Example of Exhibit B - Self Pay Collections

Claim Type (A)	Primary Payor Plan (B)	Secondary Payor Plan (C)	Transaction Code (D)	Hospital's Medicaid Provider # (E)	Patient Identifier Code (PCN) (F)	Patient's Birth Date (G)	Patient's Social Security Number (H)	Patient's Gender (I)	Patient's Name (J)	Admit Date (K)	Discharge Date (L)	Date of Cash Collection (M)	Amount of Cash Collections (N)	Indicate if Collection is a 1011 Payment (O) ***	Service Indicator (Inpatient / Outpatient) (P)	Total Hospital Charges for Services Provided (Q) *	Total Physician Charges for Services Provided (R)	Total Other Non-Hospital Charges for Services Provided (S) **	Insurance Status When Services Were Provided (Insured or Uninsured) (T) *	Claim Status (Exhausted or Non-Covered Service****, if applicable) (U)	Calculated Hospital Uninsured Collections if (T)="Uninsured" or (U)="Exhausted" or (U)="Non-Covered Service", if (O)/((Q)-(R)+(S))*(N) *****
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jonos, Anthony	7/12/1995	7/14/1995	1/1/2010	\$ 50	No	Inpatient	\$ 10,000	\$ 900	\$ -	Insured		\$ -
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jonos, Anthony	7/12/1995	7/14/1995	2/1/2010	\$ 50	No	Inpatient	\$ 10,000	\$ 900	\$ -	Insured		\$ -
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jonos, Anthony	7/12/1995	7/14/1995	3/1/2010	\$ 50	No	Inpatient	\$ 10,000	\$ 900	\$ -	Insured		\$ -
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jonos, Anthony	7/12/1995	7/14/1995	4/1/2010	\$ 50	No	Inpatient	\$ 10,000	\$ 900	\$ -	Insured		\$ -
Self Pay Payments	Blue Cross		150	12345	9999999	9/25/1979	999-99-999	Male	Smith, John	9/21/2000	9/21/2000	9/30/2009	\$ 150	No	Outpatient	\$ 2,000	\$ -	\$ 50	Insured	Exhausted	\$ 148
Self Pay Payments	Blue Cross		150	12345	9999999	9/25/1979	999-99-999	Male	Smith, John	9/21/2000	9/21/2000	10/31/2009	\$ 150	No	Outpatient	\$ 2,000	\$ -	\$ 50	Insured	Exhausted	\$ 148
Self Pay Payments	Blue Cross		150	12345	9999999	9/25/1979	999-99-999	Male	Smith, John	9/21/2000	9/21/2000	11/30/2009	\$ 150	No	Outpatient	\$ 2,000	\$ -	\$ 50	Insured	Exhausted	\$ 148
Self Pay Payments	Self-Pay		500	12345	7777777	7/9/2000	999-99-999	Male	Cell, Heath	12/31/2009	1/1/2010	5/15/2010	\$ 90	No	Inpatient	\$ 15,000	\$ 1,000	\$ -	Uninsured		\$ 84
Self Pay Payments	Self-Pay		500	12345	7777777	7/9/2000	999-99-999	Male	Cell, Heath	12/31/2009	1/1/2010	5/31/2010	\$ 90	No	Inpatient	\$ 15,000	\$ 1,000	\$ -	Uninsured		\$ 84
Self Pay Payments	United Healthcare		500	12345	5555555	2/15/1980	999-99-999	Male	Johnson, Joo	9/1/2005	9/3/2005	11/12/2010	\$ 130	No	Inpatient	\$ 14,000	\$ 400	\$ 50	Insured	Non-Covered Service	\$ 129

Notes for Completing Exhibit B:
 * Charges and insurance status will be the same when listing multiple payments for the same patient and dates of service.
 ** Other Non-Hospital Charges should include RHC, FQHC, Pharmacy, etc...
 *** If Section 1011 (Undocumented Alien) payments are applied at a patient level, include these payments in the cash collection column. If they are not applied at patient level, include them in Section E of the survey document.
 **** Report services not covered under the patient's insurance package as a "Non-Covered Service". Note - the service must be covered under the state Medicaid plan.
 ***** The total Calculated Hospital Uninsured Collections (column V) should tie to the total inpatient and Outpatient payments reported in Section H, Line 143 of the DSH Survey.

Please submit the above data in the electronic file included with this survey document. The electronic file must be submitted in Excel (.xls or .xlsx). If this is not possible, the data must be submitted as a CSV (.csv) file using either the TAB or | (pipe symbol above the ENTER key). The data may not be accepted if not in one of these formats. Please do not alter column headings! These column headings will be used to input patient detail into a database from which Myers and Stauffer will generate reports.

D. General Cost Report Year Information

7/1/2016 - 6/30/2017

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

1. Select Your Facility from the Drop-Down Menu Provided:

CANDLER HOSPITAL

7/1/2016 through 6/30/2017		
	X	

2. Select Cost Report Year Covered by this Survey (enter "X"):

3. Status of Cost Report Used for this Survey (Should be audited if available): 1 - As Submitted

3a. Date CMS processed the HCRIS file into the HCRIS database:

12/22/2017

4. Hospital Name:

Data	Correct?	If Incorrect, Proper Information
CANDLER HOSPITAL	Yes	
000000327A	Yes	
0	Yes	
0	Yes	
110024	Yes	
Private	Yes	
Urban	Yes	

5. Medicaid Provider Number:

6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):

7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):

8. Medicare Provider Number:

8a. Owner/Operator (Private, State Govt., Non-State Govt., HIS/Tribal):

8b. DSH Pool Classification (Small Rural, Non-Small Rural, Urban):

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:

9. State Name & Number

10. State Name & Number

11. State Name & Number

12. State Name & Number

13. State Name & Number

14. State Name & Number

15. State Name & Number

(List additional states on a separate attachment)

State Name	Provider No.

E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2016 - 06/30/2017)

1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1)

2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)

3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)

4. Total Section 1011 Payments Related to Hospital Services (See Note 1)

5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1)

6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)

7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)

8. Out-of-State DSH Payments (See Note 2)

\$-
\$-

9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)

10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)

11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B, less physician and non-hospital portion of payments)

12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:

	Inpatient	Outpatient	Total
\$	76,830	433,835	\$510,665
\$	2,170,937	9,799,928	\$11,970,865
	\$2,247,767	\$10,233,763	\$12,481,530
	3.42%	4.24%	4.09%

13. Did your hospital receive any Medicaid managed care payments not paid at the claim level?

Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

No

14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services

15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services

16. Total Medicaid managed care non-claims payments (see question 13 above) received

\$-

Note 1: Subtitle B - Miscellaneous Provision, Section 1011 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 provides federal reimbursement for emergency health services furnished to undocumented aliens. If your hospital received these funds during any cost report year covered by the survey, they must be reported here. If you can document that a portion of the payment received is related to non-hospital services (physician or ambulance services), report that amount in the section titled "Section 1011 Payments Related to Non-Hospital Services." Otherwise report 100 percent of the funds you received in the section related to hospital services.

Note 2: Report any DSH payments your hospital received from a state Medicaid program (other than your home state). In-state DSH payments will be reported directly from the Medicaid program and should not be included in this section of the survey.

F. MIUR / LIUR Qualifying Data from the Cost Report (07/01/2016 - 06/30/2017)

F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)

1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6) 67,543 (See Note in Section F-3, below)

F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization Ratio (LIUR) Calculation):

2. Inpatient Hospital Subsidies	
3. Outpatient Hospital Subsidies	
4. Unspecified I/P and O/P Hospital Subsidies	
5. Non-Hospital Subsidies	
6. Total Hospital Subsidies	\$ -
7. Inpatient Hospital Charity Care Charges	19,721,510
8. Outpatient Hospital Charity Care Charges	55,604,631
9. Non-Hospital Charity Care Charges	
10. Total Charity Care Charges	\$ 75,326,141

F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (W/S G-2 and G-3 of Cost Report)

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.

	Total Patient Revenue (Charge)			Contractual Adjustments (Formulas below can be overwritten if necessary and approved)			Net Hospital Revenue
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	
11. Hospital	\$84,319,799.00			\$ 65,222,407	\$ -	\$ -	\$ 19,097,392
12. Subprovider I (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00			\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF			\$0.00			\$ -	\$ -
15. Swing Bed - NF			\$0.00			\$ -	\$ -
16. Skilled Nursing Facility			\$2,617,434.00			\$ 2,024,618	\$ -
17. Nursing Facility			\$0.00			\$ -	\$ -
18. Other Long-Term Care			\$0.00			\$ -	\$ -
19. Ancillary Services	\$301,733,293.00	\$712,872,654.00		\$ 233,394,432	\$ 551,415,810	\$ -	\$ 229,795,705
20. Outpatient Services		\$83,385,501.00			\$ 64,499,716	\$ -	\$ 18,885,785
21. Home Health Agency			\$0.00			\$ -	\$ -
22. Ambulance			\$ -			\$ -	\$ -
23. Outpatient Rehab Providers			\$0.00			\$ -	\$ -
24. ASC	\$0.00	\$0.00				\$ -	\$ -
25. Hospice			\$0.00			\$ -	\$ -
26. Other	\$0.00	\$0.00	\$0.00			\$ -	\$ -
27. Total	\$ 386,053,092	\$ 796,258,155	\$ 2,617,434	\$ 298,616,839	\$ 615,915,526	\$ 2,024,618	\$ 267,778,883
28. Total Hospital and Non Hospital		Total from Above	\$ 1,184,928,681		Total from Above	\$ 916,556,982	

29. Total Per Cost Report	Total Patient Revenues (G-3 Line 1)	1,184,928,681	Total Contractual Adj. (G-3 Line 2)	919,733,623
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)			+	
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)			+	
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)			+	
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)			-	(3,176,641)
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)"			-	
35. Adjusted Contractual Adjustments				916,556,982

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Coats Removed on Cost Report *	ICU and Therapy Add-Back (if Applicable)	Total Cost	IP Days and IP Ancillary Charges	IP Routine Charges and OIP Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
		Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. 1, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. 1, Col. 6 (Informational only unless used in Section L charges allocation)	Calculated Per Diem

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.

Routine Cost Centers (list below):

1	03000	ADULTS & PEDIATRICS	\$ 32,447,059	\$ -	\$ -	\$0.00	\$ 32,447,059	55,157	\$57,154,324.00	\$ 588.27
2	03100	INTENSIVE CARE UNIT	\$ 7,364,130	\$ -	\$ 1,906	\$ 7,366,036	5,808	\$19,550,645.00	\$ 1,268.26	
3	03200	CORONARY CARE UNIT	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
4	03300	BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
5	03400	SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
6	03500	OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
7	04000	SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
8	04100	SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
9	04200	OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
10	04300	NURSERY	\$ 3,306,254	\$ -	\$ -	\$ 3,306,254	8,453	\$7,551,106.00	\$ 391.13	
11			\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
12			\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
13			\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
14			\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
15			\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
16			\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
17			\$ -	\$ -	\$ -	\$ -	-	\$0.00	\$ -	
18		Total Routine	\$ 43,117,443	\$ -	\$ 1,906	\$ 43,119,349	69,418	\$ 84,256,075		
19		Weighted Average							\$ 621.16	

	Hospital Observation Days - Cost Report W/S S-3, Pt. 1, Line 28, Col. 8	Subprovider I Observation Days - Cost Report W/S S-3, Pt. 1, Line 28.01, Col. 8	Subprovider II Observation Days - Cost Report W/S S-3, Pt. 1, Line 28.02, Col. 8	Calculated (Per Diems Above Multiplied by Days)	Inpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 7	Total Charges - Cost Report Worksheet C, Pt. 1, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
20	09200	Observation (Non-Distinct)	1,875	-	\$ 1,103,006	\$95,120.00	\$ 1,771,818	0.622528

		Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Cost Report Worksheet C, Part I, Col. 2 and Col. 4	Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. 1, Col. 7	Total Charges - Cost Report Worksheet C, Pt. 1, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
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Ancillary Cost Centers (from W/S C excluding Observation) (list below):

21	5000	OPERATING ROOM	\$22,306,094.00	\$ -	\$0.00	\$ 22,306,094	\$38,303,698.00	\$111,527,512.00	\$ 149,831,210	0.148875
22	5100	RECOVERY ROOM	\$2,296,254.00	\$ -	\$0.00	\$ 2,296,254	\$9,325,759.00	\$18,069,393.00	\$ 27,395,152	0.083820
23	5200	DELIVERY ROOM & LABOR ROOM	\$8,065,315.00	\$ -	\$0.00	\$ 8,065,315	\$18,231,851.00	\$1,324,038.00	\$ 19,555,889	0.412424
24	5300	ANESTHESIOLOGY	\$871,660.00	\$ -	\$0.00	\$ 871,660	\$12,259,240.00	\$24,778,488.00	\$ 37,037,728	0.023534
25	5400	RADIOLOGY-DIAGNOSTIC	\$13,607,814.00	\$ -	\$18,529.00	\$ 13,626,343	\$17,203,221.00	\$75,848,788.00	\$ 93,052,009	0.146438
26	5500	RADIOLOGY-THERAPEUTIC	\$23,392,224.00	\$ -	\$3,271.00	\$ 23,395,495	\$4,582,418.00	\$108,106,642.00	\$ 112,689,060	0.207611
27	5700	CT SCAN	\$1,937,632.00	\$ -	\$0.00	\$ 1,937,632	\$19,725,530.00	\$62,268,268.00	\$ 81,993,798	0.023631
28	5800	MRI	\$981,730.00	\$ -	\$0.00	\$ 981,730	\$4,162,333.00	\$13,518,750.00	\$ 17,681,083	0.055524
29	6000	LABORATORY	\$15,941,464.00	\$ -	\$0.00	\$ 15,941,464	\$45,953,432.00	\$52,695,742.00	\$ 98,649,174	0.161598
30	6500	RESPIRATORY THERAPY	\$3,510,387.00	\$ -	\$0.00	\$ 3,510,387	\$17,648,721.00	\$648,082.00	\$ 18,296,803	0.191858

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (if Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
31	6600 PHYSICAL THERAPY	\$2,786,959.00	\$ -	\$0.00	\$ 2,786,959	\$7,578,438.00	\$5,354,124.00	\$ 12,932,562	0.215499
32	6700 OCCUPATIONAL THERAPY	\$1,058,425.00	\$ -	\$0.00	\$ 1,058,425	\$4,879,380.00	\$995,239.00	\$ 5,874,619	0.180169
33	6800 SPEECH PATHOLOGY	\$425,052.00	\$ -	\$0.00	\$ 425,052	\$1,720,325.00	\$440,373.00	\$ 2,160,698	0.196720
34	6900 ELECTROCARDIOLOGY	\$2,184,874.00	\$ -	\$4,274.00	\$ 2,189,148	\$3,466,353.00	\$5,405,808.00	\$ 8,872,161	0.246743
35	7000 ELECTROENCEPHALOGRAPHY	\$270,092.00	\$ -	\$0.00	\$ 270,092	\$538,435.00	\$681,535.00	\$ 1,219,970	0.221392
36	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$17,621,049.00	\$ -	\$0.00	\$ 17,621,049	\$9,812,360.00	\$17,342,986.00	\$ 27,155,346	0.648898
37	7200 IMPL. DEV. CHARGED TO PATIENTS	\$6,397,606.00	\$ -	\$0.00	\$ 6,397,606	\$4,444,106.00	\$20,347,723.00	\$ 24,791,829	0.258053
38	7300 DRUGS CHARGED TO PATIENTS	\$52,064,636.00	\$ -	\$6,231.00	\$ 52,070,867	\$80,207,339.00	\$207,158,766.00	\$ 287,366,105	0.181200
39	7400 RENAL DIALYSIS	\$1,507,253.00	\$ -	\$0.00	\$ 1,507,253	\$4,899,469.00	\$1,207,187.00	\$ 6,106,656	0.246821
40	9100 EMERGENCY	\$10,033,342.00	\$ -	\$0.00	\$ 10,033,342	\$6,250,819.00	\$35,837,744.00	\$ 42,088,563	0.238386
41	9300 WOUND CARE	\$3,519,672.00	\$ -	\$3,479.00	\$ 3,523,151	\$642,092.00	\$20,890,847.00	\$ 21,532,939	0.163617
42		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
43		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
44		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
45		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
46		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
47		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
48		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
49		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
50		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
51		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
52		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
53		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
54		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
55		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
56		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
57		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
58		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
59		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
60		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
61		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
62		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
63		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
64		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
65		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
66		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
67		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
68		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
69		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
70		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
71		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
72		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
73		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
74		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
75		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
76		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
77		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
78		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
79		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
80		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
81		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
82		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
83		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
84		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
85		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
86		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
87		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
88		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
89		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
90		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
91		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
92		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
93		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
94		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
95		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
96		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
97		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
98		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
99		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
100		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
101		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
102		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
103		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
104		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
105		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
106		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
107		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
108		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
109		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
110		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
111		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
112		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
113		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
114		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
115		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
116		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
117		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
118		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
119		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
120		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
121		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
122		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
123		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
124		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
125		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
126	Total Ancillary	\$ 190,779,534	\$ -	\$ 35,784	\$ 190,815,318	\$ 311,930,439	\$ 786,124,733	\$ 1,098,055,172	
127	Weighted Average								0.174780
128	Sub Totals	\$ 233,896,977	\$ -	\$ 37,690	\$ 233,934,667	\$ 396,186,514	\$ 786,124,733	\$ 1,182,311,247	
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Cost Report Worksheet D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title 19, Column 5-7, Line 200)				\$0.00				
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost Report Worksheet D-3, Title 18, Column 3, Line 200 and Worksheet D, Part V, Title 18, Column 5-7, Line 200)				\$441,378.00				
131	NF, SNF, and Swing Bed Cost for Other Payors (Hospital must calculate. Submit support for calculation of cost.)								
131.01	Other Cost Adjustments (support must be submitted)								
132	Grand Total				\$ 233,493,289				
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost								0.00%

* Note A - Final cost-to-charge ratios should include teaching cost. Only enter Intern & Resident costs if it was removed in Column 25 of Worksheet B, Pt. I of the cost report you are using.

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year: 07/01/2016-06/30/2017 CANDLER HOSPITAL

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	In-State Medicaid Eligibles (Not Included Elsewhere)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total for In-State Medicaid		Ratio to Total Inpatient Charges		
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient (See Exhibit A)	Outpatient (See Exhibit A)	Inpatient	Outpatient			
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
				Days	Days	Days	Days	Days	Days	Days	Days			
1	Routine Cost Centers (from Section G):													
2	03000 ADULTS & PEDIATRICS	\$ 588.27		3,247	3,915	3,581	4,021	2,577	14,764			32.78%		
3	03100 INTENSIVE CARE UNIT	\$ 1,268.26		1,018	131	640	438	363	2,225			44.70%		
4	03200 CORONARY CARE UNIT	\$ -												
5	03300 BURN INTENSIVE CARE UNIT	\$ -												
6	03400 SURGICAL INTENSIVE CARE UNIT	\$ -												
7	03500 OTHER SPECIAL CARE UNIT	\$ -												
8	04000 SUBPROVIDER I	\$ -												
9	04100 SUBPROVIDER II	\$ -												
10	04200 OTHER SUBPROVIDER	\$ -												
11	04300 NURSERY	\$ 391.13		213	4,473		452	96	5,138			62.10%		
12		\$ -												
13		\$ -												
14		\$ -												
15		\$ -												
16		\$ -												
17		\$ -												
18		\$ -												
19	Total Days per PS&R or Exhibit Detail			4,476	8,519	4,221	4,911	3,036	22,127			36.46%		
20	Unreconciled Days (Explain Variance)			4,476	8,519	4,221	4,911	3,036						
21	Routine Charges	\$ 5,835,443												
22	Calculated Routine Charge Per Diem	\$ 1,303.72												
23	Ancillary Cost Centers (from WIS C) (from Section G):													
24	09200 Observation (Non-Distinct)	0.822528		80,001	310,399	12,621	329,589	115,470	64,532	1,307	124,858	\$ 97,681	\$ 819,990	58.97%
25	5000 OPERATING ROOM	0.148875		2,723,157	2,620,601	961,287	10,773,107	3,233,242	5,290,990	1,650,657	4,807,839	\$ 8,568,343	\$ 20,601,865	24.81%
26	5100 RECOVERY ROOM	0.083820		284,146	431,503	2,082,898	2,514,906	309,350	485,014	600,430	293,641	\$ 3,275,824	\$ 3,725,054	29.37%
27	5200 DELIVERY ROOM & LABOR ROOM	0.412424		157,049		7,293,391	114,974	9,944	1,454,279	134,436	7,048	\$ 8,914,663	\$ 130,613	47.09%
28	5300 ANESTHESIOLOGY	0.023534		488,729	494,828	2,014,845	2,591,316	552,633	757,724	686,049	339,514	\$ 1,742,256	\$ 4,183,389	25.24%
29	5400 RADIOLOGY-DIAGNOSTIC	0.145438		1,245,084	1,470,318	485,519	2,921,978	1,530,477	3,573,864	1,039,752	1,144,452	\$ 4,299,007	\$ 9,110,612	22.29%
30	5500 RADIOLOGY-THERAPEUTIC	0.207611		135,554	2,063,282	276,369	2,373,709	384,275	6,901,036	501,593	5,646,334	\$ 1,112,939	\$ 12,934,987	18.46%
31	5700 CT SCAN	0.023631		1,269,121	1,645,056	383,947	1,847,328	1,715,360	4,084,059	950,365	1,610,459	\$ 8,437,211	\$ 8,270,725	27.86%
32	5800 MRI	0.055524		294,119	343,058	63,123	257,307	303,146	831,941	176,290	433,206	\$ 529,949	\$ 1,608,596	19.76%
33	6000 LABORATORY	0.161598		3,627,216	2,252,916	3,571,920	4,173,174	3,952,107	2,929,810	2,400,551	2,892,079	\$ 14,430,844	\$ 11,759,461	46.35%
34	6500 RESPIRATORY THERAPY	0.191858		1,557,498	125,143	310,076	101,052	2,159,354	69,046	1,305,184	11,502	\$ 5,332,022	\$ 306,743	26.07%
35	6600 PHYSICAL THERAPY	0.215499		253,637	12,414	34,811	54,232	361,848	521,270	369,837	125,511	\$ 1,171,556	\$ 862,673	17.61%
36	6700 OCCUPATIONAL THERAPY	0.180169		89,634	4,361	11,108	14,872	121,629	60,351	360,390	59,904	\$ 42,081	\$ 139,488	13.84%
37	6800 SPEECH PATHOLOGY	0.196720		133,496	-	15,252	4,537	151,327	15,213	141,861	52,366	\$ 441,936	\$ 35,128	25.60%
38	6900 ELECTROCARDIOLOGY	0.246743		209,518	109,560	121,118	130,822	281,428	349,984	230,135	477,937	\$ 842,199	\$ 674,196	25.26%
39	7000 ELECTROENCEPHALOGRAPHY	0.221392		59,376	60,825	3,014	11,900	49,655	54,450	41,636	39,773	\$ 153,691	\$ 134,539	34.79%
40	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.648998		520,016	245,810	334,238	763,772	719,293	649,059	336,930	840,747	\$ 1,910,477	\$ 1,892,376	18.80%
41	7200 IMPL. DEV. CHARGED TO PATIENTS	0.258053		219,472	378,457	166,377	788,335	388,732	905,666	241,603	105,911	\$ 1,018,164	\$ 2,464,112	16.37%
42	7300 DRUGS CHARGED TO PATIENTS	0.181200		7,272,174	5,050,920	3,295,741	4,188,992	6,815,262	2,554,724	4,066,540	4,203,759	\$ 22,939,768	\$ 21,583,971	18.81%
43	7400 RENAL DIALYSIS	0.246821		509,197	-	28,715	537,935	138,820	632,400	403,260	17,800	\$ 1,708,247	\$ 158,600	37.47%
44	9100 EMERGENCY	0.238386		535,914	2,142,888	112,590	4,666,185	608,457	2,402,161	414,147	689,321	\$ 1,671,108	\$ 9,900,555	50.97%
45	9300 WOUND CARE	0.163617		-	-	97,691	508,768	61,297	686,889	38,222	636,596	\$ 40,047	\$ 1,834,253	12.13%

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid	
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
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127												
Totals / Payments												
	\$ 21,864,028	\$ 19,763,539	\$ 21,676,851	\$ 39,130,855	\$ 24,247,018	\$ 40,319,269	\$ 20,051,560	\$ 13,708,266	\$ 17,280,824	\$ 52,902,686		

128	Total Charges (includes organ acquisition from Section J)	\$ 27,499,471	\$ 19,763,539	\$ 30,123,269	\$ 39,130,855	\$ 30,881,558	\$ 40,319,269	\$ 26,415,737	\$ 13,708,266	\$ 21,283,938	\$ 52,902,686	\$ 114,920,035	\$ 112,921,929	25.92%
129	Total Charges per PS&R or Exhibit Detail	\$ 27,499,471	\$ 19,763,539	\$ 30,123,269	\$ 39,130,855	\$ 30,881,558	\$ 40,319,269	\$ 26,415,737	\$ 13,708,266	\$ 21,283,938	\$ 52,902,686			
130	Unreconciled Charges (Explain Variance)													
131	Total Calculated Cost (includes organ acquisition from Section J)	\$ 7,105,161	\$ 3,448,099	\$ 9,327,547	\$ 6,504,485	\$ 7,155,974	\$ 6,813,017	\$ 6,867,138	\$ 2,378,783	\$ 4,985,960	\$ 6,527,915	\$ 30,457,820	\$ 19,144,384	27.38%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 7,163,593	\$ 3,149,513	\$ (12,410)	\$ 1,448	\$ 666,086	\$ 665,045	\$ 260,499	\$ 50,294			\$ 8,077,768	\$ 3,866,300	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)			\$ 8,349,016	\$ 5,550,928			\$ 168,491	\$ 78,551			\$ 8,517,507	\$ 5,629,479	
134	Private Insurance (including primary and third party liability)	\$ 107,770	\$ 32,758	\$ 3,675	\$ 4,613	\$ 801	\$ 8,913	\$ 2,242,573	\$ 1,148,217			\$ 2,354,819	\$ 1,192,503	
135	Self-Pay (including Co-Pay and Spend-Down)		\$ 9,755	\$ 25	\$ 3,166			\$ 520	\$ 3,623			\$ 545	\$ 16,544	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 7,271,363	\$ 3,192,026	\$ 8,340,306	\$ 5,560,157									
137	Medicaid Cost Settlement Payments (See Note B)		\$ (111,711)										\$ (111,711)	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)													
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					\$ 6,173,335	\$ 5,179,389	\$ 3,019,787	\$ 804,909			\$ 9,193,122	\$ 5,784,298	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)							\$ 865,872	\$ 814,184			\$ 865,872	\$ 814,184	
141	Medicare Cross-Over Bad Debt Payments					\$ 116,682	\$ 278,383					\$ 116,682	\$ 278,383	
142	Other Medicare Cross-Over Payments (See Note D)					\$ 131,551	\$ 1,181	\$ 49,154	\$ 75			\$ 180,705	\$ 1,256	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									\$ 78,830	\$ 433,835			
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)													
145	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)	\$ (165,202)	\$ 367,784	\$ 987,241	\$ 944,328	\$ 68,519	\$ 680,106	\$ 260,242	\$ (119,070)	\$ 4,908,130	\$ 8,094,080	\$ 1,150,800	\$ 1,873,148	
146	Calculated Payments as a Percentage of Cost	102%	89%	89%	85%	89%	90%	96%	105%	2%	5%	96%	90%	
147	Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. 1, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)					31,488								
148	Percent of cross-over days to total Medicare days from the cost report					13%								

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's loss if PS&R summaries are not available (submit loss with survey).
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

NOTE: Inpatient uninsured payment ratio is outside normal ranges, please verify this is correct.

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Total Days (Inpatient/Outpatient)		From PS&R Summary (Note A)		From PS&R Summary (Note A)		From PS&R Summary (Note A)		From PS&R Summary (Note A)		Total Days (Inpatient/Outpatient)	
				Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient		
														Days	Days
1	03000 ADULTS & PEDIATRICS	\$ 588.27		125										125	
2	03100 INTENSIVE CARE UNIT	\$ 1,268.26		8										8	
3	03200 CORONARY CARE UNIT	\$ -													
4	03300 BURN INTENSIVE CARE UNIT	\$ -													
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -													
6	03500 OTHER SPECIAL CARE UNIT	\$ -													
7	04000 SUBPROVIDER I	\$ -													
8	04100 SUBPROVIDER II	\$ -													
9	04200 OTHER SUBPROVIDER	\$ -													
10	04300 NURSERY	\$ 391.13		15										15	
11		\$ -													
12		\$ -													
13		\$ -													
14		\$ -													
15		\$ -													
16		\$ -													
17		\$ -													
18		\$ -													
			Total Days	148										148	
19	Total Days per PS&R or Exhibit Detail				148										
20	Unreconciled Days (Explain Variance)														
21	Routine Charges				\$ 173,404									\$ 173,404	
21.01	Calculated Routine Charge Per Diem				\$ 1,171.65									\$ 1,171.65	
22	Ancillary Cost Centers (from W/S C) (list below):														
23	09200 Observation (Non-Distinct)		0.622528				974							\$ -	\$ 974
24	5000 OPERATING ROOM		0.148875		54,742		509,707							\$ 54,742	\$ 509,707
25	5100 RECOVERY ROOM		0.083820		9,892		76,634							\$ 9,892	\$ 76,634
26	5200 DELIVERY ROOM & LABOR ROOM		0.412424		22,135		297							\$ 22,135	\$ 297
27	5300 ANESTHESIOLOGY		0.023534		10,972		84,394							\$ 10,972	\$ 84,394
28	5400 RADIOLOGY DIAGNOSTIC		0.146438		83,233		237,017							\$ 83,233	\$ 237,017
29	5500 RADIOLOGY THERAPEUTIC		0.207611		27,720		580,334							\$ 27,720	\$ 580,334
30	5700 CT SCAN		0.023631		52,514		170,705							\$ 52,514	\$ 170,705
31	5800 MRI		0.055524		2,892		7,809							\$ 2,892	\$ 7,809
32	6000 LABORATORY		0.161598		120,523		318,395							\$ 120,523	\$ 318,395
33	6500 RESPIRATORY THERAPY		0.191858		2,892		3,553							\$ 2,892	\$ 3,553
34	6600 PHYSICAL THERAPY		0.215499		2,533		182,662							\$ 2,533	\$ 182,662
35	6700 OCCUPATIONAL THERAPY		0.189169		-		26,251							\$ -	\$ 26,251
36	6800 SPEECH PATHOLOGY		0.196720		-		8,053							\$ -	\$ 8,053
37	6900 ELECTROCARDIOLOGY		0.246743		7,913		9,174							\$ 7,913	\$ 9,174
38	7000 ELECTROENCEPHALOGRAPHY		0.221392		-		-							\$ -	\$ -
39	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.648998		7,535		29,623							\$ 7,535	\$ 29,623
40	7200 IMPL. DEV. CHARGED TO PATIENTS		0.258053		3,176		59,451							\$ 3,176	\$ 59,451
41	7300 DRUGS CHARGED TO PATIENTS		0.181200		166,117		1,087,685							\$ 166,117	\$ 1,087,685
42	7400 RENAL DIALYSIS		0.246821		-		-							\$ -	\$ -
43	9100 EMERGENCY		0.238366		26,147		198,843							\$ 26,147	\$ 198,843
44	9300 WOUND CARE		0.163617		300		44,307							\$ 300	\$ 44,307
45														\$ -	\$ -
46														\$ -	\$ -
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80														\$ -	\$ -

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (With Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total Out-Of-State Medicaid	
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
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122										
123										
124										
125										
126										
127										
Totals / Payments	\$ 601,236	\$ 3,655,868	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
128 Total Charges (Includes organ acquisition from Section K)	\$ 774,640	\$ 3,655,868	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
129 Total Charges per PS&R or Exhibit Detail	\$ 774,640	\$ 3,655,868	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
130 Unreconciled Charges (Explain Variance)										
131 Total Calculated Cost (Includes organ acquisition from Section K)	\$ 191,879	\$ 633,987	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
132 Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 203,333	\$ 417,384							\$ 203,333	\$ 417,384
133 Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)	\$ -	\$ 53,223							\$ -	\$ 53,223
134 Private Insurance (including primary and third party liability)	\$ (6,966)	\$ 524							\$ (6,966)	\$ 524
135 Self-Pay (Including Co-Pay and Spend-Down)	\$ -	\$ 25,936							\$ -	\$ 25,936
136 Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	\$ 196,367	\$ 497,067	\$ -	\$ -					\$ 196,367	\$ 497,067
137 Medicaid Cost Settlement Payments (See Note B)	\$ -	\$ -							\$ -	\$ -
138 Other Medicaid Payments Reported on Cost Report Year (See Note C)	\$ -	\$ -							\$ -	\$ -
139 Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)	\$ -	\$ -							\$ -	\$ -
140 Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)	\$ -	\$ -							\$ -	\$ -
141 Medicare Cross-Over Bad Debt Payments	\$ -	\$ -							\$ -	\$ -
142 Other Medicare Cross-Over Payments (See Note D)	\$ -	\$ -							\$ -	\$ -
143 Calculated Payment Shortfall / (Longfall)	\$ (4,488)	\$ 136,920	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (4,488)	\$ 136,920
144 Calculated Payments as a Percentage of Cost	102%	78%	0%	0%	0%	0%	0%	0%	102%	78%

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
 Note B - Medicaid cost settlement payments prior to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (i.e., Medicare Graduate Medical Education payments).
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

J. Transplant Facilities Only: Organ Acquisition Cost In-State Medicaid and Uninsured

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

Total Organ Acquisition Cost	Medicaid/Medicare Inpatient/Outpatient Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross-Over / Uninsured Organs Sold	Total Usable Organs (Count)	In-State Medicaid PPS Primary		In-State Medicaid Managed Care Primary		In-State Medicaid PPS Cross-Over and Medicaid Secondary		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured	
					Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)
Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add-On Cost	Similar to Instructions from Cost Report WS D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D-4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis	
1 Lung Acquisition	\$0.00	\$ -	\$ -	0										
2 Kidney Acquisition	\$0.00	\$ -	\$ -	0										
3 Liver Acquisition	\$0.00	\$ -	\$ -	0										
4 Heart Acquisition	\$0.00	\$ -	\$ -	0										
5 Pancreas Acquisition	\$0.00	\$ -	\$ -	0										
6 Intestinal Acquisition	\$0.00	\$ -	\$ -	0										
7 Islet Acquisition	\$0.00	\$ -	\$ -	0										
8	\$0.00	\$ -	\$ -	0										
9 Totals	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
10 Total Cost														

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).

Note B - Enter Organ Acquisition Payments in Section H as part of your In-State Medicaid total payments.

Note C - Enter the total revenue applicable to organs furnished to other providers, to organ procurement organizations and others, and for organs transplanted into non-Medicaid / non-Uninsured patients (but where organs were included in the Medicaid and Uninsured organ counts above). Such revenues must be determined under the accrual method of accounting. If organs are transplanted into non-Medicaid/non-Uninsured patients who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medicaid

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

Total Organ Acquisition Cost	Medicaid/Medicare Inpatient/Outpatient Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross-Over / Uninsured Organs Sold	Total Usable Organs (Count)	Out-of-State Medicaid PPS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicaid PPS Cross-Over and Medicaid Secondary		Out-of-State Medicaid Eligibles (Not Included Elsewhere)	
					Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)
Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add-On Cost	Similar to Instructions from Cost Report WS D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D-4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	
11 Lung Acquisition	\$ -	\$ -	\$ -	0								
12 Kidney Acquisition	\$ -	\$ -	\$ -	0								
13 Liver Acquisition	\$ -	\$ -	\$ -	0								
14 Heart Acquisition	\$ -	\$ -	\$ -	0								
15 Pancreas Acquisition	\$ -	\$ -	\$ -	0								
16 Intestinal Acquisition	\$ -	\$ -	\$ -	0								
17 Islet Acquisition	\$ -	\$ -	\$ -	0								
18	\$ -	\$ -	\$ -	0								
19 Totals	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
20 Total Cost												

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).

Note B - Enter Organ Acquisition Payments in Section I as part of your Out-of-State Medicaid total payments.

L. Provider Tax Assessment Reconciliation / Adjustment

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment for some hospitals. The Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment on the Medicare cost report, the full amount of the provider tax assessment would not have been apportioned to the various payers through the step down allocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year (07/01/2016-06/30/2017) CANDLER HOSPITAL

Worksheet A Provider Tax Assessment Reconciliation:

		Dollar Amount	W/S A Cost Center Line
1	Hospital Gross Provider Tax Assessment (from general ledger)*	\$ 3,176,641	
1a	Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	Contractual Adjustment	015.5515.4000 (WTB Account #)
2	Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)		(Where is the cost included on w/s A?)
3	Difference (Explain Here ----->)	\$ 3,176,641	
The provider tax is included in Contractual Adjustments and not reported on W/S A.			
Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)			
4	Reclassification Code		(Reclassified to / (from))
5	Reclassification Code		(Reclassified to / (from))
6	Reclassification Code		(Reclassified to / (from))
7	Reclassification Code		(Reclassified to / (from))
DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)			
8	Reason for adjustment	\$ 3,176,641	5.00 (Adjusted to / (from))
9	Reason for adjustment		(Adjusted to / (from))
10	Reason for adjustment		(Adjusted to / (from))
11	Reason for adjustment		(Adjusted to / (from))
DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)			
12	Reason for adjustment		
13	Reason for adjustment		
14	Reason for adjustment		
15	Reason for adjustment		
16	Total Net Provider Tax Assessment Expense Included in the Cost Report	\$ 3,176,641	

DSH UCC Provider Tax Assessment Adjustment:

17	Gross Allowable Assessment Not Included in the Cost Report	\$ -
----	--	------

* Assessment must exclude any non-hospital assessment such as Nursing Facility.

**List of Real Property Holdings for
St. Joseph's Hospital, Inc. and Candler Hospital, Inc.**

Real Property Holdings Owned by the Hospital (HB 321) – Saint Joseph’s Hospital, Inc.

Location	Parcel ID Number	Estimated Size	Purchase Price	Current HealthCare Purpose?		Improvements?		Notes (Optional)
				Yes	No	Yes	No	
Chatham County	20754 01001	19.46	UNK	✓		✓		
Chatham County	20754 01002	1.11	UNK	✓		✓		
Chatham County	20754 02001	5.26	\$144,000	✓		✓		
Chatham County	20754 02001A	1.35	\$1,100,000	✓		✓		
Chatham County	20754 02046	3.96	UNK	✓		✓		
Chatham County	20754 02031	0.11	UNK	✓		✓		
Chatham County	20782 04006	5.67	UNK	✓		✓		
Chatham County	20782 04009	0.46	\$27,000	✓		✓		
Chatham County	20782 04010	0.44	\$34,900	✓		✓		
Chatham County	20782 04011	0.43	UNK	✓		✓		
Chatham County	20053 10012	0.07	\$43,000	✓		✓		
Chatham County	20053 10017	0.29	\$95,000	✓		✓		
Chatham County	20491 07018	0.20	UNK	✓		✓		
Chatham County	51010 01072	18.30	UNK	✓		✓		

Chatham County	51010 01076	9.36	\$650,700		✓		✓	vacant parcel
Chatham County	60013 04042	1.49	UNK	✓		✓		
Bryan County	P07 05 003	1.93	UNK	✓		✓		

Date: 07/01/2019.
Revised: N/A.



Real Property Holdings Owned by the Hospital (HB 321) – Candler Hospital, Inc.

Location	Parcel ID Number	Estimated Size	Purchase Price	Current HealthCare Purpose?		Improvements?		Notes (Optional)
				Yes	No	Yes	No	
Chatham County	20113 20001	27.02	\$1,850,000	✓		✓		
Chatham County	20113 20001A	1.30	\$235,000	✓		✓		
Chatham County	20013 20001L	0.61	UNK	✓		✓		
Chatham County	20013 20003L	0.43	UNK	✓		✓		
Chatham County	20013 20002L	0.91	\$5,186,196	✓		✓		
Chatham County	20113 15001	0.14	\$2,799,370	✓		✓		
Chatham County	20113 15002	0.10	\$2,799,370	✓		✓		
Chatham County	20113 15005	0.32	\$450,000	✓		✓		
Chatham County	20113 15007	0.41	UNK	✓		✓		
Chatham County	20113 15008	0.31	UNK	✓		✓		
Chatham County	20113 16001	0.09	UNK	✓		✓		
Chatham County	20113 16002	0.18	UNK	✓		✓		
Chatham County	20113 16003	0.09	UNK	✓		✓		
Chatham County	20113 16004	0.09	UNK	✓		✓		

Chatham County	20113 16005	0.60	\$2,799,370	✓		✓		
Chatham County	20113 21010	7.51	UNK	✓		✓		
Chatham County	20113 17001	1.47	\$2,799,370	✓		✓		
Chatham County	20114 28001	0.37	\$2,799,370	✓		✓		
Chatham County	20114 28001A	0.55	\$2,799,370	✓		✓		
Chatham County	20491 07019	1.49	UNK	✓		✓		
Chatham County	20754 0241	0.37	UNK	✓		✓		
Chatham County	20113 12006	0.07	\$300,000		✓	✓		vacant office space
Jasper County, SC	067-01-00-073	0.24	\$800,000	✓		✓		

Date: 07/01/2019.

Revised: N/A.



List of Hospital JV's and Ownership Interests

List of Hospital Joint Ventures and Ownership Interests (HB 321) – Saint Joseph’s Hospital, Inc.

Entity Name	Domicile	Nature of Ownership or Interest	Book Value of Ownership or Interest	Notes (Optional)
SJC/OIS Management, LLC	GA	Minority Membership Interest	\$743,861.00	
Wayne/SJC Medical Group, LLC	GA	Minority Membership Interest	\$37,646.00	

Notes:

- a. List is for the Period Ended June 30, 2018.
- b. List includes ownership or interest the hospital has in joint ventures, partnerships, subsidiary holding companies, or captive insurance companies.
- c. Nature of Ownership Interest may include the number of shares/membership interests, percentage ownership interest, or indication of whether the hospital is a minority or majority owner or interest holder.



List of Hospital Joint Ventures and Ownership Interests (HB 321) – Candler Hospital, Inc.

Entity Name	Domicile	Nature of Ownership or Interest	Book Value of Ownership or Interest	Notes (Optional)
SJC/OIS Management, LLC	GA	Minority Membership Interest	\$743,861.00	
The Listening Center, LLC	GA	Minority Membership Interest	\$28,000.00	
Savannah Neurosurgery Services Joint Venture, LLC	GA	Minority Membership Interest	\$0.00	

Notes:

- a. List is for the Period Ended June 30, 2018.
- b. List includes ownership or interest the hospital has in joint ventures, partnerships, subsidiary holding companies, or captive insurance companies.
- c. Nature of Ownership Interest may include the number of shares/membership interests, percentage ownership interest, or indication of whether the hospital is a minority or majority owner or interest holder.

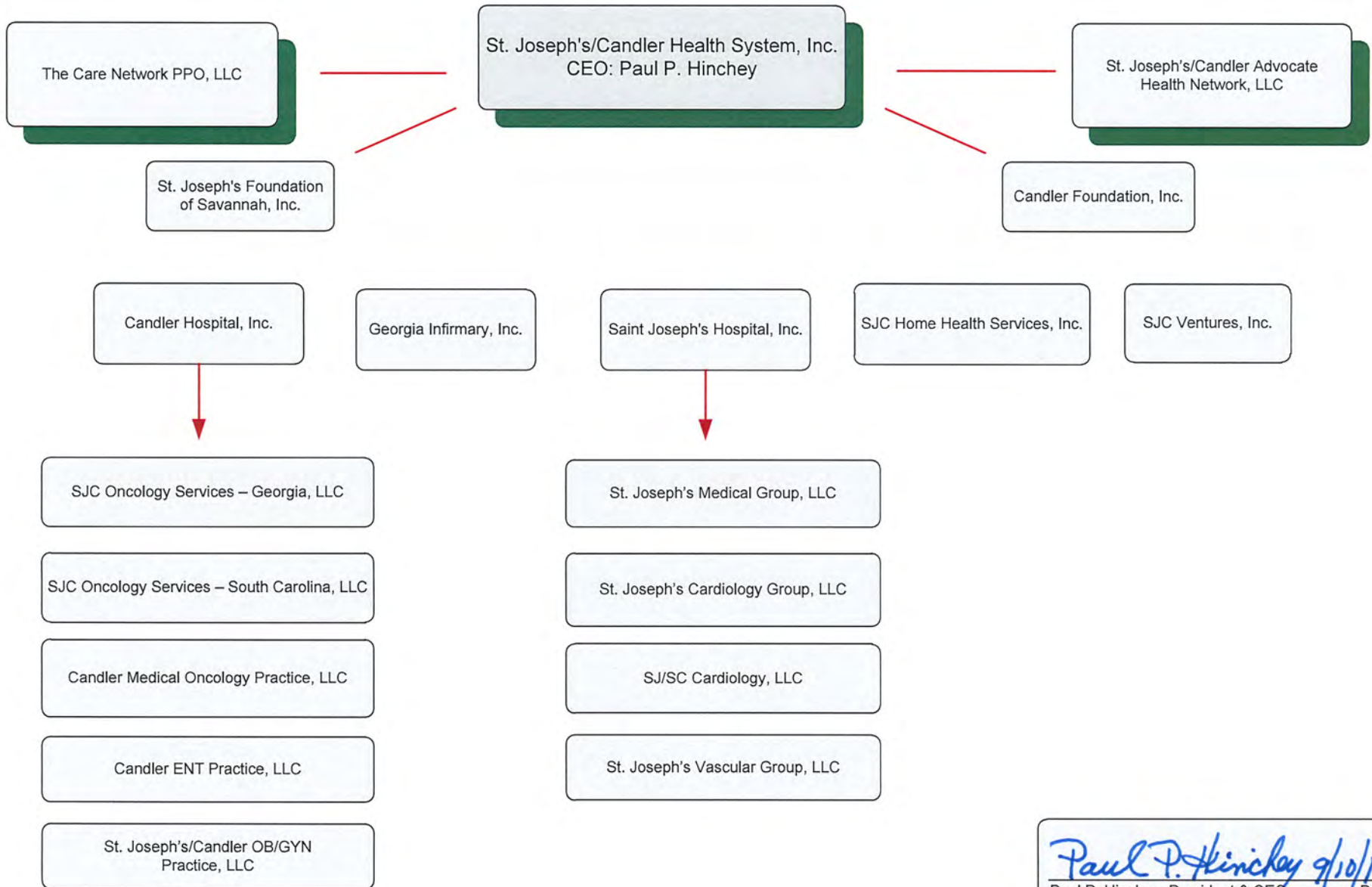


**List of Hospital Indebtedness:
See Audited Financials, Note 6 and 7**

**Report of End of Year Net Assets:
Refer to Audited Financial Statement, p. 7,8.**

**St. Joseph's/Candler does not have
any "going concern" issues.**

Dated Organizational Chart



Paul P. Hinchey 9/10/19
Paul P. Hinchey, President & CEO Date

**Compensation/Benefits Report
CY 2018**

**St. Joseph's Hospital
Compensation/Benefits Report – Administrative Positions in the Hospital (HB 321)**

(A) Position Title*	(B) Breakdown of W-2 and/or 1099-MISC Compensation				(C) Retirement and other Deferred Compensation	(D) Nontaxable Benefits
	(i) Base Compensation	(ii) Bonus & Incentive Comp.	(iii) Taxable Deferred Comp. Accrued in Prior Years	(iv) Other Reportable Compensation		
1. President & Chief Executive Officer	\$338,168			\$6,582		\$20,553
2. Medical Director Cancer Center	\$252,710					\$15,011
3. Chief Financial Officer	\$195,268	\$9,660			\$7,770	\$19,891
4. Chief Operating Officer	\$181,067				\$7,770	\$13,753
5. Vice President Patient Care Services	\$133,478				\$7,770	\$27,651
6. Vice President Information Services	\$111,362				\$6,993	\$12,801
7. Vice President Human Resources	\$104,853				\$7,770	\$13,418
8. Vice President Business Development	\$93,867				\$5,983	\$8,668
9. Executive Director Cancer Center	\$85,410	\$17,479				\$6,756
10. Executive Director Cardiac/Imaging	\$88,134	\$17,180				\$6,184
Notes:						
<ul style="list-style-type: none"> a. Reporting Period is Calendar Year 2018. b. Deferred compensation is reported only for the year when earned or accrued, whether or not funded, vested, qualified, or non-qualified or subject to substantial risk of forfeiture. c. (*) Report title, not employee name. 						



**Candler Hospital
Compensation/Benefits Report – Administrative Positions in the Hospital (HB 321)**

(A) Position Title*	(B) Breakdown of W-2 and/or 1099-MISC Compensation				(C) Retirement and other Deferred Compensation	(D) Nontaxable Benefits
	(i) Base Compensation	(ii) Bonus & Incentive Comp.	(iii) Taxable Deferred Comp. Accrued in Prior Years	(iv) Other Reportable Compensation		
1. President & Chief Executive Officer	\$466,995			\$9,090		\$28,382
2. Medical Director Cancer Center	\$348,981					\$20,730
3. Chief Financial Officer	\$269,656	\$13,340			\$10,730	\$27,468
4. Chief Operating Officer	\$250,045				\$10,730	\$18,992
5. Vice President Patient Care Services	\$184,327				\$10,730	\$38,185
6. Vice President Information Services	\$153,786				\$9,657	\$17,677
7. Vice President Human Resources	\$144,796				\$10,730	\$18,529
8. Vice President Business Development	\$129,625				\$8,262	\$11,970
9. Executive Director Cancer Center	\$117,948	\$24,138				\$9,330
10. Executive Director Cardiac/Imaging	\$121,708	\$23,725				\$8,540
Notes:						
<ul style="list-style-type: none"> a. Reporting Period is Calendar Year 2018. b. Deferred compensation is reported only for the year when earned or accrued, whether or not funded, vested, qualified, or non-qualified or subject to substantial risk of forfeiture. c. (*) Report title, not employee name. 						



**Evidence of Hospital Accreditation
St. Joseph's Hospital and Candler Hospital**

Saint Joseph's Hospital

Savannah, GA

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

July 21, 2017

Accreditation is customarily valid for up to 36 months.


Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #6725
Print/Reprint Date: 09/21/2017


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



AMA
AMERICAN
MEDICAL
ASSOCIATION



Candler Hospital

Savannah, GA

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

June 24, 2017

Accreditation is customarily valid for up to 36 months.


Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #6726
Print/Reprint Date: 09/20/2017


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Saint Joseph's Hospital

Savannah, GA

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Laboratory Accreditation Program

February 7, 2019

Accreditation is customarily valid for up to 24 months.


Craig N. Jones, M.D., M.P.H.
Chair, Board of Commissioners

ID #6725
Print/Reprint Date: 04/10/2019


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



AMA
AMERICAN
MEDICAL
ASSOCIATION



Candler Hospital

Savannah, GA

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Laboratory Accreditation Program

January 10, 2019

Accreditation is customarily valid for up to 24 months.


Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #6726
Print/Reprint Date: 03/22/2019


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Indigent and Charity Care Policies

St. Joseph's / Candler Health System, Inc.	<p style="text-align: center;">Administrative Policy</p> <p>Title: Financial Assistance, Billing and Collection</p>	Policy Number: 1220-A Effective Date: 07/22/2019 Page 1 of 12
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Policy Statement

It shall be the policy of St. Joseph's/Candler Health System ("SJ/C") to provide health care services to patients regardless of their ability to pay and to grant financial assistance to those who qualify. No patient shall be denied emergency or other Medically Necessary care based upon their ability to pay, race, color, religion, creed, sex, national origin, age, disability, gender identity or expression.

SJ/C provides financial assistance to those patients who need emergency or other Medically Necessary care, but can demonstrate an inability to pay for all or some portion of the charges normally due. Patients with no financial ability to pay SJ/C's charges will be screened for eligibility under Medicaid and other state programs and/or evaluated against pre-established guidelines for financial assistance and provided information about how to apply for financial assistance.

SJ/C shall make such financial assistance available without regard to the patient's race, color, religion, creed, sex, national origin, age, disability, gender identity or expression of such person, or any other classification prohibited by law. In offering Discounts, SJ/C shall strive to treat similarly situated individuals in a substantially similar manner. SJ/C shall not offer any Discount for the purpose of generating business payable under a federal health care program or to influence such beneficiary's selection of a particular provider, practitioner or supplier.

The financial assistance policy contained herein is applied consistently to all emergency and other Medically Necessary care provided by SJ/C at the following facilities:

- St. Joseph's Hospital
- Candler Hospital
- SJ/C Medical Group (Medical Group)
- SJ/C Oncology Services (Oncology Services)
- SJ/C Home Health Services

This policy requires the adoption by the SJ/C Board of Trustees. Any material changes to this policy will require approval of such governing body or parties authorized by the governing body to act on its behalf as permitted under state law.

Purpose

- To provide a framework to inform patients or responsible parties of their financial obligations for health care services, to assist them in resolving their financial liability, and to counsel them regarding insurance coverage.
- To provide guidelines and objective, consistent eligibility criteria for use in determining the financial status of patients so that appropriate classification and distinction can be made between uncollectible amounts arising from a patient's inability to pay and those arising from a patient's unwillingness to pay.
- To identify those needing financial assistance at the beginning of the collection cycle and reduce the time it takes to resolve an account.
- To explain how patients may apply for financial assistance.
- To provide a Discount for Uninsured patients that results in charges that equal the Amounts Generally Billed (AGB) to Insured patients.
- To define the method used to calculate AGB and how to obtain this information free of charge.
- To facilitate cash flow by offering a Prompt-Pay Discount to patients with a self-pay balance.
- To simplify the process for patients and reduce paperwork for both the patient and SJ/C staff at the time of service.
- To gather and maintain data to substantiate a patient's inability to pay and meet the requirements of §501(r) of the Internal Revenue Code and the Affordable Care Act requirements for §501(c) (3) hospitals.

Entities to whom this Policy Applies

St. Joseph's Hospital, Candler Hospital, SJ/C Medical Group (a listing of SJ/C Medical Group can be found on the SJ/C website), SJ/C Oncology Services and SJ/C Home Health Services

Entities to whom this Policy Does Not Apply

Chatham Radiologists, Georgia Emergency Physicians, Pathology Associates, Coastal EMS, Southside Fire/EMS Ambulance Service, SemperCare, Candler Retail Pharmacy, American Anesthesiology Associates of Georgia, and any physician with admitting privileges that is not listed as part of the SJ/C Medical Group.

Definition of Terms

Amounts Generally Billed (AGB) - The amount by which charges for Uninsured patients are measured. Uninsured patients will not be charged more for emergency or other Medically Necessary care than the AGB for patients who have insurance coverage. To calculate AGB, SJ/C uses the look-back method inclusive of both hospital facilities experience. The look-back method utilizes data from Medicare and private health insurers based on the prior 12-month fiscal year to determine the AGB percentage applied. The AGB percentage utilized by SJ/C

Policy Number: 1220-A
Effective Date: 07/22/2019

Page 2 of 12

and the method in which it was determined is available free of charge from the Customer Service Department. Customer Service may be contacted at 912-819-8455 or 800-374-7054.

Centralized Billing Office (CBO) – SJ/C co-workers who complete patient billing and collections on behalf of SJ/C employed physicians.

Discount - A reduction of the patient account balance (up to 100% of Gross Charges).

Extraordinary Collection Actions (ECA) - Any actions taken by the SJ/C (or any agent of SJ/C, including a collection agency) against an individual related to obtaining payment of a bill covered under this policy that requires a legal or judicial process, involves selling an individual's debt to another party, or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. Placing an account with a third party for collection is not an ECA.

Financial Assistance Policy (FAP) Discount - A percentage Discount of the patient account balance based on the patient's ability to pay.

Financial Solutions Advisors - SJ/C co-workers who verify proper insurance coverage, secure payment of deductibles and other estimated self-pay balances, provide assistance for those unable to pay by referral for Medicaid or other state programs, and provide guidance with the FAP.

Federal Poverty Guidelines (FPG) - Determined by the government of the United States and published annually in the Federal Register. FPG are based on the size of a family and family's income. FPG are used in determining a patient's eligibility for financial assistance under Medicaid and SJ/C's FAP.

Gross Charges - Full, established price for medical care that SJ/C entities consistently and uniformly charges all patients before contractual allowances, Discounts or other deductions.

Insured - The status of a patient with insurance or third-party coverage which pays all or a portion of the patient's Gross Charges for medical services. This category includes those patients covered by a governmental payor such as Medicare, Medicaid, Champus and authorized Veteran's benefits; as well as private payors such as Medicare Advantage, Medicaid managed care organizations, commercial or managed care, auto and worker's compensation.

Medically Necessary – Medical services based upon generally accepted medical practices in light of conditions at the time of treatment which is appropriate and consistent with the diagnosis of the treating physician and the omission of which could adversely affect the patient's condition. This classification does not infringe or encompass the classification of emergent or the EMTALA laws associated with that designation. If the patient feels that the service ordered requires immediate or urgent treatment, the patient may request review of the order by contacting the Office of Medical Affairs at 912-819-6670 or 912-819-3338.

Presumptive Charity – A Discount applied to the outstanding balance of a patient account based on FPG information provided by a scoring vendor. This Discount is applied at the end of the active self-pay billing cycle balance.

Prompt-Pay Discount - A 5% Discount of the patient’s self-pay account balance (including any co-payment or deductible) is given before or at the time of service. The Prompt-Pay discount is available to Hospital and Oncology Services patients regardless of their ability to pay (this Discount is not available to Medical Group patients). This Discount is an administrative adjustment and is not considered financial assistance.

Scoring Vendor - The software company engaged by SJ/C to provide a financial rating (calculated based on credit bureau information such as assets, mortgage payments, auto loans, credit card debt, and other financial history) for patients. The financial rating is utilized as a factor in determining a patient’s ability to pay. SJ/C currently contracts with Experian for this service.

Self-Pay Discount - A percentage Discount of the patient’s self-pay account balance based on the patient’s Uninsured status. Uninsured Hospital and Oncology Services patients are eligible for a Self-Pay Discount based on the most recent AGB. Uninsured Medical Group patients are eligible for a 50% Self-Pay Discount if paid at time of service regardless of their ability to pay.

Soft Inquiry – An inquiry reflective on a patient’s credit bureau report, but not reportable to any outside entity, that can only be seen by the patient. This has no impact on a patient’s credit score and is allowed by Federal Law due to the provider extending credit to the patient by not requiring the patient to pay upfront for any services the provider may render.

Uninsured - The status of a patient without insurance or third-party coverage who does not qualify for Medicaid or other state assistance. A patient may also be classified as “uninsured” if the patient is insured, but the insurer refuses to pay for medical services rendered for reasons such as pre-existing conditions, out-of-network provider, etc. Patients with access to auto insurance benefits of any kind, worker’s compensation, victims of crime funds, etc. will be excluded as well as any patients who refuse or fail to comply with requirements that would allow coverage under a governmental or non-governmental program.

Procedures

I. ELIGIBILITY CRITERIA

SJ/C provides financial assistance to patients who need emergency or other Medically Necessary care, but can demonstrate an inability to pay for all or a portion of the amount charged for medical services.

Patients without the financial ability to pay are evaluated for eligibility under Medicaid or other state assistance programs. A patient is automatically eligible for financial assistance if they have Medicaid or if they qualify for EBT benefits. Proof of this eligibility must be obtained. Patients

ineligible for Medicaid or other state assistance programs are then evaluated for financial assistance under SJ/C's Financial Assistance Policy (FAP). SJ/C financial assistance is provided in the form of a FAP Discount or as free care.

Eligibility for financial assistance to Uninsured and Insured patients with a self-pay balance is based upon FPG, income of the patient's household, personal assets, and the amount of medical debt owed to SJ/C for which the patient is liable. Upon receipt of a patient's completed financial assistance application and proof of income, the level of financial assistance is determined using a sliding scale based on the Gross Charges or balance due after insurance payment. Exhibits A, B, C, D and E (attached) provide the tables used in determining the applicable income category and percentage Discount applied to a patient's account balance. Exhibits B and C apply only to services provided by the Hospitals or SJ/C Oncology Services – Hilton Head. Exhibits D and E apply only to services provided by the Medical Group, SJ/C Home Health Services, and SJ/C Oncology Services – Savannah. Gross Charges for all emergency and Medically Necessary treatment provided by SJ/C are eligible for an FAP Discount if the patient qualifies.

II. METHOD OF APPLYING FOR ASSISTANCE

To apply for financial assistance, patients must complete a one-page application (see Exhibit F attached) and provide proof of income. Applications are available from Registrars, Financial Solutions Advisors, Customer Service Representatives or on-line at www.sjchs.org. Financial Solution Advisors are available to answer questions and assist in the completion of the application.

Financial Solution Advisors may be contacted by calling any of the phone numbers below:

St. Joseph's Hospital	912-819-2434
Candler Hospital	912-819-8246
SJ/C Medical Group	912-819-5838
SJ/C Oncology Services	912-819-5838

Proof of income must be in the form of the following:

- A copy of most recent pay stub with year-to-date gross pay amounts for the patient and patient's spouse, if applicable, or for the parents of the patient if the patient is a minor child;
- A copy of most recently filed Federal Income Tax return, including all schedules; and
- Proof of any income enumerated as "other income" on the financial assistance application.
- If the patient is unable to provide proof of income information, a Financial Solution Advisors should be contacted for assistance.

Income is considered the patient's household gross income or, if self-employed, the gross income less work expenses directly related to producing the goods or services. Temporary Assistance for Needy Families (TANF), and financial assistance from friends and family is excluded from

income.

The completed application and proof of income can be mailed to:
SJ/C Patient Accounts
5353 Reynolds Street
Savannah, GA 31405

Applications may also be dropped off with the Financial Solution Advisors at either hospital or faxed to 912-819-8639.

Upon receipt of a patient's financial assistance application, the application will be screened for the required information and attachments. Hospital financial assistance applications are screened by the Financial Solution Advisors, and Medical Group and Oncology Services applications are screened by the CBO Financial Counselor. In addition, the financial ratings for patients with account balances in excess of \$25,000 are validated with Scoring Vendor data. If applicable, Scoring Vendor data is added to the patient's financial assistance application. SJ/C will not deny financial assistance due to the applicant's failure to provide information that is not specified on the application form. Patients who submit incomplete financial assistance applications will receive a letter within 15 working days detailing the information needed.

Within 30 working days of receipt of a complete application, patients will receive a notification letter. An approval letter will show the percentage FAP Discount from Gross Charges or the balance after insurance payment. A denial letter will list the reason for the denial. If an individual approved for FAP Discount at 100% has previously made payment(s) that exceed the amount he or she is determined to be liable for based on the approved application, the amount of overpayment greater than \$5 will be refunded.

A patient may apply for financial assistance at any time, even if the account has been referred to a collection agency.

III. BILLING PROCEDURES

A. Insurance coverage for all patient accounts is reviewed within 24 hours of the pre-admission interview or actual admission date. SJ/C attempts to meet all managed care pre-certification requirements; however, it is ultimately the patient's responsibility to obtain pre-certification/referral authorization prior to admittance. SJ/C will not be held liable if a pre-certification/referral is not properly obtained, unless SJ/C is contractually obligated to obtain the pre-certification/referral.

- B. Uninsured patients are screened for eligibility under Medicaid or other state programs as soon after admission as possible. Financial Solution Advisors meet with Uninsured patients in a bed to make payment arrangements and/or to provide information regarding the FAP. Financial counseling is available to all patients to address concerns regarding financial options.
- C. Co-payment and deductible and/or estimated co-insurance amounts are requested from Emergency Department patients at the time of discharge. Co-payment and deductible amounts (or estimated amounts thereof) are requested from Inpatient, Observation, Imaging, and Same Day Surgery patients at pre-registration, registration or prior to discharge.
- D. It is the patient's responsibility to provide SJ/C with all necessary information to bill the patient's insurance(s). SJ/C staff will complete and submit claims on the patient's behalf. Patients will be billed for balances remaining after third-party payments and adjustments are applied. Even though insurance is carried, the patient is ultimately responsible for providing payment for services rendered. If the patient's insurance rejects or denies payment for services, SJ/C will bill the patient, unless SJ/C is contractually prohibited from doing so.
- E. The Self-Pay Discount is available to all Uninsured patients regardless of their ability to pay, and therefore is not considered financial assistance. However, if an uninsured patient is unable to pay the remaining balance after the Self-Pay Discount is applied, the patient may apply for financial assistance. If an Uninsured patient receives a Self-Pay Discount and subsequently provides valid insurance information, the Self-Pay Discount will be reversed when SJ/C bills the third party. If an Uninsured patient receives a Self-Pay Discount and subsequently qualifies for financial assistance, the Self-Pay Discount will be reversed before the FAP Discount is applied so the adjustment is properly classified.
- F. Uninsured Hospital and Oncology Services (Hilton Head) patients are eligible for a Self-Pay Discount based on the most recent AGB. This Discount is provided at the time of final billing and is reflected on the first bill. Uninsured SJ/C Medical Group, SJ/C Home Health Services, and Oncology Services (Savannah) patients are eligible for a 50% Self-Pay Discount. This Discount will be processed by the Practice Manager or designee at the time charges are processed or reviewed.
- G. All Hospital and Oncology Services (Hilton Head) patients are eligible for a 5% Prompt-Pay Discount if they pay in full before or at the time of service. Prompt Pay Discounts are classified as administrative adjustments.
- H. Billing functions for self-pay balances are performed by our Extended Business Office. The patient billing cycle begins with the production of a final bill (in the case of Uninsured patients) or with payment or denial by the insurer (in the case of Insured patients). The billing cycle is as follows:

Day 5	–	1 st statement
Day 30	–	2 nd statement
Day 60	–	3 rd statement
Day 90	–	Final notice
Day 120	–	Returned to SJ/C and referred to collection agency or written off as Presumptive Charity based on financial rating from Scoring Vendor on final statement.

Outbound calls are placed throughout the billing cycle. The availability of financial assistance is on all billing statements.

- I. Our Business Office also establishes and monitors patient payment plans according to the following guidelines:

<u>Account Balance</u>	<u>Maximum Number of Monthly Payments Allowed</u>
\$1,000 - \$3,000	12
\$3,001 - \$6,000	24
\$6,001 - \$9,000	36
\$9,001- \$12,000	48

Statements are provided on a monthly basis to patients on approved payment plans.

Any and all exceptions to the above procedure (up to \$25,000) must be approved by the Manager of Patient Accounts or the Supervisor of Customer Service, Director of Patient Financial Services or Vice President of Revenue Cycle (for patient account balances of up to \$75,000) or the Chief Financial Officer (for patient account balances of \$75,000 and above).

- J. Accounts with patient balances greater than \$10,000 may qualify for a “catastrophic adjustment” if the patient does not otherwise qualify under our financial assistance policy. This adjustment plan may be applied to balances after insurance or if greater than the standard uninsured discount of 70%. In order to receive this adjustment, the patient must formally set up a payment plan that equals 20% of the patient’s disposable income over the twenty-four months. During the timeframe of the catastrophic adjustment plan, any new balances will be adjusted. If the patient’s income changes or the patient defaults on the payment plan, the patient’s balance will be evaluated and the discount may be reversed.
- K. Patient concerns are handled by the Patient Accounts Customer Service staff. Any unresolved patient concerns are referred to the Customer Service Team Leader, Customer Service Supervisor or Patient Accounts Manager. If questions regarding patient charges arise, the manager of the clinical department is consulted. If there is a material dispute regarding the charges on the patient’s bill, the collection process may be put on hold until the dispute is resolved. Write-offs done as resolution to a patient concern or patient care issue must be approved by the Manager of Patient Financial Services (up to \$25,000), the Director of Patient Financial Services or Vice President of Revenue Cycle or Director of Risk

Management (up to \$75,000), the Chief Financial Officer (\$75,000 to \$150,000) and the President/Chief Executive Officer (\$150,000 or more).

IV. FINANCIAL ASSISTANCE PROCEDURES

- A. Hospital FAP Discounts receive the appropriate level of approval, i.e., Manager of Patient Financial Service up to \$25,000, the Director of Patient Financial Services or Vice President of Revenue Cycle approve up to \$75,000, the Chief Financial Officer those over \$75,000, and the President & Chief Executive Officer those over \$150,000. The CBO Director or designee must approve Medical Group and Oncology Services FAB Discounts under \$25,000. Oncology Services Discounts over \$25,000 must be approved by the Executive Director of the Lewis Cancer & Research Pavilion.
- B. Approved Hospital FAP Discounts are processed by Payment/Resolution staff. A notification regarding the level of FAP Discount is provided by mail to the patient. Approved FAP Discounts for the Medical Group and Oncology Services are processed by the CBO Financial Counselor who will mail notification to the patient. FAP Discounts are classified by SJ/C as charity care.
- C. Patients who are denied financial assistance have the right to appeal. Appeals should be submitted to the Manager of Patient Accounts. An appeal will initiate re-evaluation of a financial assistance application. If SJ/C chooses again to deny a patient's request for financial assistance, a patient has the right to ask the Georgia Department of Community Health for approval.
- D. To make a reasonable effort to determine FAP eligibility for patients who do not submit an application, SJ/C will request scoring for self-pay account that has been returned by Extended Business Office for placement to a bad debt collection agency. By requesting scoring, a Soft Inquiry will be placed on the patient's credit bureau report. This scoring will be used as proof of eligibility for Presumptive Charity. The Discount percentage will be based on the Hospital's sliding fee scales. Balances that do not qualify for a Discount will be referred to a collection agency.
- E. The placement of a Presumptive Charity adjustment on the account does not prevent an account from being placed with a bad debt collection agency. A notification will be sent to patient of this additional Discount along with the summary FAP. The patient will be given 30 days in which to submit a financial assistance application with supporting documentation if the patient feels that they might be eligible for a greater discounted amount.
- F. Any patient who falls outside the SJ/C guidelines to receive a Discount or whose financial situation has changed, but still feels that they are unable to pay or set up appropriate payment arrangements, can apply for assistance by completing the financial assistance application and furnishing proof of income. These requests will be considered on a case-by-case basis. The same authority for approval listed in Section IV (A) above will apply and Customer Service will process the write-off and notify the patient.

- G. If a patient receives debt relief under bankruptcy, the account balance is written off and classified as charity. The Hospital uses adjustment codes AWAGEARNER and ABANKRUPTCY. If the account is already in a bad debt status and at the collection agency, the same codes will be used to adjust the account using the Bad Debt Recovery journal. These will be reclassified to charity in the General Ledger.
- H. In addition to financial assistance, the Chief Financial Officer may approve an adjustment to a patient account balance based on goodwill, public relations or risk management concerns, so long as there is no intention to influence patient referrals or induce any federal health care program beneficiary to receive services from SJ/C.

V. NON-PAYMENT

Patient accounts for which no payment has been received and financial assistance has not been requested are referred to a collection agency 120 days after the patient bill is produced. Patients whose accounts have been referred to a collection agency are still able to request financial assistance.

SJ/C requires the approval of the Director of Patient Financial Services or Vice President of Revenue Cycle to engage in an “extraordinary collection action” (ECA) with the exception of reporting to the credit bureaus on a patient account. The Director or Vice President has the final authority and responsibility for determining whether SJ/C made reasonable efforts to decide whether a patient is FAP-eligible prior to engaging in ECAs. The Director or Vice President will confirm the following actions were taken with regard to a patient prior to approving ECAs on the patient’s account:

- The patient received the notice of an ECA no earlier than 120 days after first billing;
- The notice of a potential ECA specified the potential ECA(s) that would be taken if the patient did not submit a completed financial assistance application or pay the amount due by the deadline (specified in the notice); and
- The potential ECA notice was provided to the patient 30 days prior to the ECA deadline.

The Director or Vice President will also inspect the patient’s billing file prior to approving ECAs on the patient’s account. The Director or Vice President will confirm the following communications with the patient are noted in the billing file:

- A plain language summary application for financial assistance was provided before discharge;
- All billing statements and other billing communication were provided in plain language;
- Any oral communication with the patient provided financial assistance information in plain language; and
- At least one notice of potential ECAs was provided to the patient.

The collection agency is authorized by SJ/C to take the following ECAs to obtain payment of a

patient bill. The collection agency is not authorized to pursue these ECAs at any time SJ/C itself would be prohibited from pursuing ECAs:

- Placing a lien or foreclosing on an individual's property;
- Attaching or seizing individual's bank account or any other personal property;
- Garnishing wages; or,
- Filing a civil lawsuit.

VI. FAP PUBLICATION

The Financial Assistance Policy, financial assistance application, and plain language summary are widely available on the SJ/C website at www.sjchs.org. The FAP, financial assistance application, and plain language summary are also available by request, free of charge, by mail or at all SJ/C patient registration and cashier areas in paper form in both English and Spanish.

The availability of financial assistance is advertised with conspicuous displays in all intake and discharge areas in all facilities. Additionally, the plain language summary is provided to SJ/C's community outreach affiliates, the African American Resource Center, the Georgia Infirmity, St. Mary's Community Center and the Good Samaritan Clinic.

Co-workers shall refer any patient who requests financial assistance or who indicates he/she is unable to pay the entire amount of his/her account balance to Patient Accounts Customer Service. Co-workers other than those persons working in the Patient Accounts Department shall not make specific representations or promises to patients concerning whether a patient may qualify for any type or amount of financial assistance.

VII. EMERGENCY MEDICAL CARE POLICY:

SJ/C maintains an EMTALA policy (**Administrative Policy #1102-A EMTALA – Emergency Medical Treatment and Labor Act**) and all co-workers are trained as such. Co-workers in the Emergency Department shall follow EMTALA policies and procedures in responding to inquiries from Emergency Department patients regarding charges and related financial matters.

Approved:



Signature

Original Implementation Date: 10/21/2010

Next Review Date: 07/22/2022

Originating Department/Committee: Patient Accounts

Reviewed: 06/15, 04/16, 02/17, 07/17, 02/18, 07/19

Revised: 06/15, 04/16, 02/17, 07/19

Policy Number: 1220-A
Effective Date: 07/22/2019

Rescinded:

Former Policy Number(s): # 8221-02 (SJ)

Cross Reference: Administrative Policy #1102-A EMTALA – Emergency Medical Treatment and Labor Act

Administrative Policy #1069-A Credit Collection

Administrative Policy #1194-A Financial Assistance

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy Number: 1220-A
Effective Date: 07/22/2019

EXHIBIT A

2019 Annual Income Guidelines for Financial Assistance Eligibility Determination

For St. Joseph's Hospital, Candler Hospital, SJ/C Medical Group, SJ/C Home Health and SJ/C Oncology Services

Family Size	Poverty Guidelines	INCOME LEVEL				
		Indigent 125%	Charity 200%	Category A 250%	Category B 300%	Category D 400%
1	12,490	15,613	24,980	31,225	37,470	49,960
2	16,910	21,138	33,820	42,275	50,730	67,640
3	21,330	26,663	42,660	53,325	63,990	85,320
4	25,750	32,188	51,500	64,375	77,250	103,000
5	30,270	37,713	60,340	75,425	90,510	120,680
6	34,590	43,238	69,180	86,475	103,770	138,360
7	39,010	48,763	78,020	97,525	117,030	156,040
8	43,430	54,288	86,860	108,575	130,290	173,720
*	4,420	5,525	8,840	11,050	13,260	17,680
		* For family units over 8, add the amount shown for each additional member.				
Effective: 02/01/19						

EXHIBIT B

**Financial Assistance Income Level Categories and Discount Percentages
Insured Patient**

For St. Joseph's Hospital, Candler Hospital, and SJ/C Oncology Services - Hilton Head

Billed Charges	Adjustment % for Patients with Insurance						
	Indigent/Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
> \$50,000	100%	95%	85%	75%	65%	55%	0%
\$40,000 - \$50,000	100%	90%	80%	70%	60%	50%	0%
\$30,000 - \$39,999	100%	85%	75%	65%	55%	45%	0%
\$20,000 - \$29,999	100%	80%	70%	60%	50%	40%	0%
\$10,000 - \$19,999	100%	75%	65%	55%	45%	35%	0%
\$ 5,000 - \$9,999	100%	70%	60%	50%	40%	30%	0%
\$ 2,500 - \$4,999	100%	65%	55%	45%	35%	25%	0%
\$500 - \$2,499	100%	60%	50%	40%	30%	20%	0%
< \$500	100%	55%	45%	35%	25%	15%	0%

Effective: 2/1/19

EXHIBIT C

**Financial Assistance Income Level Categories and Discount Percentages
Uninsured Patients**

For St. Joseph's Hospital, Candler Hospital, and SJ/C Oncology Services - Hilton Head

Billed Charges	Adjustment % for Uninsured Patients						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
> \$50,000	100%	95%	90%	85%	80%	70%	70%
\$40,000 - \$50,000	100%	90%	85%	80%	75%	70%	70%
\$30,000 - \$39,999	100%	85%	80%	75%	70%	70%	70%
\$20,000 - \$29,999	100%	80%	75%	70%	70%	70%	70%
\$10,000 - \$19,999	100%	75%	70%	70%	70%	70%	70%
\$ 5,000 - \$9,999	100%	70%	70%	70%	70%	70%	70%
\$ 2,500 - \$4,999	100%	70%	70%	70%	70%	70%	70%
\$500 - \$2,499	100%	70%	70%	70%	70%	70%	70%
< \$500	100%	70%	70%	70%	70%	70%	70%

Effective: 2/1/19

EXHIBIT D

**Financial Assistance Income Level Categories and Discount Percentages
Insured Patients**

For SJ/C Medical Group, SJ/C Home Health, and SJ/C Oncology Services - Savannah

Billed Charges	Adjustment % for Patients with Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301- 350	351- 400%	401 - 450%	> 450%
>\$2,500	100%	90%	75%	60%	45%	30%	0%
\$1,000-\$2,500	100%	80%	65%	50%	35%	20%	0%
\$500-\$1,000	100%	70%	55%	40%	25%	10%	0%
\$100\$500	100%	60%	45%	30%	15%	0%	0%
\$25-\$100	100%	50%	35%	20%	5%	0%	0%
< \$25	100%	40%	25%	10%	0%	0%	0%

Effective 2/1/19

EXHIBIT E

**Financial Assistance Income Level Categories and Discount Percentages
Uninsured Patients
For SJ/C Medical Group and SJ/C Oncology Services - Savannah**

Billed Charges	Adjustment % for Patients without Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
>\$2,500	100%	90%	80%	70%	60%	50%	50%
\$1,000-\$2,500	100%	80%	70%	60%	50%	50%	50%
\$500-\$1,000	100%	70%	60%	50%	50%	50%	50%
\$100-\$500	100%	60%	50%	50%	50%	50%	50%
\$25-\$100	100%	50%	50%	50%	50%	50%	50%
< \$25	100%	50%	50%	50%	50%	50%	50%

Effective: 2/1/19



EXHIBIT F

Financial Assistance Application
Need assistance call 819-2434 or 819-8246

Patient's Name _____ MRN # _____ Date: _____

***** IMPORTANT*****

In order for a Financial Assistance request to be processed, the following financial information MUST be returned with this completed and signed application. If you cannot provide the following please explain: (I certify that the information provided is true & complete)

- Most recent pay stubs or Supplemental Security Income (SSI provided by Social Security)
Most recent statements from checking, savings, certificates of deposit, stocks, bonds, money market, etc.
Most recent Federal Income tax forms including schedules C, D, E, & F
Most recent W2 statement or 1099

Do you own your Home Yes No Estimate value _____ Monthly Mortgage/rent _____

Guarantor Name: _____ Relationship to Patient _____ SS# _____
(head of household)

Spouse's name if Married _____ SS# _____ Phone# _____

Street Address: _____ City _____ State _____ Zip Code _____

How many Dependents live in household? _____ Please list total family members in household _____

List monthly Income:

Employment: _____ SSI _____ Alimony/Child support _____ Pension _____

Trust fund _____ Public Assistance _____ Investment Income _____ Rental income _____

I certify that the information provided is true and accurate. I hereby grant permission and authorize any agent of the Georgia Dept. of Community Health to disclose to the hospital all information regarding the status of my Medicaid application; and if such application is not approved, the reason for disapproval.

Signature of Applicant _____ Date _____

For St. Joseph's/Candler Use Only

Adjustment totals _____ Adjustment code _____ Financial Assistance Category _____

Approvals: Director: _____ Date _____

VP of Revenue Cycle: _____ Date _____

CFO: _____ Date _____

CEO: _____ Date _____

Percentage of Federal Poverty Guidelines is _____ Approved if below _____ of Federal Poverty Guidelines

St. Joseph's/ Candler Health System	Administrative Policy Title: Patient Financial Clearance	Policy Number: 1227-A Effective Date: 04/03/2019 Page 1 of 5
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Policy Statement

It shall be the policy of St. Joseph's/Candler Health System (SJ/C) to determine the financial ability of patients to pay for services provided by SJ/C at or before the point of service. This process will ensure that patients are properly educated as to their financial responsibility and that SJ/C maximizes collections of patient residual balances. In order to do this, we will require the physicians practicing at SJ/C to identify an order for services as Emergent, Urgent or Elective. This designation will assist in making financial decisions regarding the provision of services.

Emergent health care services will be provided to patients regardless of their ability to pay and are eligible for financial assistance to those who qualify. No patient shall be denied emergency care based upon their ability to pay, race, color, religion, creed, sex, national origin, age, disability, gender identity or expression. Criteria will be the same as those established under Emergency Medical Treatment and Labor Act (EMTALA) Laws and Regulations. For Urgent and STAT services, SJ/C will identify any patient financial responsibility prior to service and the patient/guarantor will be requested to pay or make acceptable payment arrangements prior to services being rendered. Patients seeking Elective services will be required to pay their portion at the time of service which could result in a combination of a time of service payment and payment plan that would then deem the patient financially cleared.

Purpose

- To provide a means by which health care services are available in a consistent, equitable and effective manner.
- To assure that those who require health care services are able to obtain such services while ensuring that appropriate financial arrangements are made prior to service being rendered.

Entities to whom This Policy Applies

Candler Hospital and St. Joseph's Hospital, including all off campus outpatient facilities.

Definition of Terms

Amounts Generally Billed (AGB) – The amount by which charges for *Uninsured* patients are measured. Uninsured patients will not be charged more for care than the AGB for patients who have insurance coverage. To calculate AGB, SJ/C uses the look-back method. The look-back method utilizes data from Medicare and private health insurers based on the prior 12-month fiscal year to determine the AGB percentage applied. The AGB percentage utilized by SJ/C and the method in which it was determined is available free of charge from the Customer Service Department. Customer Service may be contacted at 912-819-8455 or 800-374-7054.

Elective – Service that is beneficial to the patient, but is not considered urgent. Any service scheduled greater than 30 days out will be considered Elective.

Emergent – Service is needed immediately due to injury or sudden illness. Examples include difficulty breathing, suspected heart attack, uncontrolled bleeding or possible stroke.

Financial Assistance Policy (FAP) Discount – A percentage discount of the patient account balance based on the patient’s ability to pay.

Financial Counselors – SJ/C co-workers who secure payment of deductibles, co-insurance and other estimated self-pay balances, provide assistance for those unable to pay by referral for Medicaid or other state programs, and provide guidance with the FAP.

Insured – The status of a patient with insurance or third-party coverage which pays all or a portion of the patient’s gross charges for medical services.

Prompt-Pay Discount – A 5% discount of the patient’s self-pay account balance (including any deductible or co-insurance) if paid in full at the time of service or within 30 days of the statement date. This discount is an administrative adjustment and is not considered financial assistance.

Self-Pay Discount – A percentage discount of the patient’s self-pay account balance based on the patient’s Uninsured status. Uninsured patients are eligible for a Self-Pay Discount based on the most recent AGB.

STAT – Services ordered by a physician that should be performed without delay.

Underinsured – Patients who are covered by high deductible plans or the remaining patient balance is greater than the patient is able to pay.

Uninsured – The status of a patient without insurance or third-party coverage who does not qualify for Medicaid or other state assistance. A patient may also be classified as “uninsured” if the patient is insured, but the insurer refuses to pay for medical services rendered for reasons such as pre-existing conditions, out-of-network provider, etc.

Urgent – Unexpected illness or injury that needs prompt medical attention, but not an immediate threat to your health. Examples include headaches, back or joint pain, flu symptoms or ear aches.

Procedure

SJ/C will provide Emergent services to all patients. After EMTALA requirements are met, SJ/C will request payment of any deductible or co-insurance amounts prior to the patient being discharged.

Financial Clearance will be utilized for any patient who is self-pay or has coverage by only one insurance plan. Patients who are covered by Medicaid, Workers Compensation or by two insurance plans will not be screened unless the service provided is not covered by their insurance plan.

Post inpatient discharge care for certain individuals frequently include, but are not limited to Home Health, Wound Care Clinic and Physical Therapy for ongoing outpatient services and shall be considered medically necessary. These individuals are listed as Medicaid pending, Good Sam, St. Mary's or pending charity and will be considered cleared for financial clearance.

For all non-emergent care provided to patients, an estimate will be provided based on the services to be rendered and any out of pocket cost including deductibles, co-pays and/or co-insurance.

SJ/C **requests** payment of the deductible, co-pays, and co-insurance amounts for all Urgent services rendered to patients, with the exception of those who qualify for financial assistance under **Administrative Policy #1220-A Billing, Collection and Financial Assistance**.

SJ/C **requires** payment of any remaining deductibles, copays, and/or co-insurance amounts for any service deemed Elective by the patient's ordering physician. For Elective surgical services, patients will be required to pay 50% of the estimate to reserve the surgical time at time of pre-registration or a minimum of 14 days prior to the date of service, whichever is less. The remaining balance will be due on the date of service. Patients not willing to make a down payment or set up a payment plan to reach to the 55% required to reserve the surgical service will be informed that the surgery will need to be delayed.

Patients who wish to appeal the Elective determination may do so by contacting the Office of Medical Affairs at 912-819-6670 or 912-829-3338.

Exceptions will be made for screening services, such as mammograms and colonoscopies. All radiation oncology and chemotherapy services will be considered Urgent under this policy.

Except where prohibited by law or contract, SJ/C will look to the patient/guarantor for payment in full or financial clearance as defined below on all accounts. A brochure, outlining SJ/C payment guidelines, is available to patients and physicians.

A. Financial Clearance

Financial clearance is defined as the patient/guarantor making satisfactory financial arrangements for payment of the patient’s estimated deductible/co-insurance amounts as outlined below:

1. Payment in full for Elective services is required at the point of service. A Prompt Pay Discount of 5% of the estimated amount due is available for accounts paid in full at time of service.
2. Payment arrangements can be made for Urgent services. A down payment equal to one monthly payment amount should be requested at the point of service. In-house payment arrangements will not extend beyond 6 months. Payment plans beyond 6 months can be established with our partner AccessOne

Internal Payment Plan - OnPlan

Account Balance	Optimal Term	Secondary Term	Minimum Monthly PMT
\$100 - \$250	3 Months	4 Months	\$25.00
\$250.01 - \$500	3 Months	6 Months	\$41.67
\$500.01 and up	6 Months	-	\$83.34

Payment Plan with Partner, AccessOne

Account Balance	Number of Equal Payments
\$1,000 - \$3,000	12 Months
\$3,001 - \$6,000	24 Months
\$6,001 - \$9,000	36 Months
\$9,001 - \$13,000	48 Months

3. For Urgent services, if neither option above can be satisfied, the patient will be referred to a Financial Counselor.
 - a. Uninsured or Underinsured patients will be screened for Medicaid or other state programs. If determined eligible for these programs, the patient will be considered financially cleared.
 - b. If determined ineligible for those programs, the patient will be provided a Financial Assistance Application (Form #FN40111 found on the Forms Repository). Completion of the Financial Assistance Application, if ineligible for Medicaid or other state programs, will allow the patient to be financially cleared for services.

4. Being financially cleared for services in no way prevents the patient from being responsible for any remaining balances after insurance processes or if the patient is only deemed eligible for a partial Financial Assistance discount.

Patients seeking Elective services will be eligible for Financial Assistance or payment plans if the 55% estimate for the service is secured.

B. Scheduled Services

Scheduled services shall be defined as Urgent or Elective services that are scheduled at least 48 hours prior to the time of service. An estimate of the patient liability based on average charges per service and individual insurance benefit coverage will be calculated and communicated to the patient. Patients must be financially cleared prior to the services being rendered.

C. Unscheduled Services

Unscheduled services shall be defined as services that do not require scheduling or are scheduled less than 48 business hours prior to the time of service. The estimated patient liability for unscheduled services will be provided by the Patient Access Staff at the time of service. For unscheduled Urgent services, payment in full of the estimated amount due will be requested or the patient will be required to be financially cleared prior to services being rendered. It is recognized that in these instances, upfront financial counseling is not always possible; consequently, service may be delayed until the patient can be financially cleared. For unscheduled Elective services, payment in full of the estimated amount is required prior to services being rendered or service will be deferred. Payment in full can be defined as a combination of initial payment and meeting the appropriate terms of a payment plan in order to reach the 55% of estimate required for services to then be rendered.

D. Financial Counseling

Financial Counselors may be contacted by calling any of the phone numbers below:

St. Joseph's Hospital	912-819-3840
Candler Hospital	912-819-5083
SJ/C Oncology Services	912-819-5838

A financial clearance determination will be made as soon as it is feasible to do so. It may become necessary to postpone services until the patient is financially cleared.

E. Payment Options

Payment by check, debit card or credit card are accepted. SJ/C accepts Visa, MasterCard, American Express, and Discover Card. Payroll Deduction is available for co-workers receiving services.

F. Co-worker Accounts

Co-worker patient accounts will be handled in a manner consistent with the financial expectation of any SJ/C patient. In addition, co-workers may utilize payroll deduction as an alternative payment option for urgent services. If a co-worker elects to use payroll deduction, they will be responsible for completing a payroll deduction form for any new or additional accounts prior to services being rendered. Co-worker payroll deductions should be set established following the monthly payment guidelines stated above, withholding on a bi-weekly basis.

RESPONSIBILITY FOR INTERPRETATION

The Director of Patient Financial Services will be responsible for interpretation of this Policy.

Approved:



Original Implementation Date: 2/22/2017

Next Review Date: 04/03/2022

Originating Department/Committee: Patient Accounts

Reviewed: 03/17, 07/17, 03/19

Revised: 03/17, 07/17, 03/19

Rescinded:

Former Policy Number(s):

Cross Reference: Administrative Policy #1220-A Billing, Collection and Financial Assistance

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Debt Collection Policies

St. Joseph's / Candler Health System, Inc.	<p style="text-align: center;">Administrative Policy</p> <p>Title: Financial Assistance, Billing and Collection</p>	Policy Number: 1220-A Effective Date: 07/22/2019 Page 1 of 12
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Policy Statement

It shall be the policy of St. Joseph's/Candler Health System ("SJ/C") to provide health care services to patients regardless of their ability to pay and to grant financial assistance to those who qualify. No patient shall be denied emergency or other Medically Necessary care based upon their ability to pay, race, color, religion, creed, sex, national origin, age, disability, gender identity or expression.

SJ/C provides financial assistance to those patients who need emergency or other Medically Necessary care, but can demonstrate an inability to pay for all or some portion of the charges normally due. Patients with no financial ability to pay SJ/C's charges will be screened for eligibility under Medicaid and other state programs and/or evaluated against pre-established guidelines for financial assistance and provided information about how to apply for financial assistance.

SJ/C shall make such financial assistance available without regard to the patient's race, color, religion, creed, sex, national origin, age, disability, gender identity or expression of such person, or any other classification prohibited by law. In offering Discounts, SJ/C shall strive to treat similarly situated individuals in a substantially similar manner. SJ/C shall not offer any Discount for the purpose of generating business payable under a federal health care program or to influence such beneficiary's selection of a particular provider, practitioner or supplier.

The financial assistance policy contained herein is applied consistently to all emergency and other Medically Necessary care provided by SJ/C at the following facilities:

- St. Joseph's Hospital
- Candler Hospital
- SJ/C Medical Group (Medical Group)
- SJ/C Oncology Services (Oncology Services)
- SJ/C Home Health Services

This policy requires the adoption by the SJ/C Board of Trustees. Any material changes to this policy will require approval of such governing body or parties authorized by the governing body to act on its behalf as permitted under state law.

Purpose

- To provide a framework to inform patients or responsible parties of their financial obligations for health care services, to assist them in resolving their financial liability, and to counsel them regarding insurance coverage.
- To provide guidelines and objective, consistent eligibility criteria for use in determining the financial status of patients so that appropriate classification and distinction can be made between uncollectible amounts arising from a patient's inability to pay and those arising from a patient's unwillingness to pay.
- To identify those needing financial assistance at the beginning of the collection cycle and reduce the time it takes to resolve an account.
- To explain how patients may apply for financial assistance.
- To provide a Discount for Uninsured patients that results in charges that equal the Amounts Generally Billed (AGB) to Insured patients.
- To define the method used to calculate AGB and how to obtain this information free of charge.
- To facilitate cash flow by offering a Prompt-Pay Discount to patients with a self-pay balance.
- To simplify the process for patients and reduce paperwork for both the patient and SJ/C staff at the time of service.
- To gather and maintain data to substantiate a patient's inability to pay and meet the requirements of §501(r) of the Internal Revenue Code and the Affordable Care Act requirements for §501(c) (3) hospitals.

Entities to whom this Policy Applies

St. Joseph's Hospital, Candler Hospital, SJ/C Medical Group (a listing of SJ/C Medical Group can be found on the SJ/C website), SJ/C Oncology Services and SJ/C Home Health Services

Entities to whom this Policy Does Not Apply

Chatham Radiologists, Georgia Emergency Physicians, Pathology Associates, Coastal EMS, Southside Fire/EMS Ambulance Service, SemperCare, Candler Retail Pharmacy, American Anesthesiology Associates of Georgia, and any physician with admitting privileges that is not listed as part of the SJ/C Medical Group.

Definition of Terms

Amounts Generally Billed (AGB) - The amount by which charges for Uninsured patients are measured. Uninsured patients will not be charged more for emergency or other Medically Necessary care than the AGB for patients who have insurance coverage. To calculate AGB, SJ/C uses the look-back method inclusive of both hospital facilities experience. The look-back method utilizes data from Medicare and private health insurers based on the prior 12-month fiscal year to determine the AGB percentage applied. The AGB percentage utilized by SJ/C

and the method in which it was determined is available free of charge from the Customer Service Department. Customer Service may be contacted at 912-819-8455 or 800-374-7054.

Centralized Billing Office (CBO) – SJ/C co-workers who complete patient billing and collections on behalf of SJ/C employed physicians.

Discount - A reduction of the patient account balance (up to 100% of Gross Charges).

Extraordinary Collection Actions (ECA) - Any actions taken by the SJ/C (or any agent of SJ/C, including a collection agency) against an individual related to obtaining payment of a bill covered under this policy that requires a legal or judicial process, involves selling an individual's debt to another party, or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. Placing an account with a third party for collection is not an ECA.

Financial Assistance Policy (FAP) Discount - A percentage Discount of the patient account balance based on the patient's ability to pay.

Financial Solutions Advisors - SJ/C co-workers who verify proper insurance coverage, secure payment of deductibles and other estimated self-pay balances, provide assistance for those unable to pay by referral for Medicaid or other state programs, and provide guidance with the FAP.

Federal Poverty Guidelines (FPG) - Determined by the government of the United States and published annually in the Federal Register. FPG are based on the size of a family and family's income. FPG are used in determining a patient's eligibility for financial assistance under Medicaid and SJ/C's FAP.

Gross Charges - Full, established price for medical care that SJ/C entities consistently and uniformly charges all patients before contractual allowances, Discounts or other deductions.

Insured - The status of a patient with insurance or third-party coverage which pays all or a portion of the patient's Gross Charges for medical services. This category includes those patients covered by a governmental payor such as Medicare, Medicaid, Champus and authorized Veteran's benefits; as well as private payors such as Medicare Advantage, Medicaid managed care organizations, commercial or managed care, auto and worker's compensation.

Medically Necessary – Medical services based upon generally accepted medical practices in light of conditions at the time of treatment which is appropriate and consistent with the diagnosis of the treating physician and the omission of which could adversely affect the patient's condition. This classification does not infringe or encompass the classification of emergent or the EMTALA laws associated with that designation. If the patient feels that the service ordered requires immediate or urgent treatment, the patient may request review of the order by contacting the Office of Medical Affairs at 912-819-6670 or 912-819-3338.

Presumptive Charity – A Discount applied to the outstanding balance of a patient account based on FPG information provided by a scoring vendor. This Discount is applied at the end of the active self-pay billing cycle balance.

Prompt-Pay Discount - A 5% Discount of the patient’s self-pay account balance (including any co-payment or deductible) is given before or at the time of service. The Prompt-Pay discount is available to Hospital and Oncology Services patients regardless of their ability to pay (this Discount is not available to Medical Group patients). This Discount is an administrative adjustment and is not considered financial assistance.

Scoring Vendor - The software company engaged by SJ/C to provide a financial rating (calculated based on credit bureau information such as assets, mortgage payments, auto loans, credit card debt, and other financial history) for patients. The financial rating is utilized as a factor in determining a patient’s ability to pay. SJ/C currently contracts with Experian for this service.

Self-Pay Discount - A percentage Discount of the patient’s self-pay account balance based on the patient’s Uninsured status. Uninsured Hospital and Oncology Services patients are eligible for a Self-Pay Discount based on the most recent AGB. Uninsured Medical Group patients are eligible for a 50% Self-Pay Discount if paid at time of service regardless of their ability to pay.

Soft Inquiry – An inquiry reflective on a patient’s credit bureau report, but not reportable to any outside entity, that can only be seen by the patient. This has no impact on a patient’s credit score and is allowed by Federal Law due to the provider extending credit to the patient by not requiring the patient to pay upfront for any services the provider may render.

Uninsured - The status of a patient without insurance or third-party coverage who does not qualify for Medicaid or other state assistance. A patient may also be classified as “uninsured” if the patient is insured, but the insurer refuses to pay for medical services rendered for reasons such as pre-existing conditions, out-of-network provider, etc. Patients with access to auto insurance benefits of any kind, worker’s compensation, victims of crime funds, etc. will be excluded as well as any patients who refuse or fail to comply with requirements that would allow coverage under a governmental or non-governmental program.

Procedures

I. ELIGIBILITY CRITERIA

SJ/C provides financial assistance to patients who need emergency or other Medically Necessary care, but can demonstrate an inability to pay for all or a portion of the amount charged for medical services.

Patients without the financial ability to pay are evaluated for eligibility under Medicaid or other state assistance programs. A patient is automatically eligible for financial assistance if they have Medicaid or if they qualify for EBT benefits. Proof of this eligibility must be obtained. Patients

ineligible for Medicaid or other state assistance programs are then evaluated for financial assistance under SJ/C's Financial Assistance Policy (FAP). SJ/C financial assistance is provided in the form of a FAP Discount or as free care.

Eligibility for financial assistance to Uninsured and Insured patients with a self-pay balance is based upon FPG, income of the patient's household, personal assets, and the amount of medical debt owed to SJ/C for which the patient is liable. Upon receipt of a patient's completed financial assistance application and proof of income, the level of financial assistance is determined using a sliding scale based on the Gross Charges or balance due after insurance payment. Exhibits A, B, C, D and E (attached) provide the tables used in determining the applicable income category and percentage Discount applied to a patient's account balance. Exhibits B and C apply only to services provided by the Hospitals or SJ/C Oncology Services – Hilton Head. Exhibits D and E apply only to services provided by the Medical Group, SJ/C Home Health Services, and SJ/C Oncology Services – Savannah. Gross Charges for all emergency and Medically Necessary treatment provided by SJ/C are eligible for an FAP Discount if the patient qualifies.

II. METHOD OF APPLYING FOR ASSISTANCE

To apply for financial assistance, patients must complete a one-page application (see Exhibit F attached) and provide proof of income. Applications are available from Registrars, Financial Solutions Advisors, Customer Service Representatives or on-line at www.sjchs.org. Financial Solution Advisors are available to answer questions and assist in the completion of the application.

Financial Solution Advisors may be contacted by calling any of the phone numbers below:

St. Joseph's Hospital	912-819-2434
Candler Hospital	912-819-8246
SJ/C Medical Group	912-819-5838
SJ/C Oncology Services	912-819-5838

Proof of income must be in the form of the following:

- A copy of most recent pay stub with year-to-date gross pay amounts for the patient and patient's spouse, if applicable, or for the parents of the patient if the patient is a minor child;
- A copy of most recently filed Federal Income Tax return, including all schedules; and
- Proof of any income enumerated as "other income" on the financial assistance application.
- If the patient is unable to provide proof of income information, a Financial Solution Advisors should be contacted for assistance.

Income is considered the patient's household gross income or, if self-employed, the gross income less work expenses directly related to producing the goods or services. Temporary Assistance for Needy Families (TANF), and financial assistance from friends and family is excluded from

income.

The completed application and proof of income can be mailed to:
SJ/C Patient Accounts
5353 Reynolds Street
Savannah, GA 31405

Applications may also be dropped off with the Financial Solution Advisors at either hospital or faxed to 912-819-8639.

Upon receipt of a patient's financial assistance application, the application will be screened for the required information and attachments. Hospital financial assistance applications are screened by the Financial Solution Advisors, and Medical Group and Oncology Services applications are screened by the CBO Financial Counselor. In addition, the financial ratings for patients with account balances in excess of \$25,000 are validated with Scoring Vendor data. If applicable, Scoring Vendor data is added to the patient's financial assistance application. SJ/C will not deny financial assistance due to the applicant's failure to provide information that is not specified on the application form. Patients who submit incomplete financial assistance applications will receive a letter within 15 working days detailing the information needed.

Within 30 working days of receipt of a complete application, patients will receive a notification letter. An approval letter will show the percentage FAP Discount from Gross Charges or the balance after insurance payment. A denial letter will list the reason for the denial. If an individual approved for FAP Discount at 100% has previously made payment(s) that exceed the amount he or she is determined to be liable for based on the approved application, the amount of overpayment greater than \$5 will be refunded.

A patient may apply for financial assistance at any time, even if the account has been referred to a collection agency.

III. BILLING PROCEDURES

A. Insurance coverage for all patient accounts is reviewed within 24 hours of the pre-admission interview or actual admission date. SJ/C attempts to meet all managed care pre-certification requirements; however, it is ultimately the patient's responsibility to obtain pre-certification/referral authorization prior to admittance. SJ/C will not be held liable if a pre-certification/referral is not properly obtained, unless SJ/C is contractually obligated to obtain the pre-certification/referral.

- B. Uninsured patients are screened for eligibility under Medicaid or other state programs as soon after admission as possible. Financial Solution Advisors meet with Uninsured patients in a bed to make payment arrangements and/or to provide information regarding the FAP. Financial counseling is available to all patients to address concerns regarding financial options.
- C. Co-payment and deductible and/or estimated co-insurance amounts are requested from Emergency Department patients at the time of discharge. Co-payment and deductible amounts (or estimated amounts thereof) are requested from Inpatient, Observation, Imaging, and Same Day Surgery patients at pre-registration, registration or prior to discharge.
- D. It is the patient's responsibility to provide SJ/C with all necessary information to bill the patient's insurance(s). SJ/C staff will complete and submit claims on the patient's behalf. Patients will be billed for balances remaining after third-party payments and adjustments are applied. Even though insurance is carried, the patient is ultimately responsible for providing payment for services rendered. If the patient's insurance rejects or denies payment for services, SJ/C will bill the patient, unless SJ/C is contractually prohibited from doing so.
- E. The Self-Pay Discount is available to all Uninsured patients regardless of their ability to pay, and therefore is not considered financial assistance. However, if an uninsured patient is unable to pay the remaining balance after the Self-Pay Discount is applied, the patient may apply for financial assistance. If an Uninsured patient receives a Self-Pay Discount and subsequently provides valid insurance information, the Self-Pay Discount will be reversed when SJ/C bills the third party. If an Uninsured patient receives a Self-Pay Discount and subsequently qualifies for financial assistance, the Self-Pay Discount will be reversed before the FAP Discount is applied so the adjustment is properly classified.
- F. Uninsured Hospital and Oncology Services (Hilton Head) patients are eligible for a Self-Pay Discount based on the most recent AGB. This Discount is provided at the time of final billing and is reflected on the first bill. Uninsured SJ/C Medical Group, SJ/C Home Health Services, and Oncology Services (Savannah) patients are eligible for a 50% Self-Pay Discount. This Discount will be processed by the Practice Manager or designee at the time charges are processed or reviewed.
- G. All Hospital and Oncology Services (Hilton Head) patients are eligible for a 5% Prompt-Pay Discount if they pay in full before or at the time of service. Prompt Pay Discounts are classified as administrative adjustments.
- H. Billing functions for self-pay balances are performed by our Extended Business Office. The patient billing cycle begins with the production of a final bill (in the case of Uninsured patients) or with payment or denial by the insurer (in the case of Insured patients). The billing cycle is as follows:

Day 5	–	1 st statement
Day 30	–	2 nd statement
Day 60	–	3 rd statement
Day 90	–	Final notice
Day 120	–	Returned to SJ/C and referred to collection agency or written off as Presumptive Charity based on financial rating from Scoring Vendor on final statement.

Outbound calls are placed throughout the billing cycle. The availability of financial assistance is on all billing statements.

- I. Our Business Office also establishes and monitors patient payment plans according to the following guidelines:

<u>Account Balance</u>	<u>Maximum Number of Monthly Payments Allowed</u>
\$1,000 - \$3,000	12
\$3,001 - \$6,000	24
\$6,001 - \$9,000	36
\$9,001- \$12,000	48

Statements are provided on a monthly basis to patients on approved payment plans.

Any and all exceptions to the above procedure (up to \$25,000) must be approved by the Manager of Patient Accounts or the Supervisor of Customer Service, Director of Patient Financial Services or Vice President of Revenue Cycle (for patient account balances of up to \$75,000) or the Chief Financial Officer (for patient account balances of \$75,000 and above).

- J. Accounts with patient balances greater than \$10,000 may qualify for a “catastrophic adjustment” if the patient does not otherwise qualify under our financial assistance policy. This adjustment plan may be applied to balances after insurance or if greater than the standard uninsured discount of 70%. In order to receive this adjustment, the patient must formally set up a payment plan that equals 20% of the patient’s disposable income over the twenty-four months. During the timeframe of the catastrophic adjustment plan, any new balances will be adjusted. If the patient’s income changes or the patient defaults on the payment plan, the patient’s balance will be evaluated and the discount may be reversed.
- K. Patient concerns are handled by the Patient Accounts Customer Service staff. Any unresolved patient concerns are referred to the Customer Service Team Leader, Customer Service Supervisor or Patient Accounts Manager. If questions regarding patient charges arise, the manager of the clinical department is consulted. If there is a material dispute regarding the charges on the patient’s bill, the collection process may be put on hold until the dispute is resolved. Write-offs done as resolution to a patient concern or patient care issue must be approved by the Manager of Patient Financial Services (up to \$25,000), the Director of Patient Financial Services or Vice President of Revenue Cycle or Director of Risk

Management (up to \$75,000), the Chief Financial Officer (\$75,000 to \$150,000) and the President/Chief Executive Officer (\$150,000 or more).

IV. FINANCIAL ASSISTANCE PROCEDURES

- A. Hospital FAP Discounts receive the appropriate level of approval, i.e., Manager of Patient Financial Service up to \$25,000, the Director of Patient Financial Services or Vice President of Revenue Cycle approve up to \$75,000, the Chief Financial Officer those over \$75,000, and the President & Chief Executive Officer those over \$150,000. The CBO Director or designee must approve Medical Group and Oncology Services FAB Discounts under \$25,000. Oncology Services Discounts over \$25,000 must be approved by the Executive Director of the Lewis Cancer & Research Pavilion.
- B. Approved Hospital FAP Discounts are processed by Payment/Resolution staff. A notification regarding the level of FAP Discount is provided by mail to the patient. Approved FAP Discounts for the Medical Group and Oncology Services are processed by the CBO Financial Counselor who will mail notification to the patient. FAP Discounts are classified by SJ/C as charity care.
- C. Patients who are denied financial assistance have the right to appeal. Appeals should be submitted to the Manager of Patient Accounts. An appeal will initiate re-evaluation of a financial assistance application. If SJ/C chooses again to deny a patient's request for financial assistance, a patient has the right to ask the Georgia Department of Community Health for approval.
- D. To make a reasonable effort to determine FAP eligibility for patients who do not submit an application, SJ/C will request scoring for self-pay account that has been returned by Extended Business Office for placement to a bad debt collection agency. By requesting scoring, a Soft Inquiry will be placed on the patient's credit bureau report. This scoring will be used as proof of eligibility for Presumptive Charity. The Discount percentage will be based on the Hospital's sliding fee scales. Balances that do not qualify for a Discount will be referred to a collection agency.
- E. The placement of a Presumptive Charity adjustment on the account does not prevent an account from being placed with a bad debt collection agency. A notification will be sent to patient of this additional Discount along with the summary FAP. The patient will be given 30 days in which to submit a financial assistance application with supporting documentation if the patient feels that they might be eligible for a greater discounted amount.
- F. Any patient who falls outside the SJ/C guidelines to receive a Discount or whose financial situation has changed, but still feels that they are unable to pay or set up appropriate payment arrangements, can apply for assistance by completing the financial assistance application and furnishing proof of income. These requests will be considered on a case-by-case basis. The same authority for approval listed in Section IV (A) above will apply and Customer Service will process the write-off and notify the patient.

- G. If a patient receives debt relief under bankruptcy, the account balance is written off and classified as charity. The Hospital uses adjustment codes AWAGEARNER and ABANKRUPTCY. If the account is already in a bad debt status and at the collection agency, the same codes will be used to adjust the account using the Bad Debt Recovery journal. These will be reclassified to charity in the General Ledger.
- H. In addition to financial assistance, the Chief Financial Officer may approve an adjustment to a patient account balance based on goodwill, public relations or risk management concerns, so long as there is no intention to influence patient referrals or induce any federal health care program beneficiary to receive services from SJ/C.

V. NON-PAYMENT

Patient accounts for which no payment has been received and financial assistance has not been requested are referred to a collection agency 120 days after the patient bill is produced. Patients whose accounts have been referred to a collection agency are still able to request financial assistance.

SJ/C requires the approval of the Director of Patient Financial Services or Vice President of Revenue Cycle to engage in an “extraordinary collection action” (ECA) with the exception of reporting to the credit bureaus on a patient account. The Director or Vice President has the final authority and responsibility for determining whether SJ/C made reasonable efforts to decide whether a patient is FAP-eligible prior to engaging in ECAs. The Director or Vice President will confirm the following actions were taken with regard to a patient prior to approving ECAs on the patient’s account:

- The patient received the notice of an ECA no earlier than 120 days after first billing;
- The notice of a potential ECA specified the potential ECA(s) that would be taken if the patient did not submit a completed financial assistance application or pay the amount due by the deadline (specified in the notice); and
- The potential ECA notice was provided to the patient 30 days prior to the ECA deadline.

The Director or Vice President will also inspect the patient’s billing file prior to approving ECAs on the patient’s account. The Director or Vice President will confirm the following communications with the patient are noted in the billing file:

- A plain language summary application for financial assistance was provided before discharge;
- All billing statements and other billing communication were provided in plain language;
- Any oral communication with the patient provided financial assistance information in plain language; and
- At least one notice of potential ECAs was provided to the patient.

The collection agency is authorized by SJ/C to take the following ECAs to obtain payment of a

patient bill. The collection agency is not authorized to pursue these ECAs at any time SJ/C itself would be prohibited from pursuing ECAs:

- Placing a lien or foreclosing on an individual's property;
- Attaching or seizing individual's bank account or any other personal property;
- Garnishing wages; or,
- Filing a civil lawsuit.

VI. FAP PUBLICATION

The Financial Assistance Policy, financial assistance application, and plain language summary are widely available on the SJ/C website at www.sjchs.org. The FAP, financial assistance application, and plain language summary are also available by request, free of charge, by mail or at all SJ/C patient registration and cashier areas in paper form in both English and Spanish.

The availability of financial assistance is advertised with conspicuous displays in all intake and discharge areas in all facilities. Additionally, the plain language summary is provided to SJ/C's community outreach affiliates, the African American Resource Center, the Georgia Infirmity, St. Mary's Community Center and the Good Samaritan Clinic.

Co-workers shall refer any patient who requests financial assistance or who indicates he/she is unable to pay the entire amount of his/her account balance to Patient Accounts Customer Service. Co-workers other than those persons working in the Patient Accounts Department shall not make specific representations or promises to patients concerning whether a patient may qualify for any type or amount of financial assistance.

VII. EMERGENCY MEDICAL CARE POLICY:

SJ/C maintains an EMTALA policy (**Administrative Policy #1102-A EMTALA – Emergency Medical Treatment and Labor Act**) and all co-workers are trained as such. Co-workers in the Emergency Department shall follow EMTALA policies and procedures in responding to inquiries from Emergency Department patients regarding charges and related financial matters.

Approved:



Signature

Original Implementation Date: 10/21/2010

Next Review Date: 07/22/2022

Originating Department/Committee: Patient Accounts

Reviewed: 06/15, 04/16, 02/17, 07/17, 02/18, 07/19

Revised: 06/15, 04/16, 02/17, 07/19

Policy Number: 1220-A
Effective Date: 07/22/2019

Rescinded:

Former Policy Number(s): # 8221-02 (SJ)

Cross Reference: Administrative Policy #1102-A EMTALA – Emergency Medical Treatment and Labor Act

Administrative Policy #1069-A Credit Collection

Administrative Policy #1194-A Financial Assistance

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy Number: 1220-A
Effective Date: 07/22/2019

EXHIBIT A

2019 Annual Income Guidelines for Financial Assistance Eligibility Determination

For St. Joseph's Hospital, Candler Hospital, SJ/C Medical Group, SJ/C Home Health and SJ/C Oncology Services

Family Size	Poverty Guidelines	INCOME LEVEL				
		Indigent 125%	Charity 200%	Category A 250%	Category B 300%	Category D 400%
1	12,490	15,613	24,980	31,225	37,470	49,960
2	16,910	21,138	33,820	42,275	50,730	67,640
3	21,330	26,663	42,660	53,325	63,990	85,320
4	25,750	32,188	51,500	64,375	77,250	103,000
5	30,270	37,713	60,340	75,425	90,510	120,680
6	34,590	43,238	69,180	86,475	103,770	138,360
7	39,010	48,763	78,020	97,525	117,030	156,040
8	43,430	54,288	86,860	108,575	130,290	173,720
*	4,420	5,525	8,840	11,050	13,260	17,680
		* For family units over 8, add the amount shown for each additional member.				
Effective: 02/01/19						

EXHIBIT B

**Financial Assistance Income Level Categories and Discount Percentages
Insured Patient**

For St. Joseph's Hospital, Candler Hospital, and SJ/C Oncology Services - Hilton Head

Billed Charges	Adjustment % for Patients with Insurance						
	Indigent/Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
> \$50,000	100%	95%	85%	75%	65%	55%	0%
\$40,000 - \$50,000	100%	90%	80%	70%	60%	50%	0%
\$30,000 - \$39,999	100%	85%	75%	65%	55%	45%	0%
\$20,000 - \$29,999	100%	80%	70%	60%	50%	40%	0%
\$10,000 - \$19,999	100%	75%	65%	55%	45%	35%	0%
\$ 5,000 - \$9,999	100%	70%	60%	50%	40%	30%	0%
\$ 2,500 - \$4,999	100%	65%	55%	45%	35%	25%	0%
\$500 - \$2,499	100%	60%	50%	40%	30%	20%	0%
< \$500	100%	55%	45%	35%	25%	15%	0%

Effective: 2/1/19

EXHIBIT C

**Financial Assistance Income Level Categories and Discount Percentages
Uninsured Patients**

For St. Joseph's Hospital, Candler Hospital, and SJ/C Oncology Services - Hilton Head

Billed Charges	Adjustment % for Uninsured Patients						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
> \$50,000	100%	95%	90%	85%	80%	70%	70%
\$40,000 - \$50,000	100%	90%	85%	80%	75%	70%	70%
\$30,000 - \$39,999	100%	85%	80%	75%	70%	70%	70%
\$20,000 - \$29,999	100%	80%	75%	70%	70%	70%	70%
\$10,000 - \$19,999	100%	75%	70%	70%	70%	70%	70%
\$ 5,000 - \$9,999	100%	70%	70%	70%	70%	70%	70%
\$ 2,500 - \$4,999	100%	70%	70%	70%	70%	70%	70%
\$500 - \$2,499	100%	70%	70%	70%	70%	70%	70%
< \$500	100%	70%	70%	70%	70%	70%	70%

Effective: 2/1/19

EXHIBIT D

**Financial Assistance Income Level Categories and Discount Percentages
Insured Patients**

For SJ/C Medical Group, SJ/C Home Health, and SJ/C Oncology Services - Savannah

Billed Charges	Adjustment % for Patients with Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301- 350	351- 400%	401 - 450%	> 450%
>\$2,500	100%	90%	75%	60%	45%	30%	0%
\$1,000-\$2,500	100%	80%	65%	50%	35%	20%	0%
\$500-\$1,000	100%	70%	55%	40%	25%	10%	0%
\$100\$500	100%	60%	45%	30%	15%	0%	0%
\$25-\$100	100%	50%	35%	20%	5%	0%	0%
< \$25	100%	40%	25%	10%	0%	0%	0%

Effective 2/1/19

EXHIBIT E

**Financial Assistance Income Level Categories and Discount Percentages
Uninsured Patients
For SJ/C Medical Group and SJ/C Oncology Services - Savannah**

Billed Charges	Adjustment % for Patients without Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
	<200%	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 450%	> 450%
>\$2,500	100%	90%	80%	70%	60%	50%	50%
\$1,000-\$2,500	100%	80%	70%	60%	50%	50%	50%
\$500-\$1,000	100%	70%	60%	50%	50%	50%	50%
\$100-\$500	100%	60%	50%	50%	50%	50%	50%
\$25-\$100	100%	50%	50%	50%	50%	50%	50%
< \$25	100%	50%	50%	50%	50%	50%	50%

Effective: 2/1/19



EXHIBIT F

Financial Assistance Application
Need assistance call 819-2434 or 819-8246

Patient's Name _____ MRN # _____ Date: _____

***** IMPORTANT*****

In order for a Financial Assistance request to be processed, the following financial information MUST be returned with this completed and signed application. If you cannot provide the following please explain: (I certify that the information provided is true & complete)

- Most recent pay stubs or Supplemental Security Income (SSI provided by Social Security)
Most recent statements from checking, savings, certificates of deposit, stocks, bonds, money market, etc.
Most recent Federal Income tax forms including schedules C, D, E, & F
Most recent W2 statement or 1099

Do you own your Home Yes No Estimate value _____ Monthly Mortgage/rent _____

Guarantor Name: _____ Relationship to Patient _____ SS# _____
(head of household)

Spouse's name if Married _____ SS# _____ Phone# _____

Street Address: _____ City _____ State _____ Zip Code _____

How many Dependents live in household? _____ Please list total family members in household _____

List monthly Income:

Employment: _____ SSI _____ Alimony/Child support _____ Pension _____

Trust fund _____ Public Assistance _____ Investment Income _____ Rental income _____

I certify that the information provided is true and accurate. I hereby grant permission and authorize any agent of the Georgia Dept. of Community Health to disclose to the hospital all information regarding the status of my Medicaid application; and if such application is not approved, the reason for disapproval.

Signature of Applicant _____ Date _____

For St. Joseph's/Candler Use Only

Adjustment totals _____ Adjustment code _____ Financial Assistance Category _____

Approvals: Director: _____ Date _____

VP of Revenue Cycle: _____ Date _____

CFO: _____ Date _____

CEO: _____ Date _____

Percentage of Federal Poverty Guidelines is _____ Approved if below _____ of Federal Poverty Guidelines

**Hospital Financial Survey FY 2018 for
St. Joseph's Hospital and Candler Hospital**



[Contact Us for Survey Assistance](#)

Health Planning Survey Instructions

- Cardiac Catheterization Services Survey
- Free-Standing Ambulatory Surgery Center Survey
- Open Heart Surgery Services Survey
- Home Health Survey
- Annual Nursing Home Questionnaire

Back to:

- [Health Planning](#)
- [General Counsel Division](#)
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[DCH Home](#) > [Divisions](#) > [General Counsel Division](#) > [Health Planning](#) > [Health Planning Surveys](#) > [Survey Sign In](#) > HOSP621

Saint Joseph's Hospital

2018 Hospital Financial Submission Confirmation

Thank you for submitting your 2018 Annual Hospital Questionnaire. The submission was completed on 07/26/2019.

Completed Survey

-  [2018 Hospital Financial Survey](#)



Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Part A : General Information

UID: HOSP621

1. Identification

Facility Name:
County:
Street Address:
City:
Zip:
Mailing Address:
Mailing City:
Mailing Zip:
Medicaid Provider Number:
Medicare Provider Number:

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2018 only.
Do not use a different report period

Please indicate your Hospital Fiscal Year

From: **To:**

Please indicate your Cost Report Year

From: **To:**

Check the box to the right if your facility was **not** operational for the entire year

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility experienced a trauma center designation change, provide the date and type of change.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey

Contact Name:

Contact Title:

Phone:

Fax:

Email:



2018 Hospital Financial Survey

Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Part C : Financial Data and Indigent and Charity Care

1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	612,815,372
Total Inpatient Admissions accounting for Inpatient Revenue	11,779
Outpatient Gross Patient Revenue	378,239,287
Total Outpatient Visits accounting for Outpatient Revenue	130,514
Medicare Contractual Adjustments	501,426,896
Medicaid Contractual Adjustments	46,541,877
Other Contractual Adjustments:	152,730,550
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	17,486,509
Gross Indigent Care:	6,496,261
Gross Charity Care:	52,288,406
Uncompensated Indigent Care (net):	6,496,261
Uncompensated Charity Care (net):	52,288,406
Other Free Care:	656,097
Other Revenue/Gains:	6,113,362
Total Expenses:	208,719,929

2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care	Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	656,097
Employee Discounts	0
	0
Total	656,097

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GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2018 Hospital Financial Survey

Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Part D : Part D: Indigent/Charity Care Policies and Agreements

1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2018? (Check box if yes.)

If the hospital had a formal written policy(ies) during the reporting period, you are required to file a copy of the policy(ies) with the Department. Please e-mail a copy of the policy(ies) to Steve.Cappel@dch.ga.gov

2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

4. Charity Care Provisions

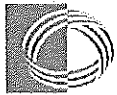
Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)

5. Maximum Income Level

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2018? (Check box if yes.)



Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Part E : Part E: Indigent And Charity Care

1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	5,473,965	23,286,786	28,760,751
Outpatient	1,022,296	29,001,620	30,023,916
Total	6,496,261	52,288,406	58,784,667

2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	0
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Fund)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	0

3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	5,473,965	23,286,786	28,760,751
Outpatient	1,022,296	29,001,620	30,023,916
Total	6,496,261	52,288,406	58,784,667

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2018 Hospital Financial Survey

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Part F : Patient Origin

1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.

To add a row press the button. To delete a row press the minus button at the end of the row.

(You may enter the data on the web form or upload the data to the web form using the .csv file.)

- Inp Ad-I = Inpatient Admissions (Indigent Care)
- Inp Ch-I = Inpatient Charges (Indigent Care)
- Out Vis-I = Outpatient Visits (Indigent Care)
- Out Ch-I = Outpatient Charges (Indigent Care)
- Inp Ad-C = Inpatient Admissions (Charity Care)
- Inp Ch-C = Inpatient Charges (Charity Care)
- Out Vis-C = Outpatient Visits (Charity Care)
- Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Alabama	0	0	0	0	3	15,618	33	51,155
Appling	3	59,809	5	3,363	47	626,491	46	63,908
Atkinson	0	0	0	0	4	179,643	3	2,920
Bacon	0	0	0	0	6	262,180	6	4,705
Baldwin	0	0	0	0	0	0	4	1,860
Barrow	0	0	0	0	0	0	4	13,978
Bartow	0	0	0	0	0	0	7	3,658
Berrien	0	0	0	0	0	0	1	808
Bibb	0	0	0	0	0	0	6	4,007
Brantley	0	0	0	0	7	96,882	8	28,241
Bryan	22	375,579	48	201,232	276	1,423,456	2,171	3,097,696
Bulloch	6	137,813	5	33,716	73	761,362	299	350,168
Burke	0	0	0	0	0	0	7	7,678
Calhoun	0	0	0	0	0	0	1	2,290
Camden	0	0	0	0	1	6,657	2	1,330
Candler	1	1,580	2	2,930	22	40,466	56	65,425
Carroll	0	0	0	0	0	0	1	1,858
Chatham	93	2,182,027	245	395,804	1,668	12,303,856	14,859	1,887,319
Cherokee	0	0	1	882	3	35,186	6	5,002
Clarke	0	0	0	0	0	0	4	6,758
Clayton	0	0	0	0	0	0	6	15,099
Cobb	0	0	0	0	2	6,776	17	12,905
Coffee	1	35,752	1	1,458	24	209,653	9	11,030
Colquitt	0	0	0	0	0	0	4	820
Columbia	1	15,701	2	2,861	0	0	6	8,321
Cook	0	0	0	0	0	0	1	1,233

Coweta	0	0	0	0	2	23,361	12	66,572	-
Crisp	0	0	0	0	0	0	1	3,119	-
Decatur	0	0	0	0	0	0	1	2,365	-
DeKalb	0	0	0	0	0	0	12	10,799	-
Dodge	0	0	0	0	0	0	2	732	-
Dooly	0	0	0	0	0	0	0	0	-
Dougherty	0	0	0	0	1	11,508	2	997	-
Douglas	0	0	0	0	2	4,815	6	8,585	-
Effingham	22	270,852	14	9,625	215	1,164,216	1,038	1,089,335	-
Elbert	0	0	0	0	0	0	1	2,277	-
Emanuel	0	0	5	2,439	22	51,984	45	33,091	-
Evans	2	4,518	0	0	25	149,173	109	161,520	-
Fannin	0	0	0	0	0	0	1	50	-
Fayette	0	0	0	0	1	915	2	1,200	-
Florida	4	577,043	2	11,784	36	280,262	152	281,908	-
Floyd	0	0	0	0	0	0	4	3,893	-
Franklin	0	0	0	0	0	0	1	562	-
Fulton	0	0	0	0	4	40,946	28	40,215	-
Glynn	0	0	2	2,018	8	44,600	82	114,125	-
Grady	0	0	0	0	0	0	1	4,379	-
Greene	0	0	0	0	0	0	4	1,803	-
Habersham	0	0	0	0	0	0	1	587	-
Hall	0	0	0	0	0	0	3	3,971	-
Hancock	0	0	0	0	0	0	2	4,045	-
Hart	0	0	0	0	0	0	1	3,254	-
Henry	0	0	0	0	0	0	10	7,984	-
Houston	0	0	0	0	2	1,365	3	779	-
Irwin	0	0	0	0	0	0	2	4,380	-
Jeff Davis	0	0	0	0	20	118,867	31	27,045	-
Jefferson	0	0	0	0	0	0	0	0	-
Jenkins	0	0	2	2,226	3	4,279	8	16,300	-
Johnson	0	0	1	376	1	1,151	4	1,386	-
Jones	0	0	0	0	0	0	1	275	-
Lamar	0	0	0	0	0	0	3	1,029	-
Laurens	0	0	0	0	5	5,902	9	5,200	-
Liberty	24	372,364	108	217,181	285	2,424,704	1,636	18,890,723	-
Lincoln	0	0	0	0	0	0	1	380	-
Lowndes	0	0	0	0	0	0	2	1,904	-
Long	3	2,016	2	3,995	40	90,072	157	239,298	-
Lumpkin	0	0	0	0	0	0	1	4,455	-
Marion	0	0	0	0	0	0	2	1,301	-
McDuffie	0	0	0	0	0	0	1	4,355	-
McIntosh	1	1,061	4	4,589	25	26,157	150	155,444	-
Mitchell	0	0	0	0	0	0	2	1,693	-
Monroe	0	0	0	0	1	1,316	3	1,382	-
Montgomery	0	0	0	0	5	15,486	10	9,873	-
Morgan	0	0	0	0	0	0	1	513	-
Muscogee	0	0	0	0	2	2,050	2	175	-
North Carolina	1	197,577	0	0	8	116,726	58	103,543	-
Newton	0	0	0	0	0	0	4	2,071	-
Paulding	0	0	0	0	0	0	5	701	-
Peach	0	0	0	0	0	0	1	1,519	-

Pickens	0	0	0	0	0	0	3	6,152	-
Pierce	1	62,245	0	0	6	80,116	20	25,965	-
Polk	0	0	0	0	0	0	1	2,777	-
Rabun	0	0	0	0	0	0	1	672	-
Richmond	0	0	0	0	1	1,029	19	16,058	-
Rockdale	0	0	3	1,707	0	0	4	978	-
Screven	0	0	0	0	12	204,624	71	64,071	-
Sumter	0	0	0	0	1	13,244	2	6,585	-
South Carolina	7	62,427	5	4,805	116	445,749	411	515,932	-
Tattnell	6	629,877	0	0	65	403,038	185	445,027	-
Telfair	0	0	0	0	4	2,923	4	15,653	-
Terrell	0	0	0	0	0	0	1	1,875	-
Thomas	0	0	0	0	0	0	2	1,420	-
Tennessee	0	0	0	0	2	1,966	46	73,845	-
Toombs	5	136,948	2	35,059	22	153,928	47	68,496	-
Treutlen	0	0	0	0	5	5,278	7	2,548	-
Upton	0	0	0	0	2	6,565	1	1,332	-
Walker	0	0	0	0	0	0	2	1,836	-
Walton	0	0	0	0	0	0	1	250	-
Ware	1	134,988	0	0	9	154,627	23	37,285	-
Warren	0	0	0	0	0	0	2	2,464	-
Washington	0	0	0	0	0	0	5	4,281	-
Wayne	4	113,614	14	84,096	108	785,692	359	288,960	-
Wheeler	0	0	0	0	6	78,050	6	8,893	-
Whitfield	0	0	0	0	0	0	2	2,303	-
Wilcox	0	0	0	0	0	0	4	5,709	-
Other Out of State	5	100,174	2	150	42	395,232	310	388,005	-
Forsyth	0	0	0	0	0	0	2	225	-
Gwinnett	0	0	0	0	2	2,646	21	37,959	-
Lee	0	0	0	0	1	1,675	0	0	-
Union	0	0	0	0	1	480	0	0	-
Wilkes	0	0	0	0	1	843	0	0	-
Total	213	5,473,965	475	1,022,296	3,255	23,286,786	22,747	29,001,620	

Add a row

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Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Indigent Care Trust Fund Addendum

1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2018? (Check box if yes.)

2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2018.

	Patient Category	SFY2017	SFY2018	SFY2019
		7/1/15-6/30/16	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	0
B.	Medically Indigent Patients with Incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	0	0
C.	Other Patients in accordance with the department approved policy.	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
0	0	0

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2018 Hospital Financial Survey

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2018 HFS Hospital Financial Statements Reconciliation Addendum

Section one is pre-filled from the answers in Part C and Part E.

You may not complete this section until Part C and Part E, question 1 are complete. Every field in this section is a required field. Enter zeroes in numeric fields and "Not Applicable" or "N/A" in the description fields for "Other Non-Hospital" and "Other Reconciling Items" if not applicable.

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):											
Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care											
HFS Source:	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1		
	Gross Patient Charges	Medicare Contractual Adjs	Medicaid Contractual Adjs	Other Contractual Adjs	Hill Burton Obligations	Bad Debt	Gross Indigent Care (IP & OP)	Gross Charity Care (IP & OP)	Other Free Care	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	612,815,372										
Outpatient Gross Patient Revenue	378,239,287										
Per Part C, 1. Financial Table		501,426,896	46,541,877	152,730,550	0	17,486,509			656,097		
Per Part E, 1. Indigent and Charity Care							6,498,261	52,288,406			
Totals per HFS	991,054,659	501,426,896	46,541,877	152,730,550	0	17,486,509	6,498,261	52,288,406	656,097	777,626,598	213,428,063
									(B)		(B)

Section 2: Reconciling Items to Financial Statements:											
Non-Hospital Services:											
> Professional Fees	0.0									0	
> Home Health Agency	0									0	
> SNF/NF Swing Bed Services	0									0	
> Nursing Home	8,137,126									6,619,432	
> Hospice	0									0	
> Freestanding Ambulatory Surg. Centers	0									0	
> Other Non-Hospital	na	0								0	
> Other Non-Hospital	na	0.0								0	
> Other Non-Hospital	na	0.0								0	
> Other Non-Hospital	na	0.0								0.0	
> Other Non-Hospital	na	0								0	
> Other Non-Hospital	na	0								0	
Bad Debt (Expense per Financials)(A)										0	
Indigent Care Trust Fund Income										0	
Other Reconciling Items:											
> Other Recon. Items	Provider Fee Tax	0.0								2800812.0	
> Other Recon. Items	Provider Fee tax Revenue	0								-250,536	
> Other Recon. Items	NA	0								0	
> Other Recon. Items	Ref Lab	1,898,350								169,857	
Total Reconciling Items		10,135,476								9,339,356	796,110
Total Per Form		1,001,190,135								786,985,962	214,224,173
Total Per Financial Statements		1001190135.0									214,224,173
Unreconciled Difference (Must be Zero)		0									0



2018 Hospital Financial Survey

Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Electronic Signature

There are no critical errors on the form.
 You may sign and submit the survey. If you do not submit the survey before exiting, your signature will not be saved.

Please note that the survey **WILL NOT BE ACCEPTED** without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only **AFTER** all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Do not sign the survey until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could through the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.

Signature of Chief Executive: Paul P. Hinchey

Date: 07/26/2019

Title: President & CEO

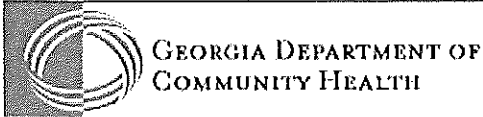
I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Financial Officer: Greg Schaack

Date: 07/26/2019

Title: Chief Financial Officer

Comments:



[Contact Us for Survey Assistance](#)

Health Planning Survey Instructions

- Cardiac Catheterization Services Survey
- Free-Standing Ambulatory Surgery Center Survey
- Open Heart Surgery Services Survey
- Home Health Survey
- Annual Nursing Home Questionnaire

Back to:

- [Health Planning](#)
- [General Counsel Division](#)
- [Divisions](#)
- [DCH Home](#)

[DCH Home](#) > [Divisions](#) > [General Counsel Division](#) > [Health Planning](#) > [Health Planning Surveys](#) > [Survey Sign In](#) > HOSP626

Candler Hospital

2018 Hospital Financial Submission Confirmation

Thank you for submitting your 2018 Annual Hospital Questionnaire. The submission was completed on 07/26/2019.

Completed Survey

-  [2018 Hospital Financial Survey](#)



Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Please Wait.. This will take a few seconds to load

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Part A : General Information

UID: HOSP626

1. Identification

Facility Name:

County: ▼

Street Address:

City:

Zip:

Mailing Address:

Mailing City:

Mailing Zip:

Medicaid Provider Number:

Medicare Provider Number:

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2018 only.
Do not use a different report period

Please indicate your Hospital Fiscal Year

From: To:

Please indicate your Cost Report Year

From: To:

Check the box to the right if your facility was **not** operational for the entire year

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility experienced a trauma center designation change, provide the date and type of change.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey

Contact Name:

Contact Title:

Phone:

Fax:

Email:



2018 Hospital Financial Survey

Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Part C : Financial Data and Indigent and Charity Care

1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	390,299,026
Total Inpatient Admissions accounting for Inpatient Revenue	11,197
Outpatient Gross Patient Revenue	862,265,094
Total Outpatient Visits accounting for Outpatient Revenue	338,506
Medicare Contractual Adjustments	510,972,534
Medicaid Contractual Adjustments	107,842,616
Other Contractual Adjustments:	262,248,396
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	15,676,790
Gross Indigent Care:	5,610,439
Gross Charity Care:	78,702,384
Uncompensated Indigent Care (net):	5,610,439
Uncompensated Charity Care (net):	78,702,384
Other Free Care:	599,740
Other Revenue/Gains:	9,848,611
Total Expenses:	251,337,289

2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care	Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	599,740
Employee Discounts	0
	0
Total	599,740

Next Section



Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Please Wait.. This will take a few seconds to load View & Print Survey PDF | View & Print Reconciliation Addendum PDF | Save Survey

Part D : Part D: Indigent/Charity Care Policies and Agreements

1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2018? (Check box if yes.)

If the hospital had a formal written policy(ies) during the reporting period, you are required to file a copy of the policy(ies) with the Department. Please e-mail a copy of the policy(ies) to Steve.Cappel@dch.ga.gov

2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

4. Charity Care Provisions

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accommodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)

5. Maximum Income Level

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2018? (Check box if yes.)



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2018 Hospital Financial Survey

Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Please Wait.. This will take a few seconds to load

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Part E : Part E: Indigent And Charity Care

1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	2,699,450	21,258,512	23,957,962
Outpatient	2,910,989	57,443,872	60,354,861
Total	5,610,439	78,702,384	84,312,823

2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	0
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Fund)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	0

3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	2,699,450	21,258,512	23,957,962
Outpatient	2,910,989	57,443,872	60,354,861
Total	5,610,439	78,702,384	84,312,823

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Please Wait. This will take a few seconds to load | |

Part F : Patient Origin

1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.

To add a row press the button. To delete a row press the minus button at the end of the row.
(You may enter the data on the web form or upload the data to the web form using the .csv file.)

- Inp Ad-I = Inpatient Admissions (Indigent Care)
- Inp Ch-I = Inpatient Charges (Indigent Care)
- Out Vis-I = Outpatient Visits (Indigent Care)
- Out Ch-I = Outpatient Charges (Indigent Care)
- Inp Ad-C = Inpatient Admissions (Charity Care)
- Inp Ch-C = Inpatient Charges (Charity Care)
- Out Vis-C = Outpatient Visits (Charity Care)
- Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C	
Alabama	0	0	0	0	2	78,138	48	41,166	-
Appling	1	635	1	414	16	212,940	76	156,259	-
Atkinson	0	0	0	0	2	72,676	3	2,283	-
Bacon	0	0	0	0	4	18,486	8	5,093	-
Baldwin	0	0	0	0	0	0	9	12,055	-
Barrow	0	0	0	0	0	0	4	3,412	-
Bartow	0	0	0	0	0	0	2	3,038	-
Ben Hill	0	0	0	0	0	0	3	34,274	-
Berrien	0	0	0	0	0	0	1	268	-
Bibb	0	0	0	0	1	20,334	21	25,528	-
Brantley	0	0	0	0	2	60,056	54	17,664	-
Bryan	12	466,518	127	291,729	192	1,085,855	2,144	2,471,041	-
Bulloch	8	119,899	71	212,131	66	749,343	554	844,837	-
Burke	0	0	1	4,912	0	0	10	4,930	-
Calhoun	0	0	0	0	0	0	1	714	-
Camden	0	0	8	11,992	1	619	17	19,079	-
Candler	0	0	4	30,020	7	11,322	88	118,167	-
Carroll	0	0	0	0	0	0	8	4,882	-
Catoosa	0	0	0	0	0	0	1	5,781	-
Charlton	0	0	0	0	0	0	4	2,600	-
Chatham	102	1,519,412	723	1,577,825	2,057	13,434,312	36,190	42,241,263	-
Cherokee	0	0	0	0	1	1,562	2	8,191	-
Clarke	0	0	0	0	0	0	5	2,122	-
Clayton	0	0	0	0	0	0	16	11,840	-
Cobb	0	0	3	3,390	0	0	21	19,562	-
Coffee	1	1,145	3	2,410	12	181,124	45	61,946	-

Colquitt	0	0	0	0	0	0	2	2,233	--
Columbia	0	0	33	107,219	0	0	5	9,482	--
Cook	0	0	0	0	0	0	3	4,645	--
Coweta	0	0	0	0	1	23,617	17	48,844	--
Crisp	0	0	0	0	0	0	1	513	--
Decatur	0	0	0	0	0	0	1	650	--
DeKalb	0	0	0	0	2	51,796	54	34,842	--
Dodge	0	0	0	0	0	0	2	1,110	--
Dooly	0	0	0	0	0	0	1	1,824	--
Dougherty	0	0	1	100	2	1,741	9	14,710	--
Douglas	0	0	0	0	0	0	9	7,303	--
Effingham	12	133,393	51	53,377	310	1,176,160	2,732	3,024,267	--
Emanuel	2	2,428	14	11,076	10	96,593	80	125,285	--
Evans	2	56,577	5	19,567	16	43,724	162	216,988	--
Fayette	0	0	0	0	0	0	2	1,219	--
Florida	0	0	1	1,631	13	309,963	236	368,505	--
Floyd	0	0	0	0	0	0	1	40	--
Forsyth	0	0	0	0	1	1,675	11	3,123	--
Fulton	1	684	0	0	2	29,020	49	38,388	--
Gilmer	0	0	0	0	0	0	1	373	--
Glynn	0	0	2	247	10	16,902	161	226,483	--
Grady	0	0	0	0	1	1,288	10	24,064	--
Greene	0	0	0	0	0	0	3	4,378	--
Gwinnett	0	0	1	724	1	1,316	23	54,230	--
Habersham	0	0	0	0	1	2,332	3	1,463	--
Hall	0	0	0	0	0	0	3	4,321	--
Haralson	0	0	0	0	0	0	2	787	--
Harris	0	0	0	0	0	0	1	50	--
Hart	0	0	0	0	0	0	1	524	--
Heard	0	0	0	0	0	0	1	214	--
Henry	0	0	0	0	0	0	18	19,677	--
Houston	0	0	0	0	0	0	9	16,488	--
Irwin	0	0	0	0	0	0	2	1,999	--
Jackson	0	0	0	0	1	11,301	2	1,968	--
Jasper	0	0	0	0	0	0	1	33	--
Jeff Davis	0	0	32	103,297	5	57,086	0	0	--
Jefferson	0	0	0	0	0	0	4	9,382	--
Jenkins	1	21,306	5	9,300	3	8,294	17	19,732	--
Johnson	4	3,477	4	1,218	1	32,858	12	4,672	--
Jones	0	0	0	0	1	195	1	75	--
Lamar	0	0	0	0	0	0	2	1,484	--
Laurens	0	0	0	0	1	4,363	17	12,795	--
Lee	0	0	0	0	0	0	3	3,197	--
Liberty	1	25,640	96	67,370	118	1,048,154	1,418	1,579,300	--
Lincoln	0	0	0	0	0	0	1	236	--
Long	3	80,841	0	0	18	101,693	128	210,535	--
Lowndes	0	0	0	0	2	1,292	8	9,710	--
Macon	0	0	0	0	0	0	2	881	--
Marion	0	0	0	0	0	0	1	1,363	--
McDuffie	0	0	0	0	0	0	1	1,002	--
McIntosh	0	0	4	8,979	7	85,621	115	125,019	--
Mitchell	0	0	0	0	0	0	1	3,275	--

Monroe	0	0	0	0	0	0	4	2,728	--
Montgomery	0	0	1	224	2	33,073	39	44,404	--
Morgan	0	0	0	0	0	0	1	2,371	--
Muscogee	0	0	0	0	0	0	13	1,156	--
North Carolina	0	0	0	0	1	1,260	81	131,156	--
Newton	0	0	0	0	0	0	6	7,159	--
Oconee	0	0	0	0	0	0	1	377	--
Other Out of State	5	92,258	4	2,905	19	145,714	384	531,393	--
Paulding	0	0	0	0	0	0	6	2,365	--
Peach	0	0	0	0	0	0	4	1,727	--
Pickens	0	0	0	0	1	996	2	13,575	--
Pierce	0	0	2	11,837	4	28,262	28	51,815	--
Polk	0	0	0	0	0	0	1	267	--
Pulaski	0	0	0	0	0	0	6	1,861	--
Putnam	0	0	0	0	0	0	5	15,069	--
Rabun	0	0	0	0	0	0	2	3,866	--
Richmond	0	0	0	0	2	726	21	50,451	--
Rockdale	0	0	0	0	0	0	9	8,311	--
South Carolina	3	59,243	111	176,954	88	535,818	2,679	2,667,315	--
Screven	2	33,743	8	19,153	49	580,697	237	318,786	--
Seminole	0	0	0	0	0	0	1	513	--
Spalding	0	0	0	0	0	0	4	4,573	--
Stephens	0	0	0	0	0	0	2	3,384	--
Sumter	0	0	0	0	0	0	3	7,590	--
Tattnall	2	12,136	21	44,473	32	631,205	256	483,519	--
Telfair	0	0	0	0	2	2,306	32	40,561	--
Thomas	0	0	0	0	0	0	5	3,296	--
Tift	0	0	0	0	1	1,426	2	2,089	--
Tennessee	0	0	0	0	2	5,791	37	45,136	--
Toombs	1	1,675	7	28,407	11	21,804	123	213,506	--
Treutlen	0	0	0	0	0	0	6	12,878	--
Troup	0	0	0	0	0	0	4	1,673	--
Union	0	0	0	0	1	1,241	2	279	--
Upson	0	0	0	0	0	0	1	524	--
Walker	0	0	0	0	0	0	1	1,986	--
Walton	0	0	0	0	0	0	6	4,157	--
Ware	0	0	1	951	2	3,469	71	56,541	--
Washington	0	0	0	0	0	0	7	16,314	--
Wayne	3	68,440	23	107,157	25	228,225	264	241,775	--
Wheeler	0	0	0	0	1	2,712	18	56,825	--
White	0	0	0	0	0	0	2	3,185	--
Whitfield	0	0	0	0	0	0	1	10,115	--
Wilcox	0	0	0	0	0	0	1	1,046	--
Wilkes	0	0	0	0	0	0	1	396	--
Wilkinson	0	0	0	0	0	0	4	5,924	--
Worth	0	0	0	0	0	0	2	8,259	--
Murray	0	0	0	0	0	0	0	0	--
Pike	0	0	0	0	1	36	0	0	--
Total	166	2,699,450	1,368	2,910,989	3,134	21,258,512	49,069	57,443,872	

Add a row

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2018 Hospital Financial Survey

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Indigent Care Trust Fund Addendum

1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2018? (Check box if yes.)

2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2018.

	Patient Category	SFY2017	SFY2018	SFY2019
		7/1/15-6/30/16	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with Incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	5,610,439	0
B.	Medically Indigent Patients with Incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	78,702,384	0
C.	Other Patients in accordance with the department approved policy.	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
0	32,270	0

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2018 HFS Hospital Financial Statements Reconciliation Addendum

Section one is pre-filled from the answers in Part C and Part E.

You may not complete this section until Part C and Part E, question 1 are complete. Every field in this section is a required field. Enter zeroes in numeric fields and "Not Applicable" or "N/A" in the description fields for "Other Non-Hospital" and "Other Reconciling Items" if not applicable.

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):											
HFS Source:	Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care										
	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1		
	Gross Patient Charges	Medicare Contractual Adjs	Medicaid Contractual Adjs	Other Contractual Adjs	Hill Burton Obligations	Bad Debt	Gross Indigent Care (IP & OP)	Gross Charity Care (IP & OP)	Other Free Care	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	390,299,026										
Outpatient Gross Patient Revenue	862,265,094										
Per Part C, 1, Financial Table		510,972,534	107,842,616	262,248,396	0	15,676,790			599,740		
Per Part E, 1, Indigent and Charity Care							5,610,439	78,702,384			
Totals per HFS	1,252,564,120	510,972,534	107,842,616	262,248,396	0	15,676,790	5,610,439	78,702,384	599,740	861,652,699	270,911,221
									(B)		(B)
Section 2: Reconciling Items to Financial Statements:											
Non-Hospital Services:											
> Professional Fees	0.0										0
> Home Health Agency	0										0
> SNFNF Swing Bed Services	0										0
> Nursing Home	8,270,513										6,570,724
> Hospice	0										0
> Freestanding Ambulatory Surg. Centers	0										0
> Other Non-Hospital <input type="text" value="Wellness Center"/>	264,132										0
> Other Non-Hospital <input type="text" value="na"/>	0.0										0
> Other Non-Hospital <input type="text" value="na"/>	0.0										0
> Other Non-Hospital <input type="text" value="na"/>	0.0										0.0
> Other Non-Hospital <input type="text" value="na"/>	0										0
> Other Non-Hospital <input type="text" value="na"/>	0										0
Bad Debt (Expense per Financials)(A)											0
Indigent Care Trust Fund Income											-1,256,166
Other Reconciling Items:											
> Other Recon. Items <input type="text" value="Provider Fee Tax"/>	0.0										3446300.0
> Other Recon. Items <input type="text" value="Provider Fee Tax Revert"/>	0										-331,420
> Other Recon. Items <input type="text" value="Ref Lab"/>	17,794,566										16,401,947
> Other Recon. Items <input type="text" value="na"/>	0										0
Total Reconciling Items	26,319,211										24,831,365
Total Per Form	1,278,883,331										1,006,484,284
Total Per Financial Statements	1278883331.0										272,399,047
Unreconciled Difference (Must be Zero)	0										0



Parts A-B	Part C	Part D	Part E	Part F	Indigent Care Trust Fund Addendum	Reconciliation Addendum	Signature Page
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Please Wait.. This will take a few seconds to load

View & Print Survey PDF

View & Print Reconciliation Addendum PDF

Save Survey

Electronic Signature

There are no critical errors on the form.
You may sign and submit the survey. If you do not submit the survey before exiting, your signature will not be saved.

Please note that the survey **WILL NOT BE ACCEPTED** without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Do not sign the survey until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could through the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.

Signature of Chief Executive: Paul P. Hinchey

Date: 07/26/2019

Title: President & CEO

I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Financial Officer: Greg Schaack

Date: 07/26/2019

Title: Chief Financial officer

Comments:

ASC Surveys Filed by Hospital
(Not applicable)

**Imaging Center Surveys Filed by Hospital
(Not applicable)**