Financial and Organizational Information Regarding Our Hospital

July 1, 2022

Audited Financial Statement FY 2021

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

COMBINED FINANCIAL STATEMENTS

for the years ended June 30, 2021 and 2020

Draffin Tucker

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Draffin Tucker

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, 2021 and 2020, and the related combined statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the combined financial statements.

Management's Responsibility for the Combined Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We did not audit the financial statements of Geechee Reinsurance Company, LLC, a wholly-owned subsidiary, which statements reflect total assets constituting 7% and 6% of combined total assets at June 30, 2021 and 2020, respectively, 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 and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

Continued

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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, 2021 and 2020, 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.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 21, 2021, on our consideration of the System's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the System's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the System's internal control over financial reporting and compliance.

Draffin & Tucker, LLP

Albany, Georgia
October 21, 2021

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

COMBINED BALANCE SHEETS
as of June 30, 2021 and 2020

	2021	2020
ASSETS		
Current assets:		
Cash and cash equivalents	$ 128,685,229	$ 155,593,194
Assets limited as to use required for current liabilities	6,058,200	6,905,237
Patient accounts receivable, net	94,380,875	71,060,136
Other receivables	11,185,760	11,131,106
Inventories	24,431,162	18,517,025
Prepaid expenses	9,568,160	7,033,332
Estimated third-party payor settlements	5,036,609	4,155,307
Total current assets	279,345,995	274,395,337
Assets limited as to use:		
Held in trust under bond indenture	25,477,159	25,662,118
Restricted under interest rate swap and deferred compensation agreements	5,474,053	4,610,467
Board designated	300,054,892	212,021,597
Total assets limited as to use	331,006,104	242,294,182
Property and equipment, net	271,984,760	263,611,670
Other assets:		
Long-term investments	4,450,649	2,084,948
Goodwill on long-term investments	56,577,257	56,577,257
Operating lease right-of-use assets	11,335,534	13,945,463
Beneficial interest in net assets of Foundations	15,524,332	12,699,740
Total other assets	87,887,772	85,307,408
Total assets	$ 970,224,631	$ 865,608,597

Continued

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

COMBINED BALANCE SHEETS, Continued
as of June 30, 2021 and 2020

	2021	2020
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current maturities of long-term debt	$ 1,927,912	$ 1,523,041
Current portion of operating lease liabilities	2,285,874	2,588,510
Accounts payable	37,408,517	35,163,178
Accrued employee related expenses	37,191,494	29,842,484
Other accrued expenses	15,248,064	14,517,025
Medicare advance payments, current portion	44,413,944	8,402,163
CARES Act refundable advance	6,777,944	-
Total current liabilities	145,253,749	92,036,401
Medicare advance payments, excluding current portion	13,517,561	57,849,847
Long-term debt, excluding current maturities	273,226,248	274,046,285
Operating lease liabilities, excluding current portion	9,270,874	11,413,653
Accrued self-insurance claims	26,040,440	25,160,839
Accrued pension cost	6,345,128	18,322,419
Deferred compensation payable	12,044,706	10,637,991
Derivative financial instruments	1,399,943	3,092,078
Total liabilities	487,098,649	492,559,513
Net assets:		
St. Joseph's/Candler Health System, Inc. net assets:		
Without donor restrictions	466,179,957	357,939,764
With donor restrictions:		
Purpose restrictions	9,093,649	8,501,024
Perpetual in nature	1,035,000	1,035,000
Total St. Joseph's/Candler Health System, Inc. net assets	476,308,606	367,475,788
Noncontrolling interest in joint ventures	6,817,376	5,573,296
Total net assets	483,125,982	373,049,084
Total liabilities and net assets	$ 970,224,631	$ 865,608,597

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, 2021 and 2020

	2021	2020
Revenues, gains and other support:		
Net patient service revenue	$ 708,872,428	$ 612,391,015
Other revenue	67,904,505	80,442,687
Total revenues, gains and other support	776,776,933	692,833,702
Expenses:		
Salaries and wages	270,895,241	246,890,958
Employee benefits	50,410,980	45,482,736
Physician and professional fees	62,732,246	54,681,741
Materials and supplies	219,220,215	192,679,204
Purchased services	42,462,306	37,991,553
Insurance	6,669,193	9,495,664
Interest	10,466,909	8,973,268
Depreciation and amortization	28,435,879	26,406,254
Other	49,461,910	44,084,074
Total expenses	740,754,879	666,685,452
Income from operations	36,022,054	26,148,250
Nonoperating income (loss):		
Investment income	9,247,019	6,507,763
Unrealized gains (losses) on securities	54,298,213	(3,675,446)
Increase (decrease) in fair value of derivative instruments	1,692,135	(3,123,606)
Net periodic pension cost	356,550	(138,023)
Other nonoperating losses	(421,486)	(861,109)
Nonoperating income (loss), net	65,172,431	(1,290,421)
Revenues and gains in excess of expenses and losses	101,194,485	24,857,829
Net gain attributable to noncontrolling interest in joint ventures	(3,005,723)	(375,568)
Revenues and gains in excess of expenses and losses after noncontrolling interest	98,188,762	24,482,261

Continued

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

COMBINED STATEMENTS OF OPERATIONS AND
CHANGES IN NET ASSETS, Continued
for the years ended June 30, 2021 and 2020

	2021	2020
Net assets without donor restrictions:		
Increase in beneficial interest in net assets of Foundations	$ 2,231,967	$ 713,801
Contributions for property	198,722	580,916
Change in actuarial loss on defined benefit pension plan	4,948,492	3,221,912
Amortization of actuarial loss on defined benefit pension plan	3,502,362	3,835,891
Amortization of prior service cost on defined benefit pension plan	(830,112)	(830,112)
Increase in net assets without donor restrictions	108,240,193	32,004,669
Net assets with donor restrictions:		
Increase (decrease) in beneficial interest in net assets of Foundations, net	592,625	(15,166)
Increase in St. Joseph's/Candler Health System, Inc. net assets	108,832,818	31,989,503
Net assets, beginning of year	367,475,788	335,486,285
Net assets, end of year	$ 476,308,606	$ 367,475,788
Noncontrolling interest in joint ventures:		
Net income	$ 3,005,723	$ 375,568
Purchase of noncontrolling interest	423,465	-
Contributions from (distributions to) partners	(2,185,108)	184,305
Increase in noncontrolling interest	1,244,080	559,873
Noncontrolling interest in joint ventures, beginning of year	5,573,296	5,013,423
Noncontrolling interest in joint ventures, end of year	$ 6,817,376	$ 5,573,296

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, 2021 and 2020

	2021	2020
Cash flows from operating activities:		
Increase in net assets including noncontrolling interest	$ 110,076,898	$ 32,549,376
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Change in fair value of derivative instruments	(1,692,135)	3,123,606
Beneficial interest in net assets of Foundations, net	(2,824,592)	(698,635)
Net realized and unrealized (gains) losses on investments	(56,205,638)	3,504,063
Depreciation and amortization	28,435,880	26,406,254
Amortization of bond premium/issuance cost	(455,314)	(218,582)
Contributions from (distributions to) partners	2,185,108	(184,305)
Contributions for property	(198,722)	(580,915)
Changes in:		
Patient accounts receivable	(23,320,739)	4,444,208
Other receivables	(54,654)	2,008,880
Inventories	(5,914,137)	(2,973,431)
Prepaid expenses	(2,534,828)	(691,859)
Accounts payable	2,245,339	2,779,824
Accrued liabilities	8,080,049	12,172,859
Estimated third-party payor settlements and Medicare advance payments	(9,201,807)	65,087,406
CARES Act refundable advance	6,777,944	-
Accrued self-insurance claims	879,601	(51,288)
Accrued pension costs	(11,977,291)	(10,089,669)
Deferred compensation payable	1,406,715	419,945
Net cash provided by operating activities	45,707,677	137,007,737
Cash flows from investing activities:		
Purchases of property and equipment	(35,844,455)	(60,833,910)
Proceeds from sale of assets limited as to use	208,365,405	54,197,452
Purchases of assets limited as to use	(242,258,412)	(81,975,661)
Proceeds from interest rate swap termination	-	572,000
Payments on pledged collateral for swaps	-	(600,000)
Sales (purchases) of long-term investments, net	(2,365,701)	524,836
Net cash used by investing activities	(72,103,163)	(88,115,283)

Continued

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

COMBINED STATEMENTS OF CASH FLOWS, Continued
for the years ended June 30, 2021 and 2020

	2021	2020
Cash flows from financing activities:		
Repayment of long-term debt	$ -	$(103,381,181)
Proceeds from issuance of long-term debt	-	196,720,126
Payments on finance lease liabilities	(759,852)	(668,301)
Contributions for property	198,722	580,915
Contributions from (distributions to) partners	(2,185,108)	184,305
Net cash provided (used) by financing activities	(2,746,238)	93,435,864
Net increase (decrease) in cash and cash equivalents	(29,141,724)	142,328,318
Cash and cash equivalents, beginning of year	169,868,581	27,540,263
Cash and cash equivalents, end of year	$ 140,726,857	$ 169,868,581
Reconciliation of cash and cash equivalents to the combined balance sheets:		
Cash and cash equivalents in current assets	$ 128,685,229	$ 155,593,194
Cash and cash equivalents in assets limited as to use	12,041,628	14,275,387
Total	$ 140,726,857	$ 169,868,581
Supplemental disclosures of cash flow information:		
Cash paid during the year for interest	$ 12,709,900	$ 5,078,691
Assets acquired through leases	$ -	$ 681,229

- The System entered in to new debt of $800,000 to purchase a new building in 2021.

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

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 384-bed acute care hospital in Savannah, Georgia. CH is the sole member of and operates SJC Oncology Services - Georgia, LLC in Savannah, Georgia, SJC Oncology Services - South Carolina, LLC in Hilton Head, South Carolina, Candler Medical Oncology Practice, LLC, Candler ENT Practice, LLC, and SJ/SC Cardiology, LLC, all of which are single member LLC's that provide advanced radiation oncology and other specialized services.

SJH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 330-bed acute care hospital in Savannah, Georgia. SJH is the sole member of and operates St. Joseph's Medical Group, LLC, St. Joseph's Cardiology Group, LLC, SJC Electrophysiology, LLC, and St. Joseph's Vascular Group, LLC, all of which are single member LLC's that provide specialized physician services.

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

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.

Continued

1. Summary of Significant Accounting Policies, Continued

Organization, Continued

SJC Ventures, Inc. (SJCV) 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 SJCV are presented separately.

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. SJCMG maintains a controlling interest in Chatham Hospitalists, LLC.

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 of the System. Health Services maintains a controlling interest in SJC/Wayne Medical Oncology, LLC and St. Joseph's/Candler Urgent Care Centers, LLC.

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

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

Basis of Accounting

These combined financial statements, which are presented on the accrual basis of accounting, have been prepared to focus on the System as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classifying net assets and transactions as net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions - net assets available for use in general operations and not subject to donor imposed restrictions. The Board of Trustees has discretionary control over these resources. Designated amounts represent those net assets that the Board has set aside for a particular purpose. All revenue not restricted by donors and donor restricted contributions whose restrictions are met in the same period in which they are received are accounted for in net assets without donor restrictions.

Continued

1. Summary of Significant Accounting Policies, Continued

Basis of Accounting, Continued

Net assets with donor restrictions - net assets subject to donor imposed restrictions. Some donor imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. All revenues restricted by donors as to either timing, purpose of the related expenditures, or required to be maintained in perpetuity as a source of investment income are accounted for in net assets with donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Use of Estimates

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

Cash and Cash Equivalents

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

Pension Cost

The System sponsors a frozen defined benefit pension plan. The System recognizes the overfunded and underfunded status of the defined benefit pension plan in its combined balance sheets. Changes in the funded status are recorded in the year in which the changes occurred in the combined statements of operations and changes in net assets. Components of the net periodic pension cost other than service cost are reported in nonoperating income (loss). See Note 13 for additional information.

Inventories

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

Continued

1. Summary of Significant Accounting Policies, Continued

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities, which are all classified as trading securities, are measured at fair value in the combined balance sheets. For investments in equity securities without a readily determinable fair value that do not qualify for the net asset value (NAV) practical expedient in ASC 820-10-35-59, an entity is permitted to elect a practicability exception to fair value measurement, under which the investment will be measured at cost, less impairment, plus or minus observable price changes (in orderly transactions) of an identical or similar investment of the same issuer. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in excess revenues unless the income or loss is restricted by donor or law.

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, 2021 and 2020.

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. Finance lease assets are amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the asset. Such amortization is included in depreciation and amortization in the combined financial statements. Interest costs incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as increases in net assets without donor restrictions, and are excluded from excess revenues, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as increases in net assets with donor restrictions. Absent explicit donor stipulations addressing how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Continued

1. Summary of Significant Accounting Policies, Continued

Derivative Financial Instruments

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

Goodwill

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

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

During 2021, the System considered certain factors such as whether macroeconomic conditions, industry considerations, cost factors, and the sequence of events during the COVID-19 pandemic constituted a triggering event. The System's evaluation determined it is not more likely than not that the reporting unit's fair value is less than its' carrying value.

As of June 30, 2021 and 2020, the System had goodwill of $56,577,257. 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 2021.

Beneficial Interest in Net Assets of Foundations

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

Continued

1. Summary of Significant Accounting Policies, Continued

Deferred Financing Costs

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

Revenues and Gains in Excess of Expenses and Losses

The combined statements of operations and changes in net assets includes revenues and gains in excess of expenses and losses. Changes in net assets without donor restrictions which are excluded from revenues and gains in excess of expenses and losses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, adjustments to pension obligations, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Patient Service Revenue

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors, and others and includes variable consideration for retroactive revenue adjustments under reimbursement arrangements with third-party payors. Retroactive adjustments are included in the determination of the estimated transaction price and adjusted in future periods as settlements are determined.

Charity Care

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

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.

Continued

1. Summary of Significant Accounting Policies, Continued

Income Taxes

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

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

Based on the results of management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2021 and 2020 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, 2021, NOL carryforwards expiring through 2041 amounted to approximately $82,912,000 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, 2021 and 2020.

Continued

1. Summary of Significant Accounting Policies, Continued

Refundable Advance

A refundable advance arises when assets are recognized before revenue recognition criteria have been satisfied. CARES Act advance payments are reported as a refundable advance until donor conditions such as qualifying expenditures have been substantially met. See Note 20 for additional information.

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.

Accounting Pronouncements Not Yet Adopted

In August 2017, the FASB issued Accounting Standards Update (ASU) 2017-12, *Derivatives and Hedging (Topic 815): Targeted Improvements to Accounting for Hedging Activities*. The amendments in ASU 2017-12 apply to any entity that elects to apply hedge accounting in accordance with U.S. generally accepted accounting principles (U.S. GAAP). The standard is effective for the System as of July 1, 2021. The System is continuing to evaluate the impact the standard will have on the combined financial statements.

In August 2018, the FASB issued Accounting Standards Update (ASU) 2018-14, *Compensation-Retirement Benefits-Defined Benefit Plans-General (Subtopic 715-20) Disclosure Framework-Changes to the Disclosure Requirements for Defined Benefit Plans*. The amendments in ASU 2018-14 modify the disclosure requirements for employers that sponsor defined benefit pension or other postretirement plans. The standard is effective for the System as of July 1, 2021. The System is continuing to evaluate the impact the standard will have on the combined financial statements.

Continued

1. Summary of Significant Accounting Policies, Continued

Accounting Pronouncements Not Yet Adopted, Continued

In April 2019, the FASB issued Accounting Standards Update (ASU) 2019-04, *Codification Improvements to Topic 326, Financial Instruments-Credit Losses, Topic 815, Derivatives and Hedging, and Topic 825, Financial Instruments*. The amendments in ASU 2019-04 make clarifications and minor improvements related to the following recently issued accounting standards: ASU 2016-01, *Financial Instruments - Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities,* ASU 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments,* ASU 2017-12, *Derivatives and Hedging (Topic 815): Targeted Improvements to Accounting for Hedging Activities.* The standard is effective for the System as of July 1, 2021. The System is continuing to evaluate the impact the standard will have on the combined financial statements.

Prior Year Reclassifications

Certain reclassifications have been made to the fiscal year 2020 combined financial statements to conform to the fiscal year 2021 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 21, 2021, the date the combined financial statements were issued.

2. Investments

Assets Limited as to Use

The composition of assets limited as to use at June 30, 2021 and 2020 is set forth in the following table. Investments are stated at fair value.

	2021	2020
Held in trust under bond indenture:		
Cash and cash equivalents	$ 10,171,710	$ 11,235,532
Mutual funds - fixed income	21,363,649	21,331,823
Total	31,535,359	32,567,355
Interest rate swap agreement and deferred compensation agreements:		
Mutual funds - equity	5,474,053	4,610,467
Total	5,474,053	4,610,467

Continued

2. Investments, Continued

Assets Limited as to Use, Continued

	2021	2020
Board designated:		
Cash and cash equivalents	$ 1,869,918	$ 3,039,855
U.S. Government and agency obligations	-	2,844,114
Municipal obligations	-	696,325
Corporate bonds	-	3,859,852
Mortgage backed securities	-	2,667,348
Mutual funds - fixed income	62,687,619	40,594,681
Mutual funds - balanced	9,964,358	6,879,359
Mutual funds - equity	153,796,346	75,928,395
Mutual funds - international equity	47,221,909	44,069,781
Equity securities - common stock	24,471,162	22,285,963
Equity securities - preferred stock	-	9,083,892
Interest receivable	43,580	72,032
Total	300,054,892	212,021,597
Total assets limited as to use	337,064,304	249,199,419
Less amounts required for current liabilities	6,058,200	6,905,237
Total	$ 331,006,104	$ 242,294,182

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, 2021 and 2020:

	2021	2020
Income:		
Interest income and dividends	$ 7,339,594	$ 6,336,381
Realized gains on sales of securities	1,907,425	171,382
Total investment income net of investment expense	$ 9,247,019	$ 6,507,763
Unrealized gains (losses) on securities	$ 54,298,213	$(3,675,446)

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.

Continued

3. Property and Equipment

A summary of property and equipment at June 30, 2021 and 2020 follows:

	2021	2020
Land	$ 29,246,533	$ 27,918,131
Land improvements	10,580,758	10,312,068
Building and fixed equipment	381,499,821	375,651,946
Major movable equipment	363,472,196	343,557,125
Finance lease right-of-use assets	1,965,354	2,749,471
	786,764,662	760,188,741
Less accumulated depreciation	526,792,852	499,513,648
	259,971,810	260,675,093
Construction in progress	12,012,950	2,936,577
Property and equipment, net	$ 271,984,760	$ 263,611,670

Depreciation expense for the years ended June 30, 2021 and 2020 amounted to approximately $27,607,000 and $25,396,000, respectively.

Amortization expense on finance lease right-of-use assets for the years ended June 30, 2021 and 2020 was approximately $791,000 and $707,000, respectively.

Construction contracts exist for various projects at year end with a total commitment of approximately $5 million. At June 30, 2021, the remaining commitment on these contracts approximated $1.6 million.

4. Goodwill

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

The System, through a joint venture in which Health Services maintains a controlling interest, acquired a portfolio of urgent care centers to form St. Joseph's/Candler Urgent Care Centers, LLC on May 1, 2019. The goodwill is evaluated annually for impairment.

Continued

4. Goodwill, Continued

The changes in the carrying amount of goodwill for the years ended June 30, 2021 and 2020, are as follows:

	2021	2020
Balance at beginning of year:		
Goodwill	$ 68,235,402	$ 68,235,402
Accumulated impairment losses	(11,658,145)	(11,658,145)
	56,577,257	56,577,257
Goodwill acquired during the year	-	-
Impairment losses	-	-
Balance at end of the year:		
Goodwill	68,235,402	68,235,402
Accumulated impairment losses	(11,658,145)	(11,658,145)
Balance at end of the year	$ 56,577,257	$ 56,577,257

5. Related Organizations

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

Continued

5. Related Organizations, Continued

A summary of the Foundations' assets, liabilities, net assets, and changes in net assets follows. The Hospitals' interest in the net assets of the Foundations is reported as a noncurrent asset in the combined balance sheets.

Candler Foundation, Inc.

	2021	2020
Assets:		
Cash	$ 370,851	$ 7,439
Investments	11,533,005	9,357,167
Other assets	436,231	588,066
Total assets	$ 12,340,087	$ 9,952,672
Liabilities:		
Accounts payable and accrued expenses	$ 9,833	$ 14,501
Due to related parties	97,656	31,658
Total liabilities	107,489	46,159
Net assets:		
Without donor restrictions	3,712,333	1,914,549
With donor restrictions:		
Purpose restrictions	7,585,265	7,056,964
Perpetual in nature	935,000	935,000
Total net assets	12,232,598	9,906,513
Total liabilities and net assets	$ 12,340,087	$ 9,952,672
Revenue and support	$ 3,496,527	$ 1,895,812
Expenses	1,170,442	1,689,626
Change in net assets	2,326,085	206,186
Net assets, beginning of year	9,906,513	9,700,327
Net assets, end of year	$ 12,232,598	$ 9,906,513

Continued

5. Related Organizations, Continued

St. Joseph's Foundation of Savannah, Inc.

	2021	2020
Assets:		
Cash	$ 279,153	$ 389,847
Investments	2,865,175	2,097,021
Due from related parties	-	73,892
Other assets	203,591	244,487
Total assets	$ 3,347,919	$ 2,805,247
Liabilities:		
Accounts payable and accrued expenses	$ 3,781	$ 12,020
Due to related parties	52,404	-
Total liabilities	56,185	12,020
Net assets:		
Without donor restrictions	1,683,350	1,249,167
With donor restrictions:		
Purpose restrictions	1,508,384	1,444,060
Perpetual in nature	100,000	100,000
Total net assets	3,291,734	2,793,227
Total liabilities and net assets	$ 3,347,919	$ 2,805,247
Revenue and support	$ 1,092,457	$ 1,261,297
Expenses	593,950	768,848
Change in net assets	498,507	492,449
Net assets, beginning of year	2,793,227	2,300,778
Net assets, end of year	$ 3,291,734	$ 2,793,227

6. Long-Term Debt

The Hospital Authority of Savannah (Authority) issued a $46,185,000 principal bond Series 2013A pursuant to a Bond Trust Indenture dated November 1, 2013, by and between the Authority and the bond trustee, Regions Bank. The Authority simultaneously entered into a Loan Agreement dated November 1, 2013, by and between the Authority and the System, CH, and SJH (Obligated Group). Interest will be paid annually through July 2026 by the System to the Authority. Subsequently, principal and interest will be paid through July 2031. Proceeds for the 2013A Revenue Bonds have been used (1) to finance the costs of constructing additions and improvements to, and equipment for, CH and SJH, (2) currently refund the outstanding principal amount of the Series 2003 Bonds, and (3) pay the costs of issuing the bonds and refunding the Series 2003 Bonds.

Continued

6. Long-Term Debt, Continued

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

The Authority issued 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. In November 2019, the Authority issued the Series 2019A bonds and a portion of the proceeds were allocated to refund the Series 2017.

The Authority issued a $106,960,000 principal bond Series 2019A pursuant to a Bond Trust Indenture dated November 1, 2019, by and between the Authority and the bond trustee, Regions Bank. The Authority simultaneously entered into a Loan Agreement dated November 1, 2019, by and between the Authority and the Obligated Group. The Obligated Group has used the proceeds to (1) pay the costs of issuance of the Series 2019A bonds, (2) refund the outstanding principal amounts of the Series 2016 and 2017 bonds, and (3) fund the Project Fund and the Expense Fund pursuant to the Bond Trust Indenture.

The Authority issued a $61,625,000 principal bond Series 2019B pursuant to a Bond Trust Indenture dated November 1, 2019, by and between the Authority and the bond trustee, Regions Bank. The Authority simultaneously entered into a Loan Agreement dated November 1, 2019, by and between the Authority and the Obligated Group. The Obligated Group has used the proceeds to (1) pay the costs of issuance of the Series 2019B bonds, (2) fund the Project Fund and the Expense Fund pursuant to the Bond Trust Indenture, and (3) refinance the outstanding principal amounts of the CH Master Note Series 2016B.

The Authority issued a $19,020,000 principal bond Series 2019C pursuant to a Bond Trust Indenture dated November 1, 2019, by and between the Authority and the bond trustee, Wells Fargo Bank, N.A. The Authority simultaneously entered into a Loan Agreement dated November 1, 2019, by and between the Authority and the Obligated Group. The Obligated Group has used the proceeds to (1) pay the costs of issuance of the Series 2019C bonds and (2) fund the Project Fund and the Expense Fund pursuant to the Bond Trust Indenture.

Continued

6. Long-Term Debt, Continued

A summary of long-term debt at June 30, 2021 and 2020 follows:

	2021	2020
Hospital Authority of Savannah Revenue Bonds, St. Joseph's/Candler Health System, Inc.:		
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	1,281,200	1,409,317
Total	31,306,200	31,434,317
Issue Series 2019A:		
4.00% term bonds, principal due in varying annual installments beginning July 2035 to July 2044 and 3.125% term bonds, principal due in annual installments of $13,675,000 in July 2043 and $6,325,000 in July 2044.	106,960,000	106,960,000
Issue Series 2019B:		
3.989% term bonds, principal due in varying annual installments beginning in July 2033 to July 2038.	61,625,000	61,625,000
Issue Series 2019C:		
5.00% term bonds, principal due in annual installments of $12,080,000 in July 2032 and $6,940,000 in July 2033.	19,020,000	19,020,000
Unamortized premium	9,799,989	10,443,853
Total	28,819,989	29,463,853

Continued

6. Long-Term Debt, Continued

	2021	2020
Costrini Meadows, LLC - promissory note, 6.00% note, principal due in annual installments of $400,000 in July 2021 and 2022.	$ 800,000	$ -
Finance lease liabilities *(Note 7)*	2,072,976	2,833,078
	277,769,165	278,501,248
Less unamortized debt issue costs	2,615,005	2,931,922
	275,154,160	275,569,326
Less current maturities	1,155,928	751,058
Less current portion of unamortized premiums	771,984	771,983
Total long-term debt	$ 273,226,248	$ 274,046,285

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, 2021 and 2020, the System recognized approximately $-0- and $162,000, respectively, which has been recorded as an addition to interest expense in the accompanying combined statements of operations and changes in net assets.

Scheduled principal repayments on long-term debt (excluding finance lease liabilities) for the next five years are as follows:

Year Ending June 30	Amount
2022	$ 400,000
2023	400,000
2024	-
2025	7,740,000
2026	8,205,000
Thereafter	247,870,000
Total	$ 264,615,000

Continued

7. Leases

The System has operating and finance leases for buildings and equipment. The System determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded on the consolidated balance sheets. The System has lease agreements which require payments for lease and nonlease components and has elected to account for these as a single lease component.

Right-of-use assets represent the System's right to use an underlying asset during the lease term, and lease liabilities represent the System's obligation to make lease payments arising from the lease. Right-of-use assets and lease liabilities are recognized at the commencement date, based on the net present value of fixed lease payments over the lease term. The System has entered into lease arrangements that contain options to extend or terminate the lease in future periods. These options are included in the lease term used to compute the lease liabilities as presented on the combined balance sheets when it is reasonably certain the option will be exercised.

As most of the System's operating leases do not provide an implicit rate, the System uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The System considers recent debt issuances, as well as publicly available data for instruments with similar characteristics when calculating its incremental borrowing rates. Finance lease agreements generally include an interest rate that is used to determine the present value of future lease payments. Operating fixed lease expense and finance lease amortization expense are recognized on a straight-line basis over the lease term. Variable lease costs consist primarily of common area maintenance and are not significant to total lease expense.

Operating and finance lease right-of-use assets and lease liabilities as of June 30, 2021 and 2020 were as follows:

	2021	2020
Operating leases:		
Right-of-use assets:		
Operating lease right-of-use assets	$ 11,335,534	$ 13,945,463
Lease liabilities:		
Current portion	$ 2,285,874	$ 2,588,510
Long-term	9,270,874	11,413,653
Total operating lease liabilities	$ 11,556,748	$ 14,002,163
Finance leases:		
Right-of-use assets:		
Property and equipment, net	$ 1,965,354	$ 2,749,471
Lease liabilities:		
Current portion	$ 755,929	$ 751,058
Long-term	1,317,297	2,082,020
Total finance lease liabilities	$ 2,073,226	$ 2,833,078

Continued

7. Leases, Continued

Operating expenses for the leasing activity of the System as lessee for the years ended June 30, 2021 and 2020 are as follows:

Lease Type	2021	2020
Operating lease cost	$ 3,045,260	$ 3,316,736
Finance lease interest	102,134	124,319
Finance lease amortization	791,094	706,675
Short-term lease cost	-	508,266
Total lease cost	$ 3,938,488	$ 4,655,996

Cash paid for amounts included in the measurement of lease liabilities for the years ended June 30, 2021 and 2020 are as follows:

	2021	2020
Operating cash flows from operating leases	$ 2,948,534	$ 3,194,017
Operating cash flows from finance leases	104,273	115,579
Finance cash flows from finance leases	759,852	668,301
Total	$ 3,812,659	$ 3,977,897

The aggregate future lease payments for operating and finance leases as of June 30, 2021 were as follows:

Year Ending June 30	Finance	Operating
2022	$ 826,972	$ 2,695,072
2023	739,647	2,140,306
2024	504,480	1,719,038
2025	134,656	1,329,897
2026	-	1,326,759
Thereafter	-	4,034,878
Total undiscounted cash flows	2,205,755	13,245,950
Less: present value discount	(132,529)	(1,689,202)
Total lease liabilities	$ 2,073,226	$ 11,556,748

Continued

7. Leases, Continued

Average lease terms and discount rates at June 30, 2021 and 2020 were as follows:

	2021	2020
Weighted-average remaining lease term (years):		
Operating leases	6.77	7.28
Finance leases	2.81	3.72
Weighted-average discount rate:		
Operating leases	4.00%	4.00%
Finance leases	4.00%	4.00%

8. Short-Term Debt

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 outstanding balance on the line-of-credit at June 30, 2021 and 2020 was $-0- with no activity occurring in either year. The terms of the System's line-of-credit during 2021 follows:

- Regions Bank - $15,000,000 line-of-credit with a maturity date of September 19, 2021. Interest is recalculated at a floating rate per annum equal to 30-Day LIBOR plus eighty-five one-hundredths of one percent (85 basis points), which is due monthly. In December 2016, the System amended the agreement to designate $3,070,000 as letter-of-credit within the funds available for the System's self-insured workers' compensation claims.

9. Derivative Financial Instruments

In 2020, the System entered into a forward starting interest swap to take advantage of different interest rate positions. The fair market value of the swap is reported in derivative financial instruments on the combined balance sheets. The critical terms of the swap are as follows:

Forward Starting Interest Swap	June 30, 2021	June 30, 2020
Notional amount	$ 46,185,000	$ 46,185,000
Fair market swap	$(1,399,000)	$(3,092,000)
Life remaining on swap	10 Years	11 Years

The swap was issued at market terms so that it had no fair value at its inception. The carrying amount of the swap has been adjusted to fair value at the end of the year which, because of changes in forecasted levels of SIFMA and LIBOR, resulted in reporting a net liability in 2021 and 2020.

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, 2021 and 2020, this earnings impact totaled $1,692,135 and $(3,123,606), respectively.

Continued

10. Net Assets with Donor Restrictions

A summary of the net assets with donor restrictions at June 30, 2021 and 2020 follows:

	2021	2020
Net assets with donor restrictions that are subject to expenditure for a specified purpose:		
Candler Foundation, Inc.	$ 7,585,265	$ 7,056,964
St. Joseph's Foundation of Savannah, Inc.	1,508,384	1,444,060
Total	$ 9,093,649	$ 8,501,024
Net assets with donor restrictions that are perpetual in nature:		
Candler Foundation, Inc.	$ 935,000	$ 935,000
St. Joseph's Foundation of Savannah, Inc.	100,000	100,000
Total	$ 1,035,000	$ 1,035,000

11. Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the System bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the System. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The System believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patient services. The System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. These services are considered to be a single performance obligation and have a duration of less than one year. Revenue for performance obligations satisfied at a point in time is recognized when services are provided and the System does not believe it is required to provide additional services to the patient.

Continued

11. Patient Service Revenue, Continued

Because all of its performance obligations relate to contracts with a duration of less than one year, the System has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The System is utilizing the portfolio approach practical expedient in ASC 606 for contracts related to net patient service revenue. The System accounts for the contracts within each portfolio as a collective group, rather than individual contracts, based on the payment pattern expected in each portfolio category and the similar nature and characteristics of the patients within each portfolio. As a result, the System has concluded that revenue for a given portfolio would not be materially different than if accounting for revenue on a contract by contract basis.

The System has arrangements with third-party payors that provide for payments to the System at amounts different from its established rates. For uninsured patients that do not qualify for charity care, the System recognizes revenue on the basis of its standard rates, subject to certain discounts and implicit price concessions as determined by the System. The System determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the System's policy, and implicit price concessions provided to uninsured patients. Implicit price concessions represent the difference between amounts billed and the estimated consideration the System expects to receive from patients, which are determined based on historical collection experience, current market conditions, and other factors. The System determines its estimates of contractual adjustments and discounts based on contractual agreements, discount policies, and historical experience.

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

- Medicare

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

  The System is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare Administrative Contractor (MAC). The System's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the System. The System's Medicare cost reports have been audited by the MAC through 2016 and 2017 for CH and SJH, respectively.

Continued

11. Patient Service Revenue, Continued

- Medicare, Continued

Laws and regulations governing the Medicare program are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

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

- Medicaid

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

The System is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicaid fiscal intermediary. The System's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through 2018 and 2017 for CH and SJH, respectively.

Laws and regulations governing the Medicaid program are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

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

Continued

11. Patient Service Revenue, Continued

- Medicaid, Continued

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

The state of Georgia enacted legislation known as the Provider Payment Agreement Act (Act) whereby hospitals in the state of Georgia are assessed a "provider payment" in the amount of 1.45% of their net patient service revenue. The Act became effective July 1, 2010, the beginning of state fiscal year 2011. The provider payments are due on a quarterly basis to the Department of Community Health. The payments are to be used for the sole purpose of obtaining federal financial participation for medical assistance payments to providers on behalf of Medicaid recipients. The provider payment results in an increase in payments for Medicaid services to hospitals of approximately 11.88%. Approximately $7,041,000 and $6,824,000 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, 2021 and 2020, 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.

- 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.

Continued

11. Patient Service Revenue, Continued

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the System's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price, were not significant in 2021 or 2020.

Generally patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The System also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The System estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Adjustments arising from a change in the transaction price were not significant for the years ending June 30, 2021 and 2020. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended June 30, 2021 and 2020 was not significant.

Consistent with the System's mission, care is provided to patients regardless of their ability to pay. Therefore, the System has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles).

Net patient service revenue by major payor source, facility, and timing of revenue recognition for the years ended June 30, 2021 and 2020 is as follows:

	Net Patient Service Revenue				
	Medicare	Medicaid	Third-Party Payors	Self-Pay	Total All Payors
2021	$ 276,677,186	$ 36,344,383	$ 383,525,068	$ 12,325,791	$ 708,872,428
2020	$ 249,323,399	$ 35,619,028	$ 323,321,575	$ 4,127,013	$ 612,391,015

Continued

11. Patient Service Revenue, Continued

	Net Patient Service Revenue	
	2021	2020
Candler Hospital	$ 378,286,615	$ 323,147,499
St. Joseph's Hospital	273,892,580	248,630,757
SJC Home Health	8,843,081	8,709,886
SJC Medical Group	29,324,028	17,676,548
SJC Health Services	15,788,276	10,879,946
Georgia Infirmary	2,737,848	3,346,379
Timing of revenue and recognition:		
Services transferred over time	$ 708,872,428	$ 612,391,015

Hospital net patient service revenue includes a variety of services mainly covering inpatient acute care services requiring overnight stays, outpatient procedures that require anesthesia or use of the System's diagnostic and surgical equipment, and emergency care services. Performance obligations for the hospitals, home health, and other ancillary patient services are satisfied over time as the patient simultaneously receives and consumes the benefits the System performs. Requirements to recognize revenue for inpatient services are generally satisfied over periods that average approximately four days and for outpatient services are generally satisfied over a period of less than one day. Retail pharmacy, reference lab, and other point-of-sale revenues' performance obligations are satisfied at a point in time when the goods and services are provided. These revenues are recorded in other revenue on the combined statement of operations and changes in net assets.

The System has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the System's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the System does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

The System has applied the practical expedient provided by FASB ASC 340-40-25-4 and all incremental customer contract acquisition costs are expensed as they are incurred as the amortization period of the asset that the System otherwise would have recognized is one year or less in duration.

Continued

12. Uncompensated Services

Net patient service revenue includes amounts, representing the transaction price, based on standard charges reduced by variable considerations such as contractual adjustments, discounts, and implicit price concessions. Uncompensated care includes charity and indigent services of approximately $145,000,000 and $151,000,000 for 2021 and 2020, respectively. The cost of charity and indigent services provided during 2021 and 2020 was approximately $34,000,000 and $36,000,000, respectively, computed by applying a total cost factor to the charges foregone for uninsured claims and an estimated unreimbursed cost for insured claims.

The following is a summary of uncompensated services and a reconciliation of gross patient charges to net patient service revenue for 2021 and 2020.

	2021	2020
Gross patient charges	$ 3,063,695,523	$ 2,743,369,687
Uncompensated services:		
Charity and indigent care	144,768,780	150,783,717
Medicare	1,287,152,299	1,168,210,764
Medicaid	190,442,772	170,433,901
Other third-party payors	689,408,681	609,928,623
Price concessions	43,050,563	31,621,667
Total uncompensated care	2,354,823,095	2,130,978,672
Net patient service revenue	$ 708,872,428	$ 612,391,015

13. Pension Plans

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

13. Pension Plans, Continued

The following table sets forth the Plan's funded status and amounts recognized in the combined financial statements at June 30, 2021 and 2020:

	2021	2020
Plan assets at fair value as of June 30	$ 120,410,038	$ 95,158,646
Projected benefit obligation as of June 30	126,755,166	113,481,065
Funded status	$(6,345,128)	$(18,322,419)
Amounts recognized only in net assets without donor restrictions:		
Unrecognized net loss from past experience different from that assumed	$(45,658,996)	$(54,109,850)
Prior service cost not yet recognized in net periodic pension cost	1,801,352	2,631,464
Deferred pension cost	$(43,857,644)	$(51,478,386)

Significant assumptions used to determine the accumulated and projected benefit obligations, and net periodic pension cost for the Plan for the years ended June 30, 2021 and 2020, were as follows:

	2021	2020
Discount rate	Flat Rate of 2.53%	Segment Rates of 2.65%, 3.95% and 4.48%
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

13. Pension Plans, Continued

The actuarially computed net periodic pension cost for the Plan for the years ended June 30, 2021 and 2020 included the following components:

	2021	2020
Interest cost on projected benefit obligation	$ 4,511,514	$ 4,667,167
Expected return on plan assets	(7,540,313)	(7,534,923)
Amortization of actuarial loss	3,502,362	3,835,891
Amortization of prior service cost	(830,112)	(830,112)
Net periodic pension cost	(356,549)	138,023
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:		
Change in net actuarial loss	(4,948,492)	(3,221,912)
Amortization of net actuarial loss	(3,502,362)	(3,835,891)
Amortization of prior service cost	830,112	830,112
Total recognized in net assets without donor restrictions	(7,620,742)	(6,227,691)
Total recognized in net periodic pension cost and net assets without donor restrictions	$(7,977,291)	$(6,089,668)

The change in projected benefit obligation for the Plan for the years ended June 30, 2021 and 2020 included the following components:

	2021	2020
Projected benefit obligation, beginning of year	$ 113,481,065	$ 123,421,302
Interest cost	4,511,514	4,667,167
Actuarial loss	14,846,821	(8,797,937)
Benefits paid	(6,084,234)	(5,809,467)
Projected benefit obligation, end of year	$ 126,755,166	$ 113,481,065
Accumulated benefit obligation	$ 126,755,166	$ 113,481,065

Continued

13. Pension Plans, Continued

The change in plan assets for the Plan for the years ended June 30, 2021 and 2020 included the following components:

	2021	2020
Plan assets at fair value, beginning of year	$ 95,158,646	$ 95,009,214
Actual return on assets	27,335,626	1,958,899
Employer contributions	4,000,000	4,000,000
Benefits paid	(6,084,234)	(5,809,467)
Plan assets at fair value, end of year	$ 120,410,038	$ 95,158,646

The actuarial loss and prior service cost to be recognized during the next 12 months beginning July 1, 2021 is as follows:

Recognized net actuarial loss	$ 3,502,362
Amortization of prior year service costs	(830,112)
Total	$ 2,672,250

Estimated Contributions

The System plans to contribute approximately $4,000,000 to this plan during fiscal year 2022.

Estimated Future Benefit Payments

The following benefit payments are expected to be paid:

Year Ending June 30	Pension Benefits
2022	$ 6,281,000
2023	$ 6,349,000
2024	$ 6,487,000
2025	$ 6,593,000
2026	$ 6,734,000
2027 - 2031	$ 34,036,000

The expected benefits to be paid are based on the same assumptions used to measure the System's benefit obligation at June 30, 2021.

Continued

13. Pension Plans, Continued

Plan Assets

The composition of plan assets at June 30, 2021 and 2020 is as follows:

	2021		2020	
	Amount	Percentage	Amount	Percentage
Cash and cash equivalents	$ 1,967,860	2%	$ 1,907,918	2%
Mutual funds - fixed income	95,063,162	79%	11,473,423	12%
Mutual funds - balanced	23,379,016	19%	2,992,509	3%
Mutual funds - equity	-	- %	29,403,393	31%
Mutual funds - international equity	-	- %	21,464,731	23%
Equity securities	-	- %	27,916,672	29%
Total plan assets, at fair value	$ 120,410,038	100%	$ 95,158,646	100%

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 20% equity, 77% fixed income/alternative investments, and 3% cash and equivalents.

The fair values of the plan assets at June 30, 2021 and 2020, by asset category are as follows:

	Fair Value Measurements at June 30, 2021			
Asset Category	Fair Value	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	$ 1,967,860	$ 1,967,860	$ -	$ -
Mutual funds - fixed income	95,063,162	95,063,162	-	-
Mutual funds - equity	23,379,016	23,379,016	-	-
Total	$ 120,410,038	$ 120,410,038	$ -	$ -

Continued

13. Pension Plans, Continued

Plan Assets, Continued

	Fair Value Measurements at June 30, 2020			
Asset Category	Fair Value	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	$ 1,907,918	$ 1,907,918	$ -	$ -
Mutual funds - fixed income	11,473,423	11,473,423	-	-
Mutual funds - balanced	2,992,509	2,992,509	-	-
Mutual funds - equity	29,403,393	29,403,393	-	-
Mutual funds - international equity	21,464,731	21,464,731	-	-
Equity securities	27,916,672	27,916,672	-	-
Total	$ 95,158,646	$ 95,158,646	$ -	$ -

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, 2021 and 2020 totaled approximately $4,131,000 and $3,819,000, respectively. Discretionary contribution expense for the years ended June 30, 2021 and 2020 totaled approximately $3,063,000 and $2,986,000, respectively.

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

14. Self-Insurance Claims

The System insures its professional and general liability on a claims-made basis through Geechee, a wholly-owned subsidiary, with a self-insured retention limit of $7,000,000. The System insures its employed physician professional liability on a claims-made basis through Geechee with a self-insured retention limit of $4,000,000. At June 30, 2021, 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.

Continued

14. Self-Insurance Claims, Continued

Accrued malpractice losses have been discounted at 6.00% for both June 30, 2021 and 2020, and in management's opinion, provide an adequate reserve for loss contingencies. The estimate of these potential claims is approximately $23,000,000 at June 30, 2021 and 2020 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, 2021.

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, 2021.

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 $20,883,000 and $19,506,000 during the fiscal years ended June 30, 2021 and 2020, respectively.

15. Concentrations of Credit Risk

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net accounts receivable from patients and third-party payors for CH and SJH at June 30, 2021 and 2020 was as follows:

	2021	2020
Medicare	31%	34%
Medicaid	7%	5%
Managed care	40%	36%
Commercial and other	13%	17%
Patients	9%	8%
Total	100%	100%

At June 30, 2021, 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

16. Functional Expenses

The System provides general health care services primarily to residents within its geographic location. Expenses related to providing these services in 2021 and 2020 are as follows:

	2021				
	Health Care Services	General and Administrative	Total	Eliminations	Combined Total
Salaries and wages	$ 201,567,550	$ 69,327,691	$ 270,895,241	$ -	$ 270,895,241
Employee benefits	35,120,010	15,290,970	50,410,980	-	50,410,980
Physician and professional fees	44,157,884	22,926,570	67,084,454	(4,352,208)	62,732,246
Materials and supplies	206,406,825	12,813,390	219,220,215	-	219,220,215
Purchased services	25,684,686	20,840,059	46,524,745	(4,062,439)	42,462,306
Insurance	5,614,602	5,037,511	10,652,113	(3,982,920)	6,669,193
Interest	10,442,843	24,066	10,466,909	-	10,466,909
Depreciation and amortization	21,007,742	7,428,137	28,435,879	-	28,435,879
Other	23,226,312	27,845,758	51,072,070	(1,610,160)	49,461,910
Total	$ 573,228,454	$ 181,534,152	$ 754,762,606	$(14,007,727)	$ 740,754,879

	2020				
	Health Care Services	General and Administrative	Total	Eliminations	Combined Total
Salaries and wages	$ 193,423,462	$ 53,467,496	$ 246,890,958	$ -	$ 246,890,958
Employee benefits	33,529,547	11,953,189	45,482,736	-	45,482,736
Physician and professional fees	38,050,075	16,631,666	54,681,741	-	54,681,741
Materials and supplies	186,240,719	6,438,485	192,679,204	-	192,679,204
Purchased services	25,802,804	16,518,713	42,321,517	(4,329,964)	37,991,553
Insurance	8,799,291	8,356,189	17,155,480	(7,659,816)	9,495,664
Interest	8,973,268	-	8,973,268	-	8,973,268
Depreciation and amortization	19,298,225	7,108,029	26,406,254	-	26,406,254
Other	23,694,721	21,687,681	45,382,402	(1,298,328)	44,084,074
Total	$ 537,812,112	$ 142,161,448	$ 679,973,560	$(13,288,108)	$ 666,685,452

Continued

16. Functional Expenses, Continued

The combined financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including depreciation and amortization, interest expense, and other occupancy costs, are allocated to a function based on a square footage basis. Benefit expense is allocated consistent with salaries.

17. Fair Values of Financial Instruments

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

- *Cash and cash equivalents, accounts payable, accrued expenses, estimated third-party payor settlements and Medicare advance payments:* 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, 2021 and 2020 are as follows:

	2021		2020	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Long-term debt	$ 275,696,189	$ 311,698,537	$ 275,668,170	$ 302,599,761

Continued

17. Fair Values of Financial Instruments, Continued

Fair values of assets measured on a recurring basis at June 30, 2021 and 2020 are as follows:

		Fair Value Measurements at June 30, 2021		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets:				
Cash and cash equivalents	$ 12,041,628	$ 12,041,628	$ -	$ -
Mutual funds - fixed income	84,051,268	84,051,268	-	-
Mutual funds - balanced	9,964,358	9,964,358	-	-
Mutual funds - equity	159,270,399	153,796,346	5,474,053	-
Mutual funds - international equity	47,221,909	47,221,909	-	-
Equity securities - common stock	24,471,162	24,471,162	-	-
Interest receivable	43,580	43,580	-	-
Total assets	$ 337,064,304	$ 331,590,251	$ 5,474,053	$ -
Liabilities:				
Derivatives	$ 1,399,943	$ -	$ 1,399,943	$ -

		Fair Value Measurements at June 30, 2020		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets:				
Cash and cash equivalents	$ 14,347,419	$ 14,347,419	$ -	$ -
U.S. Government and agency obligations	2,844,114	437,846	2,406,268	-
Municipal obligations	696,325	-	696,325	-
Corporate bonds	3,859,852	-	3,859,852	-
Mortgage backed securities	2,667,348	-	2,667,348	-
Mutual funds - fixed income	61,926,504	61,926,504	-	-
Mutual funds - balanced	6,879,359	6,879,359	-	-
Mutual funds - equity	80,538,862	75,928,395	4,610,467	-
Mutual funds - international equity	44,069,781	44,069,781	-	-
Equity securities - common stock	22,285,963	22,285,963	-	-
Equity securities - preferred stock	9,083,892	9,083,892	-	-
Total assets	$ 249,199,419	$ 234,959,159	$ 14,240,260	$ -
Liabilities:				
Derivatives	$ 3,092,078	$ -	$ 3,092,078	$ -

Continued

17. Fair Values of Financial Instruments, Continued

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2021 and 2020.

- *Cash and cash equivalents:* Valued at amortized cost, which approximates fair value.

- *U.S. Government and agency obligations:* U.S. government and agency obligations are based on yields currently available on comparable securities of issuers with similar credit ratings.

- *Corporate bonds and municipal obligations:* Certain corporate bonds and municipal obligations are valued at the closing price reported in the active market in which the security is traded. Other corporate bonds and municipal obligations are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

- *Mortgage backed securities:* Mortgage backed securities use valuation techniques that reflect market participants' assumptions and maximize the use of relevant observable inputs including quoted prices for similar assets, benchmark yield curves and market corroborated inputs.

- *Equity securities including mutual funds:* Certain equity securities are valued at the closing price reported on the active market on which the individual securities are traded. Other equity securities are valued based on quoted prices for similar investments in active or inactive markets or valued using observable market data.

- *Forward starting interest swap:* Measured using a credit-adjusted mid-market valuation computed using a zero-coupon method. This method calculates the future net settlement payments required by the swap, assuming the current forward rates implied by the yield curve correctly anticipate future spot interest rates. These payments are then discounted using the spot rates implied by the current yield curve for hypothetical zero-coupon bonds due on the date of each future net settlement on the swaps.

Financial assets valued using Level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets valued using Level 2 inputs are based primarily on quoted prices for similar investments in active or inactive markets. Valuation techniques utilized to determine fair value are consistently applied. These valuation techniques also apply to financial assets held in the Defined Benefit Pension Plan as discussed in Note 13.

Continued

18. Commitments and Contingencies

Health Care Reform

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

Compliance Plan

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

Litigation

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

19. Liquidity and Availability

As of June 30, 2021 and 2020, the System has working capital of approximately $134,092,000 and $182,346,000, respectively.

Financial assets available for general expenditures within one year of June 30, 2021 and 2020, consist of the following:

	2021	2020
Cash and cash equivalents	$ 128,685,229	$ 155,593,194
Patient accounts receivable, net	94,380,875	71,060,136
Other receivables	11,185,760	11,131,106
Estimated third-party payor settlements	4,699,692	4,155,307
Assets limited as to use - board designated	300,054,892	212,021,597
Total financial assets available	$ 539,006,448	$ 453,961,340

Continued

19. Liquidity and Availability, Continued

None of the financial assets available are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date. The System estimates that approximately 100% of the Board designated funds are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the quantitative information above. The System has other assets whose use is limited for other purposes. These assets whose use is limited are not available for general expenditure within the next year and are not reflected in the amounts above. The System structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

20. Coronavirus (COVID-19)

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen. The outbreak has put an unprecedented strain on the U.S. healthcare system, disrupted or delayed production and delivery of materials and products in the supply chain, and caused staffing shortages. The extent of the impact of COVID-19 on the System's operational and financial performance depends on certain developments, including the duration and spread of the outbreak, remedial actions and stimulus measures adopted by local and federal governments, and impact on the System's customers, employees and vendors all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the System's financial position or results of operations is uncertain.

On March 27, 2020, the President signed the Coronavirus Aid, Relief and Economic Security Act (CARES Act). Certain provisions of the CARES Act provide relief funds to hospitals and other healthcare providers. The funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19. The U.S. Department of Health and Human Services began distributing funds on April 10, 2020 to eligible providers in an effort to provide relief to both providers in areas heavily impacted by COVID-19 and those providers who are struggling to keep their doors open due to healthy patients delaying care and canceling elective services. On April 24, 2020, the Paycheck Protection Program and Health Care Enhancement Act was passed. This Act provides additional funding to replenish and supplement key programs under the CARES Act, including funds to health care providers for COVID-19 testing. The CARES Act funding is a conditional contribution and accounted for as a refundable advance until conditions have been substantially met or explicitly waived by the grantor. Because the use of the funds is limited to the purposes stated in the terms and conditions, the contributions are grantor restricted. The System reports restricted contributions, whose restrictions are met in the same period in which they are recognized (simultaneous release), as net assets without donor restrictions. The System received approximately $21,000,000 in CARES Act provider relief funds in fiscal years 2020 and 2021, of which approximately $14,000,000 was recognized as revenue in fiscal year 2020. Recognized revenue is reported as other operating revenue in the combined statements of operations and changes in net assets. The remaining funds are reflected as CARES Act Refundable Advance as of June 30, 2021.

Continued

20. Coronavirus (COVID-19), Continued

CARES Act funding may be subject to audits. While the System currently believes its use of the funds is in compliance with applicable terms and conditions, there is a possibility payments could be recouped based on changes in reporting requirements or audit results.

On April 10, 2020, the System received payments in the amount of approximately $66.25 million under the Accelerated and Advance Payment Program expansion as part of the CARES Act. The program provides emergency funding and addresses cash flow difficulties when there are disruptions in claims submission and/or claims processing. Centers for Medicare and Medicaid Services (CMS) expanded the program for all Medicare providers throughout the country. In October 2020, a Continuing Resolution was passed which allows providers to defer repayment of these funds for up to 29 months before interest starts accruing. The System intends to repay the entire amount over the interest free period with final payment occurring in September 2022. The current and long-term portion is reported as Medicare advance payments in the combined balance sheets as of June 30, 2021 and 2020.

Draffin Tucker

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, 2021 and 2020, and our report thereon dated October 21, 2021, 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 50 through 69, inclusive, is presented for purposes of additional analysis of the combined financial statements rather than to present the financial position, results of operations and cash flows of the individual entities, and is not a required part of the combined financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and cash flows of the individual entities.

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

Draffin & Tucker, LLP

Albany, Georgia
October 21, 2021

Let's Think Together.®

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

COMBINING BALANCE SHEETS
June 30, 2021

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Assets						
Current assets:						
Cash and cash equivalents	$ 114,815,453	$ 920,363	$ 117,788	$ 531,762	$ 2,483,170	$ -
Assets limited as to use required for current liabilities	6,058,200	-	-	-	-	-
Patient accounts receivable, net	-	49,777,372	38,841,194	1,178,549	3,383,347	-
Other receivables	2,472,972	5,466,134	2,741,481	-	161,234	126,269
Due from affiliates	-	69,764,539	54,864,864	-	-	-
Inventories	2,769,716	11,527,429	9,630,835	-	-	-
Prepaid expenses	5,450,743	2,865,906	941,587	3,745	214,954	15,365
Estimated third-party payor settlements	-	4,324,627	710,832	-	1,150	-
Total current assets	131,567,084	144,646,370	107,848,581	1,714,056	6,243,855	141,634
Assets limited as to use:						
Held in trust under bond indenture	25,477,159	-	-	-	-	-
Restricted under interest rate swap and deferred compensation agreements	-	1,149,788	4,324,265	-	-	-
Board designated	224,531,107	-	-	-	11,566,513	-
Total assets limited as to use	250,008,266	1,149,788	4,324,265	-	11,566,513	-
Property and equipment, net	16,638,623	114,413,996	118,751,865	106,993	8,153,349	10,426,435
Other assets:						
Investments in affiliates	520,850,742	-	-	-	-	-
Long-term investments	-	3,014,719	109,178	6,510	33,655	1,275,239
Goodwill on long-term investments	-	48,323,352	-	-	161,000	-
Operating lease right-of-use assets	1,272,866	1,304,111	741,834	-	1,767,447	803,252
Beneficial interest in net assets of Foundations	-	12,232,598	3,291,734	-	-	-
Total other assets	522,123,608	64,874,780	4,142,746	6,510	1,962,102	2,078,491
Total assets	$ 920,337,581	$ 325,084,934	$ 235,067,457	$ 1,827,559	$ 27,925,819	$ 12,646,560

Continued

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

COMBINING BALANCE SHEETS, Continued
June 30, 2021

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Totals	Eliminations	Combined Totals
Assets, Continued						
Current assets:						
Cash and cash equivalents	$ 5,584,796	$ 986,613	$ 3,245,284	$ 128,685,229	$ -	$ 128,685,229
Assets limited as to use required for current liabilities	-	-	-	6,058,200	-	6,058,200
Patient accounts receivable, net	1,144,284	56,129	-	94,380,875	-	94,380,875
Other receivables	193,061	24,609	-	11,185,760	-	11,185,760
Due from affiliates	-	-	-	124,629,403	(124,629,403)	-
Inventories	503,182	-	-	24,431,162	-	24,431,162
Prepaid expenses	75,860	-	-	9,568,160	-	9,568,160
Estimated third-party payor settlements	-	-	-	5,036,609	-	5,036,609
Total current assets	7,501,183	1,067,351	3,245,284	403,975,398	(124,629,403)	279,345,995
Assets limited as to use:						
Held in trust under bond indenture	-	-	-	25,477,159	-	25,477,159
Restricted under interest rate swap and deferred compensation agreements	-	-	-	5,474,053	-	5,474,053
Board designated	-	1,558,924	62,398,348	300,054,892	-	300,054,892
Total assets limited as to use	-	1,558,924	62,398,348	331,006,104	-	331,006,104
Property and equipment, net	554,357	2,939,142	-	271,984,760	-	271,984,760
Other assets:						
Investments in affiliates	-	-	-	520,850,742	(520,850,742)	-
Long-term investments	11,348	-	-	4,450,649	-	4,450,649
Goodwill on long-term investments	8,092,905	-	-	56,577,257	-	56,577,257
Operating lease right-of-use assets	5,446,024	-	-	11,335,534	-	11,335,534
Beneficial interest in net assets of Foundations	-	-	-	15,524,332	-	15,524,332
Total other assets	13,550,277	-	-	608,738,514	(520,850,742)	87,887,772
Total assets	$ 21,605,817	$ 5,565,417	$ 65,643,632	$ 1,615,704,776	$(645,480,145)	$ 970,224,631

Continued

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

COMBINING BALANCE SHEETS, Continued
June 30, 2021

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Liabilities and Net Assets						
Current liabilities:						
Current maturities of long-term debt	$ 1,006,899	$ 255,336	$ 265,677	$ -	$ -	$ 400,000
Current portion of operating lease liabilities	234,966	378,357	499,789	-	383,110	185,467
Accounts payable	6,640,473	15,826,027	13,438,124	175,717	1,026,430	52,413
Accrued employee related expenses	19,462,625	8,659,539	7,020,376	420,182	1,031,230	8,376
Other accrued expenses	8,041,900	2,311,930	1,089,669	-	2,646,902	(4,237)
Due to affiliates	124,026,227	-	-	531,560	-	-
Medicare advance payments, current portion	-	21,013,449	22,511,032	-	815,027	-
CARES Act refundable advance	-	4,516,035	1,005,189	-	-	-
Total current liabilities	159,413,090	52,960,673	45,829,856	1,127,459	5,902,699	642,019
Medicare advance payments, excluding current portion	-	8,317,299	5,200,262	-	-	-
Long-term debt, excluding current maturities	272,140,320	321,855	364,073	-	-	400,000
Operating lease liabilities, excluding current portion	1,077,574	925,755	219,047	-	1,441,854	636,503
Accrued self-insurance claims	1,783,633	-	-	-	-	-
Accrued pension cost	6,345,128	-	-	-	-	-
Deferred compensation payable	-	1,149,788	4,324,265	-	6,570,653	-
Derivative financial instruments	1,399,943	-	-	-	-	-
Total liabilities	442,159,688	63,675,370	55,937,503	1,127,459	13,915,206	1,678,522
Net assets:						
St. Joseph's/Candler Health System, Inc. net assets:						
Common stock	-	-	-	-	500	500
Without donor restrictions	478,177,893	252,889,299	177,521,570	700,100	13,586,648	10,967,538
With donor restrictions:						
Purpose restrictions	-	7,585,265	1,508,384	-	-	-
Perpetual in nature	-	935,000	100,000	-	-	-
Total St. Joseph's/Candler Health System, Inc. net assets	478,177,893	261,409,564	179,129,954	700,100	13,587,148	10,968,038
Noncontrolling interest in joint ventures	-	-	-	-	423,465	-
Total net assets	478,177,893	261,409,564	179,129,954	700,100	14,010,613	10,968,038
Total liabilities and net assets	$ 920,337,581	$ 325,084,934	$ 235,067,457	$ 1,827,559	$ 27,925,819	$ 12,646,560

Continued

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

COMBINING BALANCE SHEETS, Continued
June 30, 2021

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Totals	Eliminations	Combined Totals
Liabilities and Net Assets, Continued						
Current liabilities:						
Current maturities of long-term debt	$ -	$ -	$ -	$ 1,927,912	$ -	$ 1,927,912
Current portion of operating lease liabilities	604,185	-	-	2,285,874	-	2,285,874
Accounts payable	22,210	98,276	128,847	37,408,517	-	37,408,517
Accrued employee related expenses	413,706	175,460	-	37,191,494	-	37,191,494
Other accrued expenses	1,068,826	-	93,074	15,248,064	-	15,248,064
Due to affiliates	-	-	71,616	124,629,403	(124,629,403)	-
Medicare advance payments, current portion	74,436	-	-	44,413,944	-	44,413,944
CARES Act refundable advance	1,256,720	-	-	6,777,944	-	6,777,944
Total current liabilities	3,440,083	273,736	293,537	269,883,152	(124,629,403)	145,253,749
Medicare advance payments, excluding current portion	-	-	-	13,517,561	-	13,517,561
Long-term debt, excluding current maturities	-	-	-	273,226,248	-	273,226,248
Operating lease liabilities, excluding current portion	4,970,141	-	-	9,270,874	-	9,270,874
Accrued self-insurance claims	-	-	24,256,807	26,040,440	-	26,040,440
Accrued pension cost	-	-	-	6,345,128	-	6,345,128
Deferred compensation payable	-	-	-	12,044,706	-	12,044,706
Derivative financial instruments	-	-	-	1,399,943	-	1,399,943
Total liabilities	8,410,224	273,736	24,550,344	611,728,052	(124,629,403)	487,098,649
Net assets:						
St. Joseph's/Candler Health System, Inc. net assets:						
Common stock	165,000	-	120,000	286,000	(286,000)	-
Without donor restrictions	6,636,682	5,291,681	40,973,288	986,744,699	(520,564,742)	466,179,957
With donor restrictions:						
Purpose restrictions	-	-	-	9,093,649	-	9,093,649
Perpetual in nature	-	-	-	1,035,000	-	1,035,000
Total St. Joseph's/Candler Health System, Inc. net assets	6,801,682	5,291,681	41,093,288	997,159,348	(520,850,742)	476,308,606
Noncontrolling interest in joint ventures	6,393,911	-	-	6,817,376	-	6,817,376
Total net assets	13,195,593	5,291,681	41,093,288	1,003,976,724	(520,850,742)	483,125,982
Total liabilities and net assets	$ 21,605,817	$ 5,565,417	$ 65,643,632	$ 1,615,704,776	$(645,480,145)	$ 970,224,631

See accompanying independent auditor's report on combining information.

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

COMBINING BALANCE SHEETS
June 30, 2020

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Assets						
Current assets:						
Cash and cash equivalents	$ 150,494,181	$ 88,376	$ 68,266	$ 64,198	$ 157,827	$ -
Assets limited as to use required for current liabilities	6,905,237	-	-	-	-	-
Patient accounts receivable, net	-	38,930,325	28,539,250	936,533	1,763,752	-
Other receivables	552,486	5,370,917	3,719,513	-	314,888	13,322
Due from affiliates	-	39,593,550	43,976,751	-	-	-
Inventories	1,517,646	7,549,018	8,842,162	-	-	-
Prepaid expenses	4,430,630	1,313,754	1,122,489	19,766	110,014	17,472
Estimated third-party payor settlements	-	2,734,041	1,381,882	-	39,384	-
Total current assets	163,900,180	95,579,981	87,650,313	1,020,497	2,385,865	30,794
Assets limited as to use:						
Held in trust under bond indenture	25,662,118	-	-	-	-	-
Restricted under interest rate swap and deferred compensation agreements	-	888,242	3,722,225	-	-	-
Board designated	154,260,656	-	-	-	8,927,962	-
Total assets limited as to use	179,922,774	888,242	3,722,225	-	8,927,962	-
Property and equipment, net	18,405,451	110,544,822	119,036,750	132,848	6,592,452	5,171,995
Derivative financial instruments	-	-	-	-	-	-
Other assets:						
Investments in affiliates	419,638,668	-	-	-	-	-
Long-term investments	-	1,794,603	100,756	6,510	25,665	146,066
Goodwill on long-term investments	-	48,323,352	-	-	161,000	-
Operating lease right-of-use assets	1,490,385	1,889,286	1,412,279	-	2,149,353	855,377
Beneficial interest in net assets of Foundations	-	9,906,513	2,793,227	-	-	-
Total other assets	421,129,053	61,913,754	4,306,262	6,510	2,336,018	1,001,443
Total assets	$ 783,357,458	$ 268,926,799	$ 214,715,550	$ 1,159,855	$ 20,242,297	$ 6,204,232

Continued

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

COMBINING BALANCE SHEETS, Continued
June 30, 2020

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Totals	Eliminations	Combined Totals
Assets, Continued						
Current assets:						
Cash and cash equivalents	$ 1,925,268	$ 679,578	$ 2,115,500	$ 155,593,194	$ -	$ 155,593,194
Assets limited as to use required for current liabilities	-	-	-	6,905,237	-	6,905,237
Patient accounts receivable, net	817,452	72,824	-	71,060,136	-	71,060,136
Other receivables	1,142,908	17,072	-	11,131,106	-	11,131,106
Due from affiliates	-	-	-	83,570,301	(83,570,301)	-
Inventories	608,199	-	-	18,517,025	-	18,517,025
Prepaid expenses	17,607	1,600	-	7,033,332	-	7,033,332
Estimated third-party payor settlements	-	-	-	4,155,307	-	4,155,307
Total current assets	4,511,434	771,074	2,115,500	357,965,638	(83,570,301)	274,395,337
Assets limited as to use:						
Held in trust under bond indenture	-	-	-	25,662,118	-	25,662,118
Restricted under interest rate swap and deferred compensation agreements	-	-	-	4,610,467	-	4,610,467
Board designated	-	1,163,537	47,669,442	212,021,597	-	212,021,597
Total assets limited as to use	-	1,163,537	47,669,442	242,294,182	-	242,294,182
Property and equipment, net	637,556	3,089,796	-	263,611,670	-	263,611,670
Derivative financial instruments	-	-	-	-	-	-
Other assets:						
Investments in affiliates	-	-	-	419,638,668	(419,638,668)	-
Long-term investments	11,348	-	-	2,084,948	-	2,084,948
Goodwill on long-term investments	8,092,905	-	-	56,577,257	-	56,577,257
Operating lease right-of-use assets	6,148,783	-	-	13,945,463	-	13,945,463
Beneficial interest in net assets of Foundations	-	-	-	12,699,740	-	12,699,740
Total other assets	14,253,036	-	-	504,946,076	(419,638,668)	85,307,408
Total assets	$ 19,402,026	$ 5,024,407	$ 49,784,942	$ 1,368,817,566	$(503,208,969)	$ 865,608,597

Continued

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

COMBINING BALANCE SHEETS, Continued
June 30, 2020

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Liabilities and Net Assets						
Current liabilities:						
Current maturities of long-term debt	$ 997,722	$ 262,285	$ 263,034	$ -	$ -	$ -
Current portion of operating lease liabilities	539,571	372,683	662,577	-	350,378	142,065
Accounts payable	5,235,141	14,619,844	13,727,452	346,856	755,813	65,581
Accrued employee related expenses	17,447,384	6,219,069	4,484,043	356,506	679,836	7,907
Other accrued expenses	8,809,499	3,248,858	1,636,888	-	365,610	(1,289)
Due to affiliates	83,565,263	-	-	-	-	-
Medicare advance payments, current portion	-	6,186,396	1,974,444	-	218,180	-
CARES Act refundable advance	-	-	-	-	-	-
Total current liabilities	116,594,580	30,909,135	22,748,438	703,362	2,369,817	214,264
Medicare advance payments, excluding current portion	-	27,580,151	29,545,729	-	654,539	-
Long-term debt, excluding current maturities	272,829,779	585,629	630,877	-	-	-
Operating lease liabilities, excluding current portion	963,914	1,516,601	737,267	-	1,819,549	719,190
Accrued self-insurance claims	2,209,610	-	-	-	-	-
Accrued pension cost	18,322,419	-	-	-	-	-
Deferred compensation payable	-	888,242	3,722,225	-	6,027,524	-
Derivative financial instruments	3,092,078	-	-	-	-	-
Collateral held under interest rate swap agreement	-	-	-	-	-	-
Total liabilities	414,012,380	61,479,758	57,384,536	703,362	10,871,429	933,454
Net assets:						
St. Joseph's/Candler Health System, Inc. net assets:						
Common stock	-	-	-	-	500	500
Without donor restrictions	369,345,078	199,455,077	155,786,954	456,493	9,370,368	5,270,278
With donor restrictions:						
Purpose restrictions	-	7,056,964	1,444,060	-	-	-
Perpetual in nature	-	935,000	100,000	-	-	-
Total St. Joseph's/Candler Health System, Inc. net assets	369,345,078	207,447,041	157,331,014	456,493	9,370,868	5,270,778
Noncontrolling interest in joint ventures	-	-	-	-	-	-
Total net assets	369,345,078	207,447,041	157,331,014	456,493	9,370,868	5,270,778
Total liabilities and net assets	$ 783,357,458	$ 268,926,799	$ 214,715,550	$ 1,159,855	$ 20,242,297	$ 6,204,232

Continued

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

COMBINING BALANCE SHEETS, Continued
June 30, 2020

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Totals	Eliminations	Combined Totals
Liabilities and Net Assets, Continued						
Current liabilities:						
Current maturities of long-term debt	$ -	$ -	$ -	$ 1,523,041	$ -	$ 1,523,041
Current portion of operating lease liabilities	521,236	-	-	2,588,510	-	2,588,510
Accounts payable	239,144	120,176	53,171	35,163,178	-	35,163,178
Accrued employee related expenses	515,238	132,501	-	29,842,484	-	29,842,484
Other accrued expenses	370,712	-	86,747	14,517,025	-	14,517,025
Due to affiliates	-	-	5,038	83,570,301	(83,570,301)	-
Medicare advance payments, current portion	23,143	-	-	8,402,163	-	8,402,163
CARES Act refundable advance	-	-	-	-	-	-
Total current liabilities	1,669,473	252,677	144,956	175,606,702	(83,570,301)	92,036,401
Medicare advance payments, excluding current portion	69,428	-	-	57,849,847	-	57,849,847
Long-term debt, excluding current maturities	-	-	-	274,046,285	-	274,046,285
Operating lease liabilities, excluding current portion	5,657,132	-	-	11,413,653	-	11,413,653
Accrued self-insurance claims	-	-	22,951,229	25,160,839	-	25,160,839
Accrued pension cost	-	-	-	18,322,419	-	18,322,419
Deferred compensation payable	-	-	-	10,637,991	-	10,637,991
Derivative financial instruments	-	-	-	3,092,078	-	3,092,078
Collateral held under interest rate swap agreement	-	-	-	-	-	-
Total liabilities	7,396,033	252,677	23,096,185	576,129,814	(83,570,301)	492,559,513
Net assets:						
St. Joseph's/Candler Health System, Inc. net assets:						
Common stock	165,000	-	120,000	286,000	(286,000)	-
Without donor restrictions	6,267,697	4,771,730	26,568,757	777,292,432	(419,352,668)	357,939,764
With donor restrictions:						
Purpose restrictions	-	-	-	8,501,024	-	8,501,024
Perpetual in nature	-	-	-	1,035,000	-	1,035,000
Total St. Joseph's/Candler Health System, Inc. net assets	6,432,697	4,771,730	26,688,757	787,114,456	(419,638,668)	367,475,788
Noncontrolling interest in joint ventures	5,573,296	-	-	5,573,296	-	5,573,296
Total net assets	12,005,993	4,771,730	26,688,757	792,687,752	(419,638,668)	373,049,084
Total liabilities and net assets	$ 19,402,026	$ 5,024,407	$ 49,784,942	$ 1,368,817,566	$(503,208,969)	$ 865,608,597

See accompanying independent auditor's report on combining information.

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

COMBINING STATEMENTS OF EXCESS REVENUES (EXPENSES)
June 30, 2021

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Revenues, gains and other support:						
Net patient service revenue	$ -	$ 378,286,615	$ 273,892,580	$ 8,843,081	$ 29,324,028	$ -
Other revenue	-	43,982,202	15,468,262	-	6,339,920	1,787,449
Total revenues, gains and other support	-	422,268,817	289,360,842	8,843,081	35,663,948	1,787,449
Expenses:						
Salaries and wages	-	131,376,955	101,168,117	6,385,133	25,141,372	121,382
Employee benefits	-	25,005,922	18,961,862	1,066,898	3,828,080	12,679
Physician and professional fees	-	36,015,943	18,863,247	16,313	7,777,897	28,515
Materials and supplies	-	121,601,411	91,265,354	278,260	2,178,324	6,429
Purchased services	-	29,258,683	14,849,751	15,018	985,482	114,988
Insurance	-	3,269,167	2,585,812	-	433,465	-
Interest	-	6,050,757	4,392,086	-	-	24,066
Depreciation and amortization	-	14,680,760	12,503,903	25,854	646,578	251,502
Other	-	25,129,240	18,295,506	811,998	3,473,341	930,655
Total expenses	-	392,388,838	282,885,638	8,599,474	44,464,539	1,490,216
Income (loss) from operations	-	29,879,979	6,475,204	243,607	(8,800,591)	297,233
Nonoperating income (loss):						
Investment income	-	4,951,220	2,691,511	-	270,677	-
Unrealized gains on securities	-	22,158,604	16,045,886	-	2,367,874	-
Increase in fair value of derivative instruments	-	981,438	710,697	-	-	-
Gain on investments in affiliates	98,188,762	-	-	-	-	-
Net periodic pension cost	-	206,799	149,751	-	-	-
Other nonoperating gains (losses)	-	(219,265)	(162,218)	-	25,024	-
Nonoperating income (loss), net	98,188,762	28,078,796	19,435,627	-	2,663,575	-
Revenues and gains in excess (deficient) of expenses and losses	98,188,762	57,958,775	25,910,831	243,607	(6,137,016)	297,233
Net gain attributable to noncontrolling interest in joint ventures	-	-	-	-	-	-
Revenues and gains in excess (deficient) of expenses and losses after noncontrolling interest	$ 98,188,762	$ 57,958,775	$ 25,910,831	$ 243,607	$(6,137,016)	$ 297,233

Continued

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

COMBINING STATEMENTS OF EXCESS REVENUES (EXPENSES), Continued
June 30, 2021

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Totals	Eliminations	Combined Totals
Revenues, gains and other support:						
Net patient service revenue	$ 15,788,276	$ 2,737,848	$ -	$ 708,872,428	$ -	$ 708,872,428
Other revenue	10,071,113	280,365	3,982,921	81,912,232	(14,007,727)	67,904,505
Total revenues, gains and other support	25,859,389	3,018,213	3,982,921	790,784,660	(14,007,727)	776,776,933
Expenses:						
Salaries and wages	4,909,827	1,792,455	-	270,895,241	-	270,895,241
Employee benefits	1,091,138	444,401	-	50,410,980	-	50,410,980
Physician and professional fees	4,090,428	169,245	122,866	67,084,454	(4,352,208)	62,732,246
Materials and supplies	3,867,103	23,334	-	219,220,215	-	219,220,215
Purchased services	1,277,092	23,731	-	46,524,745	(4,062,439)	42,462,306
Insurance	248,418	-	4,115,251	10,652,113	(3,982,920)	6,669,193
Interest	-	-	-	10,466,909	-	10,466,909
Depreciation and amortization	151,720	175,562	-	28,435,879	-	28,435,879
Other	2,196,204	230,781	4,345	51,072,070	(1,610,160)	49,461,910
Total expenses	17,831,930	2,859,509	4,242,462	754,762,606	(14,007,727)	740,754,879
Income (loss) from operations	8,027,459	158,704	(259,541)	36,022,054	-	36,022,054
Nonoperating income (loss):						
Investment income	-	13,226	1,320,385	9,247,019	-	9,247,019
Unrealized gains on securities	-	382,162	13,343,687	54,298,213	-	54,298,213
Increase in fair value of derivative instruments	-	-	-	1,692,135	-	1,692,135
Gain on investments in affiliates	-	-	-	98,188,762	(98,188,762)	-
Net periodic pension cost	-	-	-	356,550	-	356,550
Other nonoperating gains (losses)	(65,027)	-	-	(421,486)	-	(421,486)
Nonoperating income (loss), net	(65,027)	395,388	14,664,072	163,361,193	(98,188,762)	65,172,431
Revenues and gains in excess (deficient) of expenses and losses	7,962,432	554,092	14,404,531	199,383,247	(98,188,762)	101,194,485
Net gain attributable to noncontrolling interest in joint ventures	(3,005,723)	-	-	(3,005,723)	-	(3,005,723)
Revenues and gains in excess (deficient) of expenses and losses after noncontrolling interest	$ 4,956,709	$ 554,092	$ 14,404,531	$ 196,377,524	$(98,188,762)	$ 98,188,762

See accompanying independent auditor's report on combining information.

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

COMBINING STATEMENTS OF EXCESS REVENUES (EXPENSES)
June 30, 2020

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Revenues, gains and other support:						
Net patient service revenue	$ -	$ 323,147,499	$ 248,630,757	$ 8,709,886	$ 17,676,548	$ -
Other revenue	-	54,171,415	20,338,614	324,229	2,339,543	1,570,873
Total revenues, gains and other support	-	377,318,914	268,969,371	9,034,115	20,016,091	1,570,873
Expenses:						
Salaries and wages	-	121,034,289	95,005,660	6,325,127	14,732,563	125,189
Employee benefits	-	22,517,948	17,886,173	1,014,740	2,616,003	12,629
Physician and professional fees	-	31,877,079	17,706,181	24,236	3,849,147	36,559
Materials and supplies	-	102,746,403	84,944,017	296,989	2,081,806	5,593
Purchased services	-	26,839,102	13,542,690	12,694	816,337	115,691
Insurance	-	5,188,958	3,811,031	-	274,073	-
Interest	-	5,195,738	3,777,530	-	-	-
Depreciation and amortization	-	13,175,629	11,956,243	52,754	624,445	279,914
Other	-	22,313,317	16,204,404	763,023	2,814,499	918,573
Total expenses	-	350,888,463	264,833,929	8,489,563	27,808,873	1,494,148
Income (loss) from operations	-	26,430,451	4,135,442	544,552	(7,792,782)	76,725
Nonoperating income (loss):						
Investment income (loss)	-	2,823,164	1,633,286	-	469,205	-
Unrealized losses on securities	-	(1,735,398)	(1,256,668)	-	(209,448)	-
Decrease in fair value of derivative instruments	-	(1,803,612)	(1,319,994)	-	-	-
Gain on investments in affiliates	24,482,261	-	-	-	-	-
Net periodic pension cost	-	(80,053)	(57,970)	-	-	-
Other nonoperating losses	-	(45,824)	(265,808)	-	(514,014)	(5,878)
Nonoperating income (loss), net	24,482,261	(841,723)	(1,267,154)	-	(254,257)	(5,878)
Revenues and gains in excess (deficient) of expenses and losses	24,482,261	25,588,728	2,868,288	544,552	(8,047,039)	70,847
Net gain attributable to noncontrolling interest in joint ventures	-	-	-	-	-	-
Revenues and gains in excess (deficient) of expenses and losses after noncontrolling interest	$ 24,482,261	$ 25,588,728	$ 2,868,288	$ 544,552	$(8,047,039)	$ 70,847

Continued

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

COMBINING STATEMENTS OF EXCESS REVENUES (EXPENSES), Continued
June 30, 2020

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Totals	Eliminations	Combined Totals
Revenues, gains and other support:						
Net patient service revenue	$ 10,879,946	$ 3,346,379	$ -	$ 612,391,015	$ -	$ 612,391,015
Other revenue	6,962,753	363,552	7,659,816	93,730,795	(13,288,108)	80,442,687
Total revenues, gains and other support	17,842,699	3,709,931	7,659,816	706,121,810	(13,288,108)	692,833,702
Expenses:						
Salaries and wages	7,620,169	2,047,961	-	246,890,958	-	246,890,958
Employee benefits	945,570	489,673	-	45,482,736	-	45,482,736
Physician and professional fees	833,256	214,272	141,011	54,681,741	-	54,681,741
Materials and supplies	2,495,781	108,615	-	192,679,204	-	192,679,204
Purchased services	953,532	41,471	-	42,321,517	(4,329,964)	37,991,553
Insurance	151,843	-	7,729,575	17,155,480	(7,659,816)	9,495,664
Interest	-	-	-	8,973,268	-	8,973,268
Depreciation and amortization	142,491	174,778	-	26,406,254	-	26,406,254
Other	2,047,937	319,126	1,523	45,382,402	(1,298,328)	44,084,074
Total expenses	15,190,579	3,395,896	7,872,109	679,973,560	(13,288,108)	666,685,452
Income (loss) from operations	2,652,120	314,035	(212,293)	26,148,250	-	26,148,250
Nonoperating income (loss):						
Investment income (loss)	-	21,265	1,560,843	6,507,763	-	6,507,763
Unrealized losses on securities	-	(4,512)	(469,420)	(3,675,446)	-	(3,675,446)
Decrease in fair value of derivative instruments	-	-	-	(3,123,606)	-	(3,123,606)
Gain on investments in affiliates	-	-	-	24,482,261	(24,482,261)	-
Net periodic pension cost	-	-	-	(138,023)	-	(138,023)
Other nonoperating losses	(29,585)	-	-	(861,109)	-	(861,109)
Nonoperating income (loss), net	(29,585)	16,753	1,091,423	23,191,840	(24,482,261)	(1,290,421)
Revenues and gains in excess (deficient) of expenses and losses	2,622,535	330,788	879,130	49,340,090	(24,482,261)	24,857,829
Net gain attributable to noncontrolling interest in joint ventures	(375,568)	-	-	(375,568)	-	(375,568)
Revenues and gains in excess (deficient) of expenses and losses after noncontrolling interest	$ 2,246,967	$ 330,788	$ 879,130	$ 48,964,522	$(24,482,261)	$ 24,482,261

See accompanying independent auditor's report on combining information.

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

COMBINING STATEMENTS OF CASH FLOWS
June 30, 2021

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Cash flows from operating activities:						
Increase in net assets including noncontrolling interest	$ 108,832,815	$ 53,962,523	$ 21,798,940	$ 243,607	$ 4,639,745	$ 5,697,260
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:						
Change in fair value of derivative instruments	(1,692,135)	-	-	-	-	-
Beneficial interest in net assets of Foundations, net	-	(2,326,085)	(498,507)	-	-	-
Net realized and unrealized (gains) losses on investments	(40,311,991)	-	-	-	(2,282,624)	-
Depreciation and amortization	-	14,680,760	12,503,903	25,855	646,578	251,502
Amortization of bond premium/issuance cost	(455,314)	-	-	-	-	-
Contributions from (distributions to) partners	-	-	-	-	-	-
Contributions of property	-	(64,815)	(133,907)	-	-	-
Changes in:						
Patient accounts receivable	-	(10,847,047)	(10,301,944)	(242,016)	(1,619,595)	-
Other receivables	(1,920,486)	(95,217)	978,032	-	153,654	(112,947)
Inventories	(1,252,070)	(3,978,411)	(788,673)	-	-	-
Prepaid expenses	(1,020,113)	(1,552,152)	180,902	16,021	(104,940)	2,107
Accounts payable	1,405,332	1,206,183	(289,328)	(171,139)	270,617	(13,168)
Accrued liabilities	1,247,642	1,503,542	1,989,114	63,676	2,632,686	(2,479)
Estimated third-party payor settlements and Medicare advance payments	-	(6,026,385)	(3,137,829)	-	(19,458)	-
CARES Act refundable advance	-	4,516,035	1,005,189			
Accrued self-insurance claims	(425,977)	-	-	-	-	-
Accrued pension costs, net	(11,977,291)	-	-	-	-	-
Deferred compensation payable	-	261,546	602,040	-	543,129	-
Net cash provided by (used in) operating activities	52,430,412	51,240,477	23,907,932	(63,996)	4,859,792	5,822,275
Cash flows from investing activities:						
Purchases of property and equipment	1,793,403	(18,549,931)	(12,229,581)	-	(2,170,532)	(4,693,102)
Proceeds from sale of assets limited as to use	191,338,944	-	-	-	997,283	-
Purchases of assets limited as to use	(222,222,349)	(261,546)	(602,040)	-	(1,347,603)	-
Investment in affiliates	(101,212,074)	-	-	-	-	-
Sales (purchases) of long-term investments, net	-	(1,220,116)	(8,422)	-	(7,990)	(1,129,173)
Net cash provided by (used in) investing activities	(130,302,076)	(20,031,593)	(12,840,043)	-	(2,528,842)	(5,822,275)

Continued

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

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2021

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Totals	Eliminations	Combined Totals
Cash flows from operating activities:						
Increase (decrease) in net assets including noncontrolling interest	$ 1,189,600	$ 519,951	$ 14,404,531	$ 211,288,972	$(101,212,074)	$ 110,076,898
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:						
Change in fair value of derivative instruments	-	-	-	(1,692,135)	-	(1,692,135)
Beneficial interest in net assets of Foundations, net	-	-	-	(2,824,592)	-	(2,824,592)
Net realized and unrealized (gains) losses on investments	-	(382,162)	(13,228,861)	(56,205,638)	-	(56,205,638)
Depreciation and amortization	151,720	175,562	-	28,435,880	-	28,435,880
Amortization of bond premium/issuance cost	-	-	-	(455,314)	-	(455,314)
Contributions from (distributions to) partners	2,185,108	-	-	2,185,108	-	2,185,108
Contributions of property	-	-	-	(198,722)	-	(198,722)
Changes in:						
Patient accounts receivable	(326,832)	16,695	-	(23,320,739)	-	(23,320,739)
Other receivables	949,847	(7,537)	-	(54,654)	-	(54,654)
Inventories	105,017	-	-	(5,914,137)	-	(5,914,137)
Prepaid expenses	(58,253)	1,600	-	(2,534,828)	-	(2,534,828)
Accounts payable	(216,934)	(21,900)	75,676	2,245,339	-	2,245,339
Accrued liabilities	596,582	42,959	6,327	8,080,049	-	8,080,049
Estimated third-party payor settlements and Medicare advance payments	(18,135)	-	-	(9,201,807)	-	(9,201,807)
CARES Act refundable advance	1,256,720	-	-	6,777,944	-	6,777,944
Accrued self-insurance claims	-	-	1,305,578	879,601	-	879,601
Accrued pension costs, net	-	-	-	(11,977,291)	-	(11,977,291)
Deferred compensation payable	-	-	-	1,406,715	-	1,406,715
Net cash provided by (used in) operating activities	5,814,440	345,168	2,563,251	146,919,751	(101,212,074)	45,707,677
Cash flows from investing activities:						
Purchases of property and equipment	30,196	(24,908)	-	(35,844,455)	-	(35,844,455)
Proceeds from sale of assets limited as to use	-	4,846	16,024,332	208,365,405	-	208,365,405
Purchases of assets limited as to use	-	(7,796)	(17,817,078)	(242,258,412)	-	(242,258,412)
Investment in affiliates	-	-	-	(101,212,074)	101,212,074	-
Sales (purchases) of long-term investments, net	-	-	-	(2,365,701)	-	(2,365,701)
Net cash provided by (used in) investing activities	30,196	(27,858)	(1,792,746)	(173,315,237)	101,212,074	(72,103,163)

Continued

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

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2021

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	+ SJC Properties
Cash flows from financing activities:						
Payments on finance lease liabilities	$(224,968)	$(270,723)	$(264,161)	$ -	$ -	$ -
Contributions for property	-	64,815	133,907	-	-	-
Contributions from (distributions to) partners	-	-	-	-	-	-
Transfers to (from) affiliates, net	40,460,964	(30,170,989)	(10,888,113)	531,560	-	-
Net cash provided by (used in) financing activities	40,235,996	(30,376,897)	(11,018,367)	531,560	-	-
Net increase (decrease) in cash and cash equivalents	(37,635,668)	831,987	49,522	467,564	2,330,950	-
Cash and cash equivalents, beginning of year	163,358,602	88,376	68,266	64,198	298,813	-
Cash and cash equivalents, end of year	$ 125,722,934	$ 920,363	$ 117,788	$ 531,762	$ 2,629,763	$ -

Continued

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

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2021

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Totals	Eliminations	Combined Totals
Cash flows from financing activities:						
Payments on finance lease liabilities	$ -	$ -	$ -	$(759,852)	$ -	$(759,852)
Contributions for property	-	-	-	198,722	-	198,722
Contributions from (distributions to) partners	(2,185,108)	-	-	(2,185,108)	-	(2,185,108)
Transfers to (from) affiliates, net	-	-	66,578	-	-	-
Net cash provided by (used in) financing activities	(2,185,108)	-	66,578	(2,746,238)	-	(2,746,238)
Net increase (decrease) in cash and cash equivalents	3,659,528	317,310	837,083	(29,141,724)	-	(29,141,724)
Cash and cash equivalents, beginning of year	1,925,268	696,931	3,368,127	169,868,581	-	169,868,581
Cash and cash equivalents, end of year	$ 5,584,796	$ 1,014,241	$ 4,205,210	$ 140,726,857	$ -	$ 140,726,857

See accompanying independent auditor's report on combining information.

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

COMBINING STATEMENTS OF CASH FLOWS
June 30, 2020

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	SJC Properties
Cash flows from operating activities:						
Increase (decrease) in net assets including noncontrolling interest	$ 31,989,505	$ 23,865,933	$ 1,551,884	$ 344,525	$(641,618)	$ 368,426
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:						
Change in fair value of derivative instruments	3,226,959	(68,024)	(35,329)	-	-	-
Beneficial interest in net assets of Foundations, net	-	(206,186)	(492,449)	-	-	-
Net realized and unrealized (gains) losses on investments	3,166,247	-	-	-	60,482	-
Depreciation and amortization	-	13,175,629	11,956,243	52,754	624,445	279,914
Amortization of bond premium/issuance cost	(218,582)					
Contributions from (distributions to) partners	-	-	-	-	-	-
Contributions of property	(11,960)	(568,955)	-	-	-	-
Changes in:						
Patient accounts receivable	-	(162,937)	4,099,337	(633,884)	335,412	-
Other receivables	674,944	790,873	367,176	-	6,450	15,438
Inventories	(1,503,459)	(695,479)	(901,466)	-	-	-
Prepaid expenses	(155,101)	(122,441)	(541,443)	(10)	120,511	1,551
Accounts payable	802,233	484,996	1,253,465	189,492	44,995	30,086
Accrued liabilities	7,047,288	3,207,761	1,601,307	22,444	(155,638)	(33,232)
Estimated third-party payor settlements and Medicare advance payments	-	32,854,739	31,239,543	-	900,553	-
CARES Act refundable advance	-	-	-	-	-	-
Accrued self-insurance claims	(84,929)	-	-	-	-	-
Accrued pension costs, net	(10,089,669)	-	-	-	-	-
Deferred compensation payable	-	94,967	324,978	-	-	-
Net cash provided by (used in) operating activities	34,843,476	72,650,876	50,423,246	(24,679)	1,295,592	662,183
Cash flows from investing activities:						
Purchases of property and equipment	56,062	(47,977,871)	(11,475,123)	(8,466)	(864,009)	(516,317)
Proceeds from sale of assets limited as to use	42,725,788	-	-	-	1,569,292	-
Purchases of assets limited as to use	(69,009,652)	-	-	-	(1,870,284)	-
Proceeds from interest rate swap termination	572,000	-	-	-	-	-
Payments on pledged collateral for swap	(600,000)	-	-	-	-	-
Investment in affiliates	(25,749,853)	-	-	-	-	-
Sales (purchases) of long-term investments, net	-	729,693	(46,116)	-	(2,875)	(145,866)
Net cash provided by (used in) investing activities	(52,005,655)	(47,248,178)	(11,521,239)	(8,466)	(1,167,876)	(662,183)

Continued

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

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2020

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Totals	Eliminations	Combined Totals
Cash flows from operating activities:						
Increase (decrease) in net assets including noncontrolling interest	$ 257,218	$(315,773)	$ 879,129	$ 58,299,229	$(25,749,853)	$ 32,549,376
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:						
Change in fair value of derivative instruments	-	-	-	3,123,606	-	3,123,606
Beneficial interest in net assets of Foundations, net	-	-	-	(698,635)	-	(698,635)
Net realized and unrealized (gains) losses on investments	-	4,512	272,822	3,504,063	-	3,504,063
Depreciation and amortization	142,491	174,778	-	26,406,254	-	26,406,254
Amortization of bond premium/issuance cost	-	-	-	(218,582)	-	(218,582)
Contributions from (distributions to) partners	(184,305)	-	-	(184,305)	-	(184,305)
Contributions of property	-	-	-	(580,915)	-	(580,915)
Changes in:						
Patient accounts receivable	432,941	373,339	-	4,444,208	-	4,444,208
Other receivables	143,065	10,934	-	2,008,880	-	2,008,880
Inventories	126,973	-	-	(2,973,431)	-	(2,973,431)
Prepaid expenses	6,674	(1,600)	-	(691,859)	-	(691,859)
Accounts payable	38,791	(14,883)	(49,351)	2,779,824	-	2,779,824
Accrued liabilities	459,335	15,300	8,294	12,172,859	-	12,172,859
Estimated third-party payor settlements and Medicare advance payments	92,571	-	-	65,087,406	-	65,087,406
CARES Act refundable advance	-	-	-	-	-	-
Accrued self-insurance claims	-	-	33,641	(51,288)	-	(51,288)
Accrued pension costs, net	-	-	-	(10,089,669)	-	(10,089,669)
Deferred compensation payable	-	-	-	419,945	-	419,945
Net cash provided by (used in) operating activities	1,515,754	246,607	1,144,535	162,757,590	(25,749,853)	137,007,737
Cash flows from investing activities:						
Purchases of property and equipment	(32,132)	(16,054)	-	(60,833,910)	-	(60,833,910)
Proceeds from sale of assets limited as to use	-	5,629	9,896,743	54,197,452	-	54,197,452
Purchases of assets limited as to use	-	(24,590)	(11,071,135)	(81,975,661)	-	(81,975,661)
Proceeds from interest rate swap termination	-	-	-	572,000	-	572,000
Payments on pledged collateral for swap	-	-	-	(600,000)	-	(600,000)
Investment in affiliates	-	-	-	(25,749,853)	25,749,853	-
Sales (purchases) of long-term investments, net	(10,000)	-	-	524,836	-	524,836
Net cash provided by (used in) investing activities	(42,132)	(35,015)	(1,174,392)	(113,865,136)	25,749,853	(88,115,283)

Continued

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

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2020

	St. Joseph's/ Candler Health System	Candler Hospital	St. Joseph's Hospital	SJC Home Health	SJC Medical Group	+ SJC Properties
Cash flows from financing activities:						
Repayment of long-term debt	$(103,381,181)	$ -	$ -	$ -	$ -	$ -
Proceeds from issuance of long-term debt	196,720,126	-	-	-	-	-
Payments on finance lease liabilities	(226,491)	(212,567)	(229,243)	-	-	-
Contributions for property	11,960	568,955	-	-	-	-
Contributions from (distributions to) partners	-	-	-	-	-	-
Transfers of property	-	-	-	-	-	-
Transfers to (from) affiliates, net	64,431,153	(25,715,576)	(38,667,734)	-	-	-
Net cash provided by (used in) financing activities	157,555,567	(25,359,188)	(38,896,977)	-	-	-
Net increase (decrease) in cash and cash equivalents	140,393,388	43,510	5,030	(33,145)	127,716	-
Cash and cash equivalents, beginning of year	22,965,214	44,866	63,236	97,343	171,097	-
Cash and cash equivalents, end of year	$ 163,358,602	$ 88,376	$ 68,266	$ 64,198	$ 298,813	$ -

Continued

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

COMBINING STATEMENTS OF CASH FLOWS, Continued
June 30, 2020

	SJC Health Services	Georgia Infirmary	Geechee Reinsurance	Totals	Eliminations	Combined Totals
Cash flows from financing activities:						
Repayment of long-term debt	$ -	$ -	$ -	$(103,381,181)	$ -	$(103,381,181)
Proceeds from issuance of long-term debt	-	-	-	196,720,126	-	196,720,126
Payments on finance lease liabilities	-	-	-	(668,301)	-	(668,301)
Contributions for property	-	-	-	580,915	-	580,915
Contributions from (distributions to) partners	184,305	-	-	184,305	-	184,305
Transfers of property	-	-	-	-	-	-
Transfers to (from) affiliates, net	-	-	(47,843)	-	-	-
Net cash provided by (used in) financing activities	184,305	-	(47,843)	93,435,864	-	93,435,864
Net increase (decrease) in cash and cash equivalents	1,657,927	211,592	(77,700)	142,328,318	-	142,328,318
Cash and cash equivalents, beginning of year	267,341	485,339	3,445,827	27,540,263	-	27,540,263
Cash and cash equivalents, end of year	$ 1,925,268	$ 696,931	$ 3,368,127	$ 169,868,581	$ -	$ 169,868,581

See accompanying independent auditor's report on combining information.

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Draffin Tucker

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of St. Joseph's/Candler Health System, Inc. (System), which comprise the combined balance sheet as of June 30, 2021, and the related combined statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the combined financial statements, and have issued our report thereon dated October 21, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the combined financial statements, we considered the System's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, we do not express an opinion on the effectiveness of the System's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Continued

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Compliance and Other Matters

As part of obtaining reasonable assurance about whether the System's combined financial statements are free from material misstatement, we performed tests of its compliance with the certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the combined financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the System's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the System's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Draffin & Tucker, LLP

Albany, Georgia
October 21, 2021

Latest IRS Form 990 Parent Company:
Fiscal Year-End 2021
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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01/20 **, and ending** 06/30/21

Public Inspection Copy

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] 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): 5353 Reynolds Street | Room/suite

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$

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? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

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

J Website: ▶ www.sjchs.org

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1996

M State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2020 (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
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	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) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,243	1,855
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,243	1,855
	19	Revenue less expenses. Subtract line 18 from line 12	-4,243	-1,855

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	786,331,222	922,802,773
	21	Total liabilities (Part X, line 26)	416,986,145	444,624,878
	22	Net assets or fund balances. Subtract line 21 from line 20	369,345,077	478,177,895

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Jacqueline G. Atkins				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 [X] 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 [X]

1 Briefly describe the organization's mission:

See Schedule O

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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 [X] 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 [X] 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 $ 1,855 including grants of $) (Revenue $)

See Schedule O

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

N/A

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

N/A

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

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

4e Total program service expenses ▶ 1,855

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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	1a	396		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

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				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See 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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15	X	
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, 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 on Schedule O. See instructions.*

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

Section A. Governing Body and Management

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				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Gregory J. Schaack 5353 Reynolds St
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

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

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

See instructions for the order in which to list the persons above.

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

(A) 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Paul P. Hinchey	1.00									
President & CEO	44.00	X		X				0	1,356,699	55,038
(2) Gregory J. Schaack	1.00									
CFO	45.00			X				0	673,689	74,123
(3) Kyle L. McCann	1.00									
COO	41.00			X				0	660,595	54,790
(4) Sherry A. Danello	1.00									
VP	42.00				X			0	409,734	89,963
(5) Nolan D. Hennessee	1.00									
VP	40.00				X			0	416,672	52,548
(6) Thomas S. Pound	1.00									
VP	41.00				X			0	368,371	56,060
(7) Bradley R. Trower	1.00									
VP	40.00				X			0	339,886	44,045
(8) Sr. Margie Beatty	1.00									
VP	41.00			X				0	294,997	29,531
(9) Julia L. Mikell, M.D.	1.00									
VP	43.00				X			0	250,089	34,285
(10) Mary M. Strand	1.00									
VP	40.00				X			0	228,338	28,138
(11) Paul E. Carpenter	1.00									
Pharmacy Director	40.00				X			0	191,455	40,709

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

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(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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) Starla L. Wilkes Dir Surg Svcs	1.00 40.00				X			0	197,142	22,349
(13) Patrick W. Wall VP	1.00 40.00				X			0	201,737	12,695
(14) Gregory A. Menke VP until 2/3/20	1.00 41.00				X			0	181,145	21,292
(15) John C. Albert Trustee (left 8/21)	1.00 0.00	X						0	0	0
(16) James F. Bass Trustee	1.00 0.00	X						0	0	0
(17) Frank Brown Trustee	1.00 0.00	X						0	0	0
(18) John C. Coleman Trustee	1.00 0.00	X						0	0	0
(19) Richard McIncrow, DO Trustee-left 12/20	1.00 1.00	X						0	0	0
1b Subtotal ▶									5,770,549	615,566
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶									5,770,549	615,566

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 ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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*	4	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*	5		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 ▶ 0

Part VIII Statement of Revenue

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

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			(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	1g $				
	h **Total.** Add lines 1a–1f ▶					
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶					
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See instructions ▶		0	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 ☐

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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 (nonemployees):				
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 on 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	1,855	1,855		
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,855	1,855	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 ▶ ☐ 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 ☐

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				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		150,494,180	1	114,815,452
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,517,646	8	2,769,714
	9	Prepaid expenses and deferred charges		4,430,631	9	5,450,743
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 85,910,670			
	b	Less: accumulated depreciation	10b 69,272,046	18,405,452	10c	16,638,624
	11	Investments—publicly traded securities		186,828,010	11	256,066,466
	12	Investments—other securities. See Part IV, line 11		419,638,667	12	520,850,741
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		2,931,530	14	2,615,255
	15	Other assets. See Part IV, line 11		2,085,106	15	3,595,778
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		786,331,222	16	922,802,773
Liabilities	17	Accounts payable and accrued expenses		31,480,898	17	34,144,996
	18	Grants payable			18	
	19	Deferred revenue		11,126	19	
	20	Tax-exempt bond liabilities		184,017,778	20	183,246,186
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		91,650,000	23	91,650,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		109,826,343	25	135,583,696
	26	**Total liabilities.** Add lines 17 through 25		416,986,145	26	444,624,878
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		369,345,077	27	478,177,895
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		369,345,077	32	478,177,895
	33	Total liabilities and net assets/fund balances		786,331,222	33	922,802,773

Part XI Reconciliation of Net Assets

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

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1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,855
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,855
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	369,345,077
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 on Schedule O)	9	108,834,673
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	478,177,895

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: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

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(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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(20) Christian Demere	1.00									
Trustee	0.00	X						0	0	0
(21) Robert E. James	1.00									
Chairman	0.00	X		X				0	0	0
(22) Sally Lufburrow	1.00									
Trustee	0.00	X						0	0	0
(23) Barry Schlafstein, M.D.	1.00									
Trustee	0.00	X						0	0	0
(24) John W. Odom, M.D.	1.00									
Trustee	0.00	X						0	0	0
(25) Ana Concepcion, MD	1.00									
Trustee-left 12/20	1.00	X						0	0	0
(26) James Carr, MD	1.00									
Trustee	0.00	X						0	0	0
(27) Paul Drwiega, MD	1.00									
Trustee	1.00	X						0	0	0
1b Subtotal ▶										
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 ▶

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

Section B. Independent Contractors

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

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

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

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

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(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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(28) William Wallace MD	1.00									
Trustee	1.00	X						0	0	0
(29) Henry H. Minis	1.00									
Trustee-left 8/21	1.00	X						0	0	0
(30) Richard D. Moore	1.00									
Trustee	0.00	X						0	0	0
(31) Cindy Murphy	1.00									
Trustee	2.00	X						0	0	0
(32) Tony Nimmer	1.00									
Trustee	0.00	X						0	0	0
(33) Sr. Frances DeMarco, RSM	1.00									
Trustee	0.00	X						0	0	0
(34) Sr. Helen Marie Buttimer, RSM	1.00									
Trustee	1.00	X						0	0	0
(35) Sr. Mary Karen McNally, RSM	1.00									
Trustee	0.00	X						0	0	0
1b Subtotal ▶										
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 ▶

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

Section B. Independent Contractors

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

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

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

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

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(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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(36) Lenny Panzitta, Esq.	1.00									
Board Secretary	1.00			X				0	0	0
1b Subtotal ▶										
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 ▶

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2020

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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 331/3% 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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

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Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

13 **First 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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.)

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Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

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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? *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.*	1	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)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a		X
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in **Part VI.***	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		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))? *If "Yes," provide detail in **Part VI.***	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		X
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		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)? *If "Yes," answer line 10b below.*	10a		X
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 lines 11b and 11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described in line 11a above?	11b		X
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		X

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Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, 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 [ ] The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b [X] The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c [ ] The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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? *If "Yes" or "No," 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.

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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 0.015 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 0.035.	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 0.85 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 ☐ 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)*

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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—*provide details in* ***Part VI***)	
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 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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.)

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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 suppported 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.)

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organizations share a common management/officer team.

Organization and related entities:

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

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

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

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

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

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

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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. (SJCV) 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. (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.

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.)

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization: St. Joseph's/Candler Health System, Inc.

Employer identification number: 58-2288758

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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.

		(a) Donor advised funds	(b) Funds and other accounts
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? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ▶ ____ %

b Permanent endowment ▶ ____ %

c Term endowment ▶ ____ %

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?	3b		

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		3,191,073	2,299,596	891,477
c Leasehold improvements		583,022	535,676	47,346
d Equipment		82,014,437	66,436,774	15,577,663
e Other		122,138		122,138
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				16,638,624

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.

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(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	520,850,741	Market
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	520,850,741	

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.)* ▶		

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.)* ▶	

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 Affiliates	123,876,167
(3) Defined Benefit Plan	6,345,128
(4) Lease liabilities	2,178,825
(5) Accrued Workers Compensation	1,783,633
(6) Interest Rate Swap	1,399,943
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	135,583,696

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

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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	98,188,762
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	98,188,762		
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	98,188,762
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,855		
c	Add lines **4a** and **4b**			4c	1,855
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,855

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)*

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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, 2021 and 2020 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, 2021, NOL carryforwards expiring through 2041 amounted to approximately $82,912,000 and are available for the offset of future taxable income. No asset has been recognized related to this NOL carryforward due to continued operating

Part XIII Supplemental Information *(continued)*

losses.

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Acronyms:

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

CH - Candler Hospital, Inc.

SJH - Saint Joseph's Hospital, Inc.

Home Health - SJC Home Health, Inc.

Infirmary - Georgia Infirmary, Inc.

Geechee - Geechee Reinsurance Company, LLC

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

Partnership K-1 UBI	$	1,855

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

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization: St. Joseph's/Candler Health System, Inc.

Employer identification number: 58-2288758

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Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (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	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
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	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

DAA

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.

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
Paul P. Hinchey	(i)	0	0	0	0	0	0	0
1 President & CEO	(ii)	1,023,645	313,142	19,912	0	55,038	1,411,737	0
Gregory J. Schaack	(i)	0	0	0	0	0	0	0
2 CFO	(ii)	534,928	136,781	1,980	19,500	54,623	747,812	0
Kyle L. McCann	(i)	0	0	0	0	0	0	0
3 COO	(ii)	524,902	135,003	690	19,500	35,290	715,385	0
Sherry A. Danello	(i)	0	0	0	0	0	0	0
4 VP	(ii)	336,984	68,940	3,810	19,500	70,463	499,697	0
Nolan D. Hennessee	(i)	0	0	0	0	0	0	0
5 VP	(ii)	344,933	71,049	690	19,500	33,048	469,220	0
Thomas S. Pound	(i)	0	0	0	0	0	0	0
6 VP	(ii)	303,737	63,344	1,290	19,500	36,560	424,431	0
Bradley R. Trower	(i)	0	0	0	0	0	0	0
7 VP	(ii)	279,887	59,309	690	17,550	26,495	383,931	0
Sr. Margie Beatty	(i)	0	0	0	0	0	0	0
8 VP	(ii)	245,227	49,770	0	19,500	10,031	324,528	0
Julia L. Mikell, M.D.	(i)	0	0	0	0	0	0	0
9 VP	(ii)	213,751	32,780	3,558	11,115	23,170	284,374	0
Mary M. Strand	(i)	0	0	0	0	0	0	0
10 VP	(ii)	174,758	52,687	893	13,845	14,293	256,476	0
Paul E. Carpenter	(i)	0	0	0	0	0	0	0
11 Pharmacy Director	(ii)	188,389	0	3,066	0	40,709	232,164	0
Starla L. Wilkes	(i)	0	0	0	0	0	0	0
12 Dir Surg Svcs	(ii)	193,662	0	3,480	0	22,349	219,491	0
Patrick W. Wall	(i)	0	0	0	0	0	0	0
13 VP	(ii)	172,344	29,153	240	0	12,695	214,432	0
Gregory A. Menke	(i)	0	0	0	0	0	0	0
14 VP until 2/3/20	(ii)	179,165	0	1,980	0	21,292	202,437	0
	(i)							
15	(ii)							
	(i)							
16	(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.

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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	19,500	0
Kyle L. McCann	0	19,500	0
Sherry A. Danello	0	19,500	0
Nolan D. Hennessee	0	19,500	0
Thomas S. Pound	0	19,500	0
Bradley R. Trower	0	17,550	0
Sr. Margie Beatty	0	19,500	0
Julia L. Mikell, M.D.	0	11,115	0
Mary M. Strand	0	13,845	0

Part III - Other Additional Information

Part I, Line 4(b) - Supplemental Executive Retirement Plan (SERP)

Part III Supplemental Information

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

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

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Part III Supplemental Information

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

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paid to SOM in calendar year 2020 was $294,997.

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SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	Hospital Authority of Savannah	58-1792535	804833EX5	11/01/13	46,185,000	See Part VI		X		X		X
B	Hospital Authority of Savannah	58-1792535	804833FE6	11/20/19	113,474,955	See Part VI		X		X		X
C	So Carolina Jobs-Economic Dev Autho	57-0960018	83703FLX8	11/01/19	19,020,000	See Part VI		X		X		X
D												

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	46,185,000	113,474,955	23,344,157	
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows		87,141,928		
7 Issuance costs from proceeds	704,461	964,100	240,432	
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	15,412,271		23,103,725	
11 Other spent proceeds	30,068,268	25,368,927		
12 Other unspent proceeds				
13 Year of substantial completion	2015	2016		

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		
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			

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

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Part III Private Business Use

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

Part IV Arbitrage

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

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Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

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Part V Procedures To Undertake Corrective Action

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

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

Schedule K - Purpose of Issue Description
Hospital Authority of Savannah
Refund 2003 Bonds; construction project

Hospital Authority of Savannah
Refund Series 2016A & 2017 Bonds; Finance Capital Project

So Carolina Jobs-Economic Dev Author
Reimburse & finance capital project

Schedule K - Date Rebate Computation Performed
Hospital Authority of Savannah 03/21/18

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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.

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

OMB No. 1545-0047

2020

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Name of the organization: St. Joseph's/Candler Health System, Inc.

Employer identification number: 58-2288758

Form 990 - Organization's Mission

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

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

St. Joseph's/Candler Health System, Inc. is organized and operated exclusively for the charitable purpose of promoting the health of the communities of Savannah, Georgia, and the surrounding counties. Specifically, St. Joseph's/Candler Health System, Inc. was created to control and operate a permanent, combined regional health care delivery system consisting of the hospital facilities of St. Joseph's Hospital, Inc. and Candler Hospital, Inc. entities.

On January 6, 1997, Candler Hospital, Inc. and Candler Health System, Inc. entered into a joint operating agreement with St. Joseph's Health Center, Inc. and St. Joseph's Hospital, Inc. to merge their respective operations to create a new health care system. The merger, which became effective on April 1, 1997, resulted in the formation of a not-for-profit parent company, St. Joseph's/Candler Health System, Inc. of which St. Joseph's Health Center, Inc. and Candler Health System, Inc. were members until April 1, 2003. On April 1, 2003, St. Joseph's Health Center, Inc. and Candler Health Center, Inc. resigned as members and Sisters of Mercy, Baltimore Regional Community became the sole member of St. Joseph's/Candler

Name of the organization: St. Joseph's/Candler Health System, Health System, Inc.

Employer identification number: 58-2288758

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

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

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

SMA is the original sponsor of Saint Joseph's Hospital and is the sole member of System. Saint Joseph's Hospital and Candler Hospital have a brother/sister relationship with the System being the parent organization. The SMA has certain limited rights such as appointment of three trustees to the System board.

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

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

These actions include:

1. Adoption, amendment or change of the philosophy, purpose, mission, values statement or name of System or St. Joseph's Hospital (SJH).
2. Amendment or restatement of the Articles of Incorporation or any of the governance documents of any System entities that diminishes or alters any SMA reserved power.
3. Amendment or restatement of the Articles of Incorporation or bylaws of

Name of the organization: St. Joseph's/Candler Health System,

Employer identification number: 58-2288758

SJH.

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4. Appointment of the System CEO, beginning with the first successor to the initial System CEO.

5. Dissolution, merger, consolidation or sale of all or substantially all of the assets of System or SJH.

6. Sale or other disposition of real property of SJH if the FMV of the property at that time exceeds the threshold established by Roman Catholic Church law for property transactions.

7. Incurrence of any debt (including leases of real property) by SJH in an amount in excess of the then existing threshold requiring approval by the applicable agency of the Roman Catholic Church.

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

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

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

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

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

At least annually, and as deemed necessary, the conflict of interest policy

Name of the organization: St. Joseph's/Candler Health System,

Employer identification number: 58-2288758

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

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

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

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

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

An independent consulting firm annually evaluates the compensation of the CFO and other officers using comparability data obtained through

Name of the organization: St. Joseph's/Candler Health System,

Employer identification number: 58-2288758

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compensation surveys/studies. Their recommendations are considered by a compensation committee comprised of independent voting members of the Board and the final compensation package requires full approval by the Board. The actions, motions, considerations, members present and dissenting opinions are recorded in the Board minutes.

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

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

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

Equity Transfers	$ 81,037
Increase in beneficial interest in Foundations	$ 2,942,277
Equity in Subsidiary earnings	$ 98,188,762
Change in deferred pension liability	$ 7,620,742
K-1 book to tax difference	$ 1,855
Total	$ 108,834,673

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.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

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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) Geechee Reinsurance Company, LLC 1327 Ashley River Road 26-0360754 Charleston SC 29407	Insurance	SC	14,404,531	65,543,621	System
(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 Hospital, Inc. 5353 Reynolds Street 58-0593388 Savannah GA 31405-6015	Acute Care	GA	501c3	3	System	X	
(2) Saint Joseph's Hospital, Inc. 11705 Mercy Blvd. 58-0568702 Savannah GA 31419-1711	Acute Care	GA	501c3	3	System	X	
(3) SJC Home Health Services, Inc. 5353 Reynolds Street 58-1329042 Savannah GA 31405-6015	Home Hlth	GA	501c3	10	System	X	
(4) Georgia Infirmary, Inc. 5353 Reynolds Street 58-0668614 Savannah GA 31405-6015	Clinic	GA	501c3	10	System	X	
(5) Candler Foundation, Inc. 5353 Reynolds Street 58-1553254 Savannah GA 31405-6015	Foundation	GA	501c3	12b	System	X	

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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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 58-1905195 Savannah GA 31405-6015	Foundation	GA	501c3	12b	System	X	
(2)							
(3)							
(4)							
(5)							

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

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Schedule R (Form 990) 2020

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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.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Wayne/SJC Medical Group LLC 320 Peachtree Street Jesup GA 31545 45-5292251	Healthcare	GA	SJCHS	Related	-438,697	-26,495		X	N/A	X		30.00
(2) St Joseph's Candler Urgent Care 10319 Jefferson Highway Baton Rouge LA 70809 82-4301751	Healthcare	LA	N/A	Related	901,371	5,929,648		X	N/A		X	51.00
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
(1) SJC Ventures, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2650129	Healthcare	GA	System	C	-4,491,323	35,292,110	100.000000	X	
(2) SJC Health Services, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1701535	Healthcare	GA	N/A	C	N/A	N/A	N/A		X
(3) SJC Medical Group, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-2011805	Physicians	GA	N/A	C	N/A	N/A	N/A		X
(4) SJC Properties, Inc. 5353 Reynolds Street Savannah GA 31405-6015 58-1583360	Property	GA	N/A	C	N/A	N/A	N/A		X

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	All controlled entities	n		Amount undetermined
(2)	All controlled entities	o		Amount undetermined
(3)	All controlled entities	l		Amount undetermined
(4)	All controlled entities	e	123,876,167	Book value
(5)				
(6)				

77630SYS

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.

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(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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

DAA

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

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Latest IRS Form 990 Hospitals:
Fiscal Year-End 2021
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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01/20 **, and ending** 06/30/21

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B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Saint Joseph's Hospital, Inc.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 11705 Mercy Boulevard — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Savannah GA 31419-1711

D Employer identification number 58-0568702

E Telephone number 912-819-6162

G Gross receipts$ 292,513,145

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? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

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

J Website: ▶ www.sjchs.org

H(c) Group exemption number ▶ 0928

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1946

M State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1864
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	131,357
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,617,646	282,480
	9	Program service revenue (Part VIII, line 2g)	257,754,609	282,166,714
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,367,474	2,529,294
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,597,116	6,976,461
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	270,336,845	291,954,949
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)	109,135,732	113,572,372
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	155,756,167	169,163,515
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	264,891,899	282,735,887
	19	Revenue less expenses. Subtract line 18 from line 12	5,444,946	9,219,062
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	214,715,548	235,067,453
	21	Total liabilities (Part X, line 26)	57,384,536	55,937,501
	22	Net assets or fund balances. Subtract line 21 from line 20	157,331,012	179,129,952

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Jacqueline G. Atkins				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 [X] 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 [X]

1 Briefly describe the organization's mission:

See Schedule O

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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 [X] 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 [X] 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 $ 234,460,385 including grants of $) (Revenue $ 287,242,160)

See Schedule O

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

N/A

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

N/A

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

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

4e Total program service expenses ▶ 234,460,385

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		

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

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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1864			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	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)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, 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 on Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

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 ..... [X]

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

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

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

See instructions for the order in which to list the persons above.

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

(A) 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Paul P. Hinchey President & CEO	20.00 25.00			X				569,814	786,885	55,038
(2) Jeremy E. London, MD Surgeon	40.00 0.00					X		1,052,705	0	25,380
(3) Brian M. Bailey, MD Surgeon	40.00 0.00					X		1,004,721	0	26,018
(4) Gregory J. Schaack CFO	20.00 26.00			X				282,950	390,739	74,123
(5) Kyle L. McCann Trustee/COO	21.00 21.00	X		X				277,450	383,145	54,790
(6) Daniel Cobb, MD Cardiologist	40.00 0.00					X		617,791	0	22,285
(7) Norman Yates III, MD Surgeon	40.00 0.00					X		584,041	0	31,501
(8) William A. Crosland, MD Cardiologist	40.00 0.00					X		537,697	0	9,412
(9) Sherry A. Danello Trustee/VP	21.00 22.00	X		X				172,088	237,646	89,963
(10) Nolan D. Hennessee VP	20.00 21.00				X			175,003	241,669	52,548
(11) Thomas S. Pound VP	20.00 22.00			X				154,716	213,655	56,060

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

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(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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) Bradley R. Trower VP	20.00 21.00				X			142,753	197,133	44,045
(13) Sr. Margie Beatty RSM Chair/VP	21.00 21.00	X		X				123,898	171,099	29,531
(14) Julia Mikell, MD Trustee/Physician	21.00 23.00	X						105,037	145,052	34,285
(15) Mary M. Strand VP	20.00 21.00			X				95,901	132,436	28,138
(16) Patrick W. Wall VP	20.00 21.00				X			84,729	117,008	12,695
(17) Gregory A. Menke VP	20.00 22.00				X			76,081	105,064	21,292
(18) Richard McIncrow, MD Trustee left 12/20	1.00 1.00	X						0	0	0
(19) William F. Wallace, MD Trustee	1.00 1.00	X						0	0	0
1b Subtotal ▶								6,057,375	3,121,531	667,104
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,057,375	3,121,531	667,104

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 ▶ 121

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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*	4	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*	5		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 Mercy Blvd Plaza D #6 Savannah GA 31419	RVU Production	5,796,972
Bio-Medical Applications of GA 16343 Collection Center Dr Chicago IL 60693	Dialysis	1,413,606
American Anesthesia Associates 400 Mall Blvd Savannah GA 31406	Anesthesia	1,345,832
Savannah Perfusion, LLC 39 Myrtlewood Drive Savannah GA 31406	Perfusion	1,119,797
O Arm Technical LLC 4 E. Jackson Blvd Savannah GA 31405	Technical Svc	527,500

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 ▶ 44

Part VIII Statement of Revenue

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

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				(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	282,480				
	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	1g	$				
	h **Total.** Add lines 1a–1f ▶			282,480			
			Business Code				
Program Service Revenue	2a Program Service Revenue		624100	279,293,651	279,293,651		
	b Lab Revenue - Related		621500	2,873,063	2,873,063		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f ▶			282,166,714			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			3,087,490			3,087,490
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real	(ii) Personal			
	6a Gross rents	6a	851,365				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c	851,365				
	d Net rental income or (loss) ▶			851,365			851,365
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b	558,196				
	c Gain or (loss)	7c	-558,196				
	d Net gain or (loss) ▶			-558,196			-558,196
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory ▶						
			Business Code				
Miscellaneous Revenue	11a Other Operating Revenue		624100	4,454,392	4,454,392		
	b Cafeteria		722513	918,293			918,293
	c Intercompany Laundry		621500	620,771	620,771		
	d All other revenue		621500	131,640	283	131,357	
	e **Total.** Add lines 11a–11d ▶			6,125,096			
	12 **Total revenue.** See instructions ▶			291,954,949	287,242,160	131,357	4,298,952

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 ..... [X]

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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	2,492,474		2,492,474	
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	92,499,841	74,102,110	18,397,731	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,031,003	806,244	224,759	
9 Other employee benefits	12,245,311	9,575,833	2,669,478	
10 Payroll taxes	5,303,743	4,147,527	1,156,216	
11 Fees for services (nonemployees):				
a Management				
b Legal	876,513		876,513	
c Accounting	185,724		185,724	
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.)	37,997,043	26,745,198	11,251,845	
12 Advertising and promotion	1,221,691	1,221,691		
13 Office expenses	6,749,200	3,665,464	3,083,736	
14 Information technology	229,876	229,876		
15 Royalties				
16 Occupancy	8,147,290	8,043,005	104,285	
17 Travel	88,210	87,491	719	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50,857	48,362	2,495	
20 Interest	32,129		32,129	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,503,902	12,343,852	160,050	
23 Insurance	2,585,812	385,907	2,199,905	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	86,334,840	86,334,840		
b Repairs & Maintenance	12,024,634	6,590,965	5,433,669	
c Dues & Subscriptions	109,884	108,239	1,645	
d Miscellaneous	25,737	23,608	2,129	
e All other expenses	173	173		
25 **Total functional expenses.** Add lines 1 through 24e	282,735,887	234,460,385	48,275,502	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

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			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	68,266	1	117,787
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	28,539,248	4	38,841,194
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	8,842,162	8	9,630,835
	9	Prepaid expenses and deferred charges	1,122,488	9	941,586
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 309,918,376			
	b	Less: accumulated depreciation — 10b 191,166,511	119,036,750	10c	118,751,865
	11	Investments—publicly traded securities	3,722,225	11	4,324,265
	12	Investments—other securities. See Part IV, line 11	100,756	12	109,178
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	53,283,653	15	62,350,743
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	214,715,548	16	235,067,453
Liabilities	17	Accounts payable and accrued expenses	19,848,383	17	21,548,168
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	37,536,153	25	34,389,333
	26	**Total liabilities.** Add lines 17 through 25	57,384,536	26	55,937,501
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	155,786,952	27	177,521,568
	28	Net assets with donor restrictions	1,544,060	28	1,608,384
		Organizations that do not follow FASB ASC 958, check here ▶☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	157,331,012	32	179,129,952
	33	Total liabilities and net assets/fund balances	214,715,548	33	235,067,453

Part XI Reconciliation of Net Assets

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

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1	Total revenue (must equal Part VIII, column (A), line 12)	1	291,954,949
2	Total expenses (must equal Part IX, column (A), line 25)	2	282,735,887
3	Revenue less expenses. Subtract line 2 from line 1	3	9,219,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	157,331,012
5	Net unrealized gains (losses) on investments	5	16,045,886
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 on Schedule O)	9	-3,466,008
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	179,129,952

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2020

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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 [X] 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 331/3% 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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

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Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

13 **First 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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.)

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Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

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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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in **Part VI.***	9a		
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? *If "Yes," provide detail in **Part VI.***	9b		
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? *If "Yes," provide detail in **Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

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Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
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		
3	By reason of the relationship described in line 2, above, 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		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
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		

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.

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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 0.015 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 0.035.	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 0.85 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 ☐ 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)*

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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—*provide details in* ***Part VI***)	
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 2020 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-2020**	(iii) **Distributable Amount for 2020**
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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.)

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

Schedule of Contributors

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

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Name of organization: Saint Joseph's Hospital, Inc.

Employer identification number: 58-0568702

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

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 177,891	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 104,589	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2020

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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	Employer identification number
Saint Joseph's Hospital, Inc.	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) ▶ $

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 ▶ $

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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.

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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 (grassroots 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.		
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-		

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.

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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(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)).

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For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		86,986
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		59,858
j Total. Add lines 1c through 1i			146,844
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2020
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Name of the organization: Saint Joseph's Hospital, Inc.

Employer identification number: 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.

		(a) Donor advised funds	(b) Funds and other accounts
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? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,544,060	1,522,989	1,493,560	1,251,779	1,415,719
b Contributions	362,260	586,262	535,648	972,755	389,909
c Net investment earnings, gains, and losses	82,649	10,482	12,941	23,794	28,859
d Grants or scholarships					
e Other expenditures for facilities and programs	380,583	575,671	519,162	754,768	582,707
f Administrative expenses					
g End of year balance	1,608,384	1,544,060	1,522,985	1,493,560	1,251,779

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

a Board designated or quasi-endowment ▶ ____ %

b Permanent endowment ▶ 6.22 %

c Term endowment ▶ 93.78 %

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

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		6,385,059		6,385,059
b Buildings		155,799,002	83,559,354	72,239,648
c Leasehold improvements		4,330,130	2,892,176	1,437,954
d Equipment		142,395,597	104,714,981	37,680,616
e Other		1,008,588		1,008,588
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				118,751,865

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.

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

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" 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.)* ▶		

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	54,864,864
(2) Beneficial Interest in Foundation	3,291,734
(3) Other Receivables	2,741,480
(4) Operating right of use-leased equip	741,834
(5) Third Party Settlements	710,831
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	62,350,743

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) Third Party Advance Payments	28,716,483
(3) Deferred Compensation Payable	4,324,265
(4) Lease liabilities	1,348,585
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	34,389,333

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

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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	308,796,468
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	16,045,886		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	710,697		
e	Add lines **2a** through **2d**			2e	16,756,583
3	Subtract line **2e** from line **1**			3	292,039,885
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	-84,936		
c	Add lines **4a** and **4b**			4c	-84,936
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	291,954,949

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	282,885,638
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	282,885,638
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	-149,751		
c	Add lines **4a** and **4b**			4c	-149,751
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	282,735,887

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.

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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, 2021 and 2020 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, 2021, NOL carryforwards expiring through 2041 amounted to approximately $82,912,000 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.

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Acronyms:

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

CH - Candler Hospital, Inc.

SJH - Saint Joseph's Hospital, Inc.

Home Health - SJC Home Health, Inc.

Infirmary - Georgia Infirmary, Inc.

Geechee - Geechee Reinsurance Company, LLC

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

Unrealized change in derivatives	$	710,697

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

Pension cost	$	-149,751
Capital contributions	$	64,815

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

Pension Cost	$	-149,751

Part XIII Supplemental Information *(continued)*

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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 H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2020
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Name of the organization: Saint Joseph's Hospital, Inc.

Employer identification number: 58-0568702

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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	1a	X	
b	If "Yes," was it a written policy?	1b	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. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] 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: [ ] 100% [ ] 150% [ ] 200% [X] Other 250%	3a	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: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 500%	3b	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"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	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)			13,394,963		13,394,963	4.74
b Medicaid (from Worksheet 3, column a)			17,981,960	13,818,767	4,163,193	1.47
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			31,376,923	13,818,767	17,558,156	6.21
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,070,155	113,317	956,838	0.34
f Health professions education (from Worksheet 5)			352,876		352,876	0.12
g Subsidized health services (from Worksheet 6)			483,057	31,461	451,596	0.16
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			115,543		115,543	0.04
j **Total.** Other Benefits			2,021,631	144,778	1,876,853	0.66
k **Total.** Add lines 7d and 7j			33,398,554	13,963,545	19,435,009	6.87

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

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.

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	(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					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other			261,305	18,071	243,234	0.09
10 Total			261,305	18,071	243,234	0.09

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	16,094,424		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	3,218,885		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	133,293,242
6 Enter Medicare allowable costs of care relating to payments on line 5	6	163,327,078
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-30,033,836

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:

[X] Cost accounting system [ ] Cost to charge ratio [ ] Other

Section C. Collection Practices

		Yes	No
9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

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

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

Part V Facility Information

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Saint Joseph's Hospital, Inc.

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Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		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	2		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	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): www.sjchs.org			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): www.sjchs.org			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		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)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
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.

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			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 500 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): www.sjchs.org			
b	[X] The FAP application form was widely available on a website (list url): www.sjchs.org			
c	[X] A plain language summary of the FAP was widely available on a website (list url): www.sjchs.org			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] 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	[ ] 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	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group Saint Joseph's Hospital, Inc.

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			Yes	No
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?	**17**	X	
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:			
a ☐	Reporting to credit agency(ies)			
b ☐	Selling an individual's debt to another party			
c ☐	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			
d ☐	Actions that require a legal or judicial process			
e ☐	Other similar actions (describe in Section C)			
f ☒	None of these actions or other similar actions were permitted			
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?	**19**		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐	Reporting to credit agency(ies)			
b ☐	Selling an individual's debt to another party			
c ☐	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			
d ☐	Actions that require a legal or judicial process			
e ☐	Other similar actions (describe in Section C)			

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):

- **a** ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

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.

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			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 ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☒	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 ☐	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 ☐	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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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Facility 1, Saint Joseph's Hospital, Inc. - Part V, Line 3e

The prioritization of significant health needs of the community is identified and the methodology for prioritizing each need is described on page 35 of the 2019 CHNA.

Facility 1, Saint Joseph's Hospital, Inc. - Part V, Line 5

St. Joseph's/Candler (SJ/C) partnered with the Coastal Georgica Indicators Coalition (CGIC), Chatham County Safety Net Planning Council (CCSNPC) and Healthy Savannah's Racial and Ethic Approaches to Community Health (REACH) team to get feedback directly from the Chatham County community including the broader community residents, vulnerable populations including the poor, un/under insured, Hispanics and homeless. These partnerships also provided direct access to public health officials, government officials and community leaders with special expertise in combatting the health and social challenges of the community. These collaborative groups along with the city and county governments and many other organizations are members of the CGIC and participated in the development of the Chatham County Community Blue print, a public process to identify and address complex community health and social service needs. CGIC and CCSNPC assisted SJ/C in prioritizing the health and social determinants of health SJ/C would address in the upcoming three years.

Specifically, in conducting the Community Health Needs Assessment for 2019, SJ/C used the CGIC to get direct community feedback from their Chatham County Speaks Again survey. The survey was conducted in 2018 and the report published in 2019. A total of 1,597 completed surveys were obtained: 441 (28%) web surveys and 1,156 (72%) paper surveys. Total response rate was

Part V Facility Information *(continued)*

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

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5.3%. The 2018 sample has just under 300 responses fewer than from the 2015 survey (6.3% response rate).

Given the number of responses and the county population, the 95% confidence interval for a given response is +/- 2.4 percentage points. At the district level, the margin of error ranges from +/-5.5% in District 4 to +/- 9% in District 5.

In addition to the using the survey data, the CGIC held community forums in all eight districts throughout Chatham County. SJ/C hired CGIC to hold additional health forums, but because of the poor attendance, CGIC and the REACH team developed additional health surveys which were available by paper or through access on the web. Surveys were available in English and in Spanish. The additional surveys resulted in another 295 responses, largely from vulnerable populations who completed the surveys at SJ/C's St. Mary's free clinic, the Chatham County Health department and J. C. Lewis Primary Care Centers. All focus on providing care for the un/under insured populations. Only the Chatham County Health department is open to the broader community.

Facility 1, Saint Joseph's Hospital, Inc. - Part V, Line 6a

Candler Hospital, Inc.

5353 Reynolds Street

Savannah, GA 31405-6015

Saint Joseph's Hospital and Candler Hospital's joint Community Health Needs Assessment and Implementation Plan can be found on St. Joseph's/Candler's website at https://www.sjchs.org/docs/default-source/default-document-library/sjc_chna_2019.pdf and https://www.sjchs.org/docs/default-

Part V Facility Information *(continued)*

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

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source/default-document-library/sjc_2019_implementation_plan1.pdf?sfvrsn=6686340c_2, respectively

Facility 1, Saint Joseph's Hospital, Inc. - Part V, Line 6b

SJ/C strongly believes collaborating with others to identify and address health and the social determinants of health results in better outcomes and better coordination of limited resources to address complex health and social problems. The collaborating partners for 2019 included the Coastal Georgia Indicators Coalition (CGIC) and Healthy Savannah's REACH team. CGIC is a collaborative comprised of community members and advocates working together through a comprehensive, coordinated approach for planning and accountability and serves as a resource for agencies addressing overall health and well-being while leveraging resources for community initiatives. Healthy Savannah and the YMCA of Coastal Georgia received a Center for Disease Control (CDC) Racial and Ethic Approaches to Community Health (REACH) grant. This grant funded analysis of all the survey data by Next Step Consulting. Next Step consulting provided a Ph.D. project leader and group of graduate students to accomplish the work.

Facility 1, Saint Joseph's Hospital, Inc. - Part V, Line 11

Many health and social needs were identified again in the 2019 Community Health Needs Assessment. Despite the many challenges, Chatham County is fortunate to have a number of health and social service organizations who work collaborative to address the community's most pressing needs. The hospitals, health department, CGIC, CCSNPC, the United Way, municipal governments and schools of higher learning work individually and

Part V Facility Information *(continued)*

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

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collaboratively to address the most significant health and social needs of the community. It would be impossible for any single organization to address all the identified needs. To that end, SJ/C, with the help of CGIC and CCSNPC reviewed the identified needs and prioritized which needs the hospitals would address, and which they would not address and why.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 St. Joseph's Hospital SNF 11705 Mercy Blvd. Savannah GA 31410	SNF

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.

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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/nursing home care, dialysis services, outpatient palliative care and the supply of durable medical equipment and supplies.

Part I, Line 7 - Costing Methodology Explanation

The data reported in this area is reported as instructed by Catholic Health Association's "A Guide for Planning and Reporting Community Benefits, 2008".

Part II - Community Building Activities

St. Joseph's/Candler (SJ/C) believes that good health is more than freedom from disease. Good health includes worthy employment, good education, safe

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homes/neighborhoods and advocacy. Additionally, SJ/C is concerned with the whole person, which includes spiritual care.

With eight full-time chaplains - more than any other hospital in the state of Georgia - SJ/C provides pastoral care outreach to anyone seeking assistance (as reported in the Community Health Improvement Services). Such unreimbursed services provide necessary spiritual support for many underserved citizens who are without a church home or access to a minister. This assistance includes burial services, officiating at weddings, one-on-one counseling services and other Ecumenical services, such as baptisms.

SJ/C African-American Health Information and Resource Center, recently celebrated 20 years of service to the broader and vulnerable communities. The Center provides free computer classes, an internet center, exercise classes and culturally competent health information and education.

SJ/C supports education as a means to a good paying job. The System fully funds the St. Mary's GED program, a partnership with Savannah Technical Collage and summer camp for young children. St. Mary's also provides a workforce counselor to assist clients with resume writing, employment search assistance, interviewing skills and soft skills training.

Part VI Supplemental Information

Provide the following information.

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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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Part III, Line 2 - Bad Debt Expense Methodology

Amounts included on Part II Line 2 represent the amount of charges considered uncollectible after reasonable attempts to collect, and written off to bad debt expense.

Part III, Line 3 - Bad Debt Expense, Patients Eligible for Assistance

The figure on Part III line 3 represents management's estimate (approximately 20%) based on an analysis of self pay patients' ability to pay their outstanding account. This analysis includes reviewing the patient's credit history, income levels and overall collectibility of the account.

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

See pages 29-34 for the discussion of uninsured patients and bad debts included in the Patient Service Revenue footnote in the audited financial statements attached.

Part VI Supplemental Information

Provide the following information.

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Part III, Line 8 - Medicare Explanation

Medicare allowable costs are computed in accordance with cost reporting methodologies utilized on the Medicare Cost Report and in accordance with related regulations. Indirect costs are allocated to direct service areas using the most appropriate statistical basis.

Part III, Line 9b - Collection Practices Explanation

Patient financial counselors visit patients who have no insurance, limited coverage and Medicaid patients without supplemental insurance to discuss assistance and refer those patients to our Medicaid eligibility vendor who screens these patients for Medicaid and other federal, state or local programs for assistance. Customer service at the Hospital and at extended business office, which does self-pay billing and collection, inform patients 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

Part VI Supplemental Information

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difficulty making payment. For patients who qualify for charity care and full financial assistance, there is no financial obligation. For those who qualify for partial financial assistance, collection procedures follow the same process as all other patients who are responsible for unpaid balances. Those patients who have not made payment arrangements for their remaining balances are sent letters when they are past due 30, 60, and 90 days. If payment arrangements are still not made after 90 days, then those accounts are referred to collections. Before referral to a collection agency, any account $2,500 or larger is scored for ability to pay (using Experian), and if the patient qualifies for charity care or full financial assistance, the account is written off as presumptive eligibility and not referred to the agency.

Part VI, Line 2 - Needs Assessment

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

Part VI Supplemental Information

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of assessments to determine the community's needs for health and personal support services. Our System collaborates with numerous not-for-profit agencies and programs to extend and strengthen our mission. Our programs are successful due in large part because of these collaborations. Some examples include: the Chatham County Safety Net, City of Savannah's Step-Up Poverty Reduction Initiative, Armstrong Atlantic State University, Savannah Technical College, Savannah Economic Development Authority, and many more. Many of our System co-workers are also involved at every level of the community through their work as System representatives on not-for-profit boards such as: American Heart Association, the United Way, MedBank, Inc., Wesley Community Center, and Safe Shelter of Savannah. St. Joseph's/Candler also solicits input on community needs from community leaders, professionals and members who participate on outreach advisory boards. SJ/C's African American Health Information & Resource Center, Good Samaritan Clinic, Smart Senior, St. Mary's Community Center and St. Mary's 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

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provide direct feedback from the clients who use their services. This ensures each site continues to provide a service the community needs and benefits from.

With our partners, we listen to our patients and clients, as well as access existing needs assessments and studies in order to determine the community's most pressing needs. St. Joseph's/Candler uses federal information and reports from agencies such as the U.S. Census Bureau and Bureau of Labor Statistics, as well as resources such as Coastal Georgia Indicator's database which including more than 100 health and social determinant of health indicators; Claritas and "Demographics Now" that provide a wide array of demographics, household income and services, retail outlets, etc. in defined zip codes. This information, combined with our extensive collaborations and our role as a leader in the community, provides us the means to understand and address the community's needs and 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

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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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.

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Customer service personnel at the Hospitals and St. Joseph's/Candler's extended business office inform patients about our financial assistance program and assist them in making an application. For patients who have no insurance, limited coverage, and Medicaid patients without supplemental insurance, patient financial counselors discuss the financial assistance and various government benefits which may be available to them. Patient financial counselors also refer appropriate patients to a Medicaid eligibility vendor who screens them for Medicaid and other federal, state, or local programs for assistance. St. Joseph's/Candler posts financial assistance contact information on its website. Upon admission to the Hospital, patients are provided the "Guide to Your Hospital Bill", which informs them how to understand their bill, as well as a summary of the Hospital's financial assistance policy. In addition, the billing statements sent to patients provide a message and financial assistance contact information in the event the patient has difficulity paying the balance due.

Part VI, Line 4 - Community Information

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.

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St. Joseph's/Candler is located in Savannah, GA. Savannah is the oldest city in GA and the county seat of Chatham County. St. Joseph's/Candler's 2019 Community Health Needs Assessment defined Chatham County as the primary service area for the System.

Chatham County is location on the southeast coast of United States in Georgia. The total estimated population in 2018 is 294,365 people. There are an estimated 115,565 households with 72,833 families in Chatham County. Caucasians make up the majority of the population at 51% followed by Black/African Americans at 40%. The largest percentage of the population falls into the 25-34 year-old age group.

The median household income is $52,215. Approximately 47% of residents are homeowners. Approximately 50% of those who rent are burdened with more than 30% of their income going to rent.

Approximately 65% of the population age 25+ has some college experience or some type of degree.

Approximately 12% of families live below the poverty level in the county. Female life expectancy is 79.6 years while male life expectancy is 74.3 years.

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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The leading causes of death include cancer, heart disease, and stroke. High blood pressure, arthritis and diabetes are among the top chronic diseases in the county. Breast and lung/bronchial cancers lead the number of cancer cases in the county.

More than 50% of the population received routine dental care in the past year and more than 75% reported having routine medical checkup.

Adults 18-64 have an 81% insured rate. Children 19 and under have a 95% insured rate.

Part VI, Line 5 - Promotion of Community Health

All of St. Joseph's/Candler's healthcare facilities, including its hospitals, further their exempt purposes by promoting the health in our community in a variety of ways as well as those already described in Schedule H and St. Joseph's/Candler's Community Benefit Report. The governing bodies of all of our organizations are primarily comprised of persons who are not employees, contractors (nor family members thereof), and who reside in St. Joseph's/Candler's primary service area. The Hospitals' medical staffs are open to all qualified physicians in the

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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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.

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region. For those physicians in the region who do not have privileges, St. Joseph's/Candler provides a process for admitting patients via the hospitalists or through other physicians.

Funds received from the operations of St. Joseph's/Candler's hospitals and 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.

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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Georgia Infirmary's housing management services operates subsidized housing 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.

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.

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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 384-bed acute care hospital in Savannah, Georgia. CH is the sole member of and operates SJC Oncology Services - Georgia, LLC in Savannah, Georgia, SJC Oncology Services - South Carolina, LLC in Hilton Head, South Carolina, Candler Medical Oncology Practice, LLC, Candler ENT Practice, LLC and SJ/SC Cardiology LLC, all of which are single member LLC's that provide advanced radiation oncology and other specialized services.

SJH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 330-bed acute care hospital in Savannah, Georgia. SJH is the sole member of and operates St. Joseph's Medical Group, LLC, and St.

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.

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Joseph's Cardiology Group, LLC, SJC Electrophysiology, LLC, and St. Joseph's Vascular Group, LLC, all of which are single member LLC's that provide specialized physician services.

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

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

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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and also provides a case management program to improve health outcomes for elderly or disabled Medicaid recipients with chronic medical conditions.

SJC Ventures, Inc. (SJCV) 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. (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. SJCMG maintains a controlling interest in Chatham Hospitalists, LLC.

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.

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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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.

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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. Health Services maintains a controlling interest in SJC/Wayne Medical Oncology, LLC and St. Joseph's/Candler Urgent Care Centers, LLC.

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

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

Georgia

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

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Name of the organization: Saint Joseph's Hospital, Inc.

Employer identification number: 58-0568702

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (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	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
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	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

DAA

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.

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
Paul P. Hinchey	(i)	429,931	131,520	8,363	0	23,116	592,930	0
1 President & CEO	(ii)	593,714	181,622	11,549	0	31,922	818,807	0
Jeremy E. London, MD	(i)	814,015	55,000	183,690	0	25,380	1,078,085	0
2 Surgeon	(ii)	0	0	0	0	0	0	0
Brian M. Bailey, MD	(i)	812,938	8,333	183,450	0	26,018	1,030,739	0
3 Surgeon	(ii)	0	0	0	0	0	0	0
Gregory J. Schaack	(i)	224,670	57,448	832	8,190	22,942	314,082	0
4 CFO	(ii)	310,258	79,333	1,148	11,310	31,681	433,730	0
Kyle L. McCann	(i)	220,459	56,701	290	8,190	14,822	300,462	0
5 Trustee/COO	(ii)	304,443	78,302	400	11,310	20,468	414,923	0
Daniel Cobb, MD	(i)	420,166	192,854	4,771	0	22,285	640,076	0
6 Cardiologist	(ii)	0	0	0	0	0	0	0
Norman Yates III, MD	(i)	542,588	40,763	690	0	31,501	615,542	0
7 Surgeon	(ii)	0	0	0	0	0	0	0
William A. Crosland, MD	(i)	423,192	109,734	4,771	0	9,412	547,109	0
8 Cardiologist	(ii)	0	0	0	0	0	0	0
Sherry A. Danello	(i)	141,533	28,955	1,600	8,190	29,594	209,872	0
9 Trustee/VP	(ii)	195,451	39,985	2,210	11,310	40,869	289,825	0
Nolan D. Hennessee	(i)	144,872	29,841	290	8,190	13,880	197,073	0
10 VP	(ii)	200,061	41,208	400	11,310	19,168	272,147	0
Thomas S. Pound	(i)	127,570	26,604	542	8,190	15,355	178,261	0
11 VP	(ii)	176,167	36,740	748	11,310	21,205	246,170	0
Bradley R. Trower	(i)	117,553	24,910	290	7,371	11,128	161,252	0
12 VP	(ii)	162,334	34,399	400	10,179	15,367	222,679	0
Sr. Margie Beatty RSM	(i)	102,995	20,903	0	8,190	4,213	136,301	0
13 Chair/VP	(ii)	142,232	28,867	0	11,310	5,818	188,227	0
Julia Mikell, MD	(i)	89,775	13,768	1,494	4,668	9,731	119,436	0
14 Trustee/Physician	(ii)	123,976	19,012	2,064	6,447	13,439	164,938	0
Mary M. Strand	(i)	73,398	22,128	375	5,815	6,003	107,719	0
15 VP	(ii)	101,360	30,558	518	8,030	8,290	148,756	0
Patrick W. Wall	(i)	72,384	12,244	101	0	5,332	90,061	0
16 VP	(ii)	99,960	16,909	139	0	7,363	124,371	0

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

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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.

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
Gregory A. Menke	(i)	75,249	0	832	0	8,943	85,024	0
1 VP	(ii)	103,916	0	1,148	0	12,349	117,413	0
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.

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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	19,500	0
Kyle L. McCann	0	19,500	0
Sherry A. Danello	0	19,500	0
Nolan D. Hennessee	0	19,500	0
Thomas S. Pound	0	19,500	0
Bradley R. Trower	0	17,550	0
Sr. Margie Beatty RSM	0	19,500	0
Julia Mikell, MD	0	11,115	0
Mary M. Strand	0	13,845	0

Part III - Other Additional Information

Part I, Line 4(b) - Supplemental Executive Retirement Plan (SERP)

Part III Supplemental Information

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

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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 approximately half her time between two related hospitals, Candler Hospital

77630SJHOSP

Part III Supplemental Information

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

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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 2020 was $294,997.

DAA

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

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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 comprensive healthcare services to the surrounding counties through the operation of a 256-bed acute care hospital in Savannah, Georgia.

Form 990, Part I, Line 6

Volunteers sign in each time they volunteer and these hours are totaled.

Services provided by volunteers:

-Information desks: greet & provide information to visitors and give patient room information.

-Courtesy car: provide rides to and from hospital buildings to visitors' cars.

-Patient family rooms: contact persons in waiting rooms.

-Deliver patient mail and flowers.

-Operate gift shops.

-Patient visitation: patients are visited and given a welcome packet with paper, pencil, and information sheet covering hospital services.

-Security: monitor hospital cameras and take calls for security (relays to hospital staff).

-Patient floors: assist staff with non-clinical chores.

-Office volunteer: assist volunteer office staff as needed.

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

Saint Joseph's Hospital, Inc. is an acute care hospital located in

Name of the organization: Saint Joseph's Hospital, Inc.

Employer identification number: 58-0568702

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Savannah, Georgia. In furtherance of its tax-exempt purpose, Saint Joseph's Hospital, Inc.:

1) maintains and operates permanent facilities that provide both inpatient and outpatient services for providing diagnoses and treatment of patients suffering from illness or injury;

2) promotes and provides health education programs, support groups, and various community services for all people of Savannah and the surrounding counties;

3) encourages and participates in health sciences research for treatment of illness and promotion of health;

4) preserves and incorporates the Catholic Christian philosophy of the hospital in all its activities and contracts.

During the fiscal year ended June 30, 2021, the Hospital served the following: 58,968 acute care patient days and 9,380 discharges; 6,084 rehab days with 468 discharges; and home health agency visits totaled 37,610. Emergency room visits totaled 43,105. The Hospital also provided services for 110,728 outpatient visits.

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

St. Joseph's/Candler Health System, Inc. (System) is the sole member of the filing organization.

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

The Sisters of Mercy, Baltimore Regional Community (SMB) is the sole member of the System. Both SJH and System share a common management team. SMB has certain limited rights such as appointment of three trustees to the

Name of the organization: Saint Joseph's Hospital, Inc.

Employer identification number: 58-0568702

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System board. The System has the authority to appoint 13 of the 17 voting trustee positions and the System CEO is an ex-officio trustee. As the sole member, System also controls SJH. Pursuant to Section 3.2 of the Amended and Restated Joint Operating Agreement entered into on April 1, 2003, 4 of its 5 trustees are recommended by the CEO of System from among the member's management personnel and they are approved by the member's board. The 5th member of the Hospital board is the president of the Hospital's medical and dental staff.

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

System has certain limited rights such as the recommendation of 4 of SJH's 5 trustees by the CEO of System from among the member's management personnel which are then subject to approval by the System's board. Additionally, System has specific reserved powers which require that certain actions taken by the SJH Board are effective only if first approved by System.

These actions include:

1. development of the role, mission, goals and strategic and operational plan(s) of Saint Joseph's Hospital.
2. establishment of an organization-wide policy.
3. responsibility for the organization-wide quality of care and quality of work life.
4. development and approval of the budgets.
5. approval of the sale, lease, transfer, encumbrance, alienation, or disposition of property or assets of SJH, subject to the SMB Reserved Powers.
6. approval of any dissolution, merger, consolidation or sale of SJH,

subject to the SMB Reserved Powers.

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7. ratification of the appointment by the System CEO of the members of the board of trustees and the board of directors of SJH and to determine, when appropriate with respect to SJH, the number of trustees or directors, quorum and voting requirements, terms, committees, officers, and any other customary and appropriate bylaw provisions for SJH; and

8. delegation of such responsibilities and other activities to SJH as necessary, including the delegation to SJH of responsibilities related to credentialing of medical staff; licensure; JCAHO certification; maintaining the Roman Catholic identity and presence of SJH pursuant to the SMB Reserved Powers.

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

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

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

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

The Board Chairman may ask the interested person to leave the meeting during discussion of the matter that gives rise to the potential conflict.

Name of the organization: Saint Joseph's Hospital, Inc.

Employer identification number: 58-0568702

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If asked, the interested person shall leave the meeting, but may make a statement or answer any questions on the matter before leaving. The interested person will not vote on the matter that gives rise to the potential conflict and the Board or Board Committee must approve the transaction or arrangement by majority vote of the Board members present at a meeting that has a quorum, not including the vote of the interested person.

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

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

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

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

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

Name of the organization: Saint Joseph's Hospital, Inc.

Employer identification number: 58-0568702

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

Form 990, Part VII - Additional Information

Consolidated Management and General Services - The filing organization is a member of a comprehensive integrated healthcare network, i.e., St. Joseph's/Candler Health System, Inc. (System). Essential management and general services are provided by the System to the related organizations. The costs of such services remain on the books of System.

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

Description	Tot/Prog Service	Mgt & General	Fundraising
Contract labor	$ 6,269,193	$ 138,664	$ 0
Professional fees	$ 9,404,714	$ 7,928,620	$ 0
Purchased services	$ 9,583,593	$ 3,184,561	$ 0
OR Perfusionist Fees	$ 1,111,905	$ 0	$ 0
Consulting fees	$ 90,695	$ 0	$ 0
Other fees			

Name of the organization: Saint Joseph's Hospital, Inc.

Employer identification number: 58-0568702

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	$ 285,098	$ 0	$ 0
Total	$ 26,745,198	$ 11,251,845	$ 0

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

Increase in beneficial interest in Foundation	$ 498,507
Change in fair value of derivatives	$ 710,697
Equity transfers out	$ -4,675,212
Total	$ -3,466,008

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

Form 990, Part XII, Line 3b - Reason for Not Undergoing Required Audit

During fiscal year 2021, federal awards expended exceeded the $750,000 threshold requiring a single audit (previously known as the OMB Circular A-133 audit). The substantial portion of these federal expenditures related to the funding associated with the "Coronavirus Aid, Relief, and Economic Security Act" (CARES Act). Typically, the single audit due date would be nine months from the end of the fiscal year being reported on (March 31, 2022). However, the deadline to submit the required single audit has been extended by the Office of Management and Budget (OMB) to include an additional six months beyond the original nine-month period (September 30, 2022). As such, SJH has not undergone the single audit associated with its fiscal year 2021, but arrangements have been made to undergo this single audit and to ensure its completion prior to the extended deadline.

77630SJHOSP

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Public Inspection Copy

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 58-1553254 Savannah GA 31405-6015	Foundation	GA	501c3	12b	System		X
(2)							
(3)							
(4)							
(5)							

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

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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.

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(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.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SJC/OIS Management, LLC 5353 Reynolds Street Savannah GA 31405-6015 46-0748220	Management	GA	N/A	Excluded	-175,972	1,453,278		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

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

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

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

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

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

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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.

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(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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

DAA

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

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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.

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2020 or other tax year beginning 07/01/20 , and ending 06/30/21

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

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

OMB No. 1545-0047

2020

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

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A ☐ Check box if address changed.

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
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

C Book value of all assets at end of year ▶ 235,067,453

D Employer identification number
58-0568702

E Group exemption number (see instructions)
0928

F ☐ Check box if an amended return.

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entity

H Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐

J Enter the number of attached Schedules A (Form 990-T) ▶ 1

K 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

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

Part I Total Unrelated Business Taxable income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	3,471
2	Reserved	2	
3	Add lines 1 and 2	3	3,471
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	3,471
6	Deduction for net operating loss. See instructions	6	2,471
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	1,000
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) ▶	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	2	0
3	**Proxy tax.** See instructions ▶	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	
3	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)			3	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ▶			4	0
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4			5	
6a	Payments: A 2019 overpayment credited to 2020	6a			
b	2020 estimated tax payments. Check if section 643(g) election applies ▶ ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	6g			
7	**Total payments.** Add lines 6a through 6g			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶			10	
11	Enter the amount of line 10 you want: **Credited to 2021 estimated tax** ▶ **Refunded** ▶			11	

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

		Yes	No
1	At any time during the 2020 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 ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here

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

▶ Signature of officer | Date | ▶ CFO Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Jacqueline G. Atkins				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

Public Inspection Copy

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2020

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

Public Inspection Copy

A Name of the organization: Saint Joseph's Hospital, Inc.

B Employer identification number: 58-0568702

C Unrelated Business Activity Code (see instructions) ▶ 812300

D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ Laundry Service

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 ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnership and S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) See Stmt 1	12	131,357		131,357
13	**Total.** Combine lines 3 through 12	13	131,357		131,357

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	52,728
3	Repairs and maintenance			3	4,433
4	Bad debts			4	
5	Interest (attach statement) (see instructions) See Statement 2			5	7,453
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)	7	6,750		
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	6,750
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	10,652
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) See Statement 3			14	45,870
15	**Total deductions.** Add lines 1 through 14			15	127,886
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	3,471
17	Deduction for net operating loss (see instructions)			17	
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	3,471

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No

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Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶

4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
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 statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶

11 **Total dividends-received deductions** included in line 10 ▶

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		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)					
(2)					
(3)					
(4)					

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

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶ _____

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 ▶			

Part XI Supplemental Information (see instructions)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2020
Attachment Sequence No. **179**

Name(s) shown on return: Saint Joseph's Hospital, Inc.
Identifying number: 58-0568702

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Business or activity to which this form relates: Laundry Services

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,590,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,040,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,750

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,750
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

There are no amounts for Page 2

Federal Statements

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Laundry Service

Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
Laundry Services	$ 131,357
Total	$ 131,357

Laundry Service

Statement 2 - Schedule A (990T), Part II, Line 5 - Deductible Interest

Description	Amount
	$ 7,453
Total	$ 7,453

Laundry Service

Statement 3 - Schedule A (990T), Part II, Line 14 - Other Deductions

Description	Amount
Materials and Supplies	$ 32,744
Purchased Services	4,121
Utilities	4,423
Insurance	4,388
Miscellaneous	194
Total	$ 45,870

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

2020

Open to Public Inspection

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A For the 2020 calendar year, or tax year beginning 07/01/20 , and ending 06/30/21

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ 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): 5353 Reynolds Street — Room/suite

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$ 427,254,451

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? ☐ Yes ☒ No

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

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

J Website: ▶ www.sjchs.org

H(c) Group exemption number ▶

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

L Year of formation: 1934

M State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2020 (Part V, line 2a)	5	2528
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,364,597
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,324,201	772,256
	9	Program service revenue (Part VIII, line 2g)	358,027,270	409,886,521
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,802,142	4,955,969
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,647,145	11,639,705
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	380,800,758	427,254,451
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	135,551	119,772
	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)	137,840,738	148,545,503
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	213,127,775	243,636,536
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	351,104,064	392,301,811
	19	Revenue less expenses. Subtract line 18 from line 12	29,696,694	34,952,640
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	268,926,800	325,084,934
	21	Total liabilities (Part X, line 26)	61,479,761	63,675,373
	22	Net assets or fund balances. Subtract line 21 from line 20	207,447,039	261,409,561

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Jacqueline G. Atkins				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 [X]

1 Briefly describe the organization's mission:

See Schedule O

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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 [X] 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 [X] 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 $ 319,173,584 including grants of $ 119,772) (Revenue $ 417,196,492)

See Schedule O

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

N/A

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

N/A

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

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

4e Total program service expenses ▶ 319,173,584

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		

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

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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2528			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	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)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, 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 on Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

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 ..... [X]

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

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

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

See instructions for the order in which to list the persons above.

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

(A) 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Paul P. Hinchey President & CEO	20.00 25.00			X				786,885	569,814	55,038
(2) John Pablo Director-Oncology	40.00 0.00					X		962,842	0	33,875
(3) William E. Richards Radiation Oncologist	40.00 0.00					X		943,867	0	32,954
(4) Joshua T. McKenzie Radiation Oncologist	40.00 0.00					X		770,443	0	35,546
(5) John L. Mikell Radiation Oncologist	40.00 0.00					X		720,384	0	30,545
(6) Gregory J. Schaack Trustee/CFO	21.00 25.00	X		X				390,739	282,950	74,123
(7) Kyle L. McCann COO	20.00 22.00			X				383,145	277,450	54,790
(8) Howard A. Zaren MedDirector-Oncology	40.00 0.00					X		575,363	0	42,680
(9) Sherry A. Danello Trustee/VP	21.00 22.00	X		X				237,646	172,088	89,963
(10) Nolan D. Hennessee VP	20.00 21.00				X			241,669	175,003	52,548
(11) Thomas S. Pound Chairman/VP	21.00 21.00	X		X				213,655	154,716	56,060

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

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(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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) Bradley Trower	20.00									
VP	21.00				X			197,133	142,753	44,045
(13) Sr. Margie Beatty, RSM	20.00									
VP	22.00			X				171,099	123,898	29,531
(14) Julia Mikell, MD	21.00									
Trustee/Physician	23.00	X						145,052	105,037	34,285
(15) Mary M. Strand	20.00									
VP	21.00			X				132,436	95,901	28,138
(16) Patrick W. Wall	20.00									
VP	21.00				X			117,008	84,729	12,695
(17) Gregory A. Menke	20.00									
Former VP	22.00				X			105,064	76,081	21,292
(18) Ana Concepcion, MD	1.00									
Trustee-left 12/20	1.00	X						0	0	0
(19) Paul Drwiega, MD	1.00									
Trustee	1.00	X						0	0	0
1b Subtotal ▶								7,094,430	2,260,420	728,108
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								7,094,430	2,260,420	728,108

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 ▶ 123

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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*	4	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*	5		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
Summit Cancer Care, P.C. 225 Candler Drive, Suite 300 Savannah GA 31405	Oncology Svcs	6,819,461
South Coast Medical Group 1326 Eisenhower Drive Bldg 2 Savannah GA 31406	RVU Prod/Mgmt	3,795,672
Arup Laboratories, Inc. 500 Chipeta Way Salt Lake City UT 84108	Lab Services	2,549,080
SC Cancer Specialists, PA 45 Hospital Center Commons Hilton Head Island SC 29926	Oncology Svcs	2,285,192
American Anesthesia Associates 400 Mall Blvd Savannah GA 31406	Anesthesia	1,347,823

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 ▶ 62

Part VIII Statement of Revenue

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

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				(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	715,937				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	56,319				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f ▶			772,256			
			Business Code				
Program Service Revenue	2a Net Patient Revenue		624100	393,992,021	393,992,021		
	b Reference Lab Related		621500	9,602,596	9,602,596		
	c Prescription Center Related		624100	6,291,904	6,291,904		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f ▶			409,886,521			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			4,951,219			4,951,219
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real	(ii) Personal			
	6a Gross rents	6a	2,616,326				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c	2,616,326				
	d Net rental income or (loss) ▶			2,616,326			2,616,326
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a		4,750			
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c		4,750			
	d Net gain or (loss) ▶			4,750			4,750
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory ▶						
			Business Code				
Miscellaneous Revenue	11a Other Operating Revenue		621990	7,309,971	7,309,971		
	b Wellness Center		713940	689,968		689,968	
	c Childrens House		624410	447,064		447,064	
	d All other revenue		621400	576,376		227,565	348,811
	e **Total.** Add lines 11a–11d ▶			9,023,379			
	12 **Total revenue.** See instructions ▶			427,254,451	417,196,492	1,364,597	7,921,106

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 [X]

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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	119,772	119,772		
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	3,441,986		3,441,986	
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	120,450,848	91,295,934	29,154,914	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,350,793	1,023,901	326,892	
9 Other employee benefits	16,426,084	12,450,972	3,975,112	
10 Payroll taxes	6,875,792	5,211,850	1,663,942	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,210,423		1,210,423	
c Accounting	256,476		256,476	
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.)	70,477,093	59,512,975	10,964,118	
12 Advertising and promotion	1,663,593	105,568	1,558,025	
13 Office expenses	6,923,879	2,546,957	4,376,922	
14 Information technology	525,325	525,325		
15 Royalties				
16 Occupancy	12,806,229	9,702,019	3,104,210	
17 Travel	109,841	102,053	7,788	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	62,668	54,197	8,471	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,680,760	14,510,463	170,297	
23 Insurance	3,269,167	231,203	3,037,964	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	116,308,668	116,297,724	10,944	
b Repairs & Maintenance	15,074,007	5,235,513	9,838,494	
c Dues	173,035	151,786	21,249	
d Recruiting	70,464	70,464		
e All other expenses	24,908	24,908		
25 **Total functional expenses.** Add lines 1 through 24e	392,301,811	319,173,584	73,128,227	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

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			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	88,375	1	920,363
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	38,930,326	4	49,777,909
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	7,549,016	8	11,527,425
	9	Prepaid expenses and deferred charges	1,313,754	9	2,865,906
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 363,356,394			
	b	Less: accumulated depreciation — 10b 247,638,286	112,434,107	10c	115,718,108
	11	Investments—publicly traded securities	888,242	11	1,149,788
	12	Investments—other securities. See Part IV, line 11	1,794,603	12	3,014,719
	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	57,605,025	15	91,787,364
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	268,926,800	16	325,084,934
Liabilities	17	Accounts payable and accrued expenses	24,087,773	17	26,797,500
	18	Grants payable		18	
	19	Deferred revenue	27,580,151	19	12,833,334
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,737,199	23	1,881,302
	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	7,074,638	25	22,163,237
	26	**Total liabilities.** Add lines 17 through 25	61,479,761	26	63,675,373
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	199,455,075	27	252,889,296
	28	Net assets with donor restrictions	7,991,964	28	8,520,265
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	207,447,039	32	261,409,561
	33	Total liabilities and net assets/fund balances	268,926,800	33	325,084,934

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	427,254,451
2	Total expenses (must equal Part IX, column (A), line 25)	2	392,301,811
3	Revenue less expenses. Subtract line 2 from line 1	3	34,952,640
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	207,447,039
5	Net unrealized gains (losses) on investments	5	22,158,604
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 on Schedule O)	9	-3,148,722
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	261,409,561

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Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

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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 [X] 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 331/3% 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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

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Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

13 **First 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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.)

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Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

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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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in **Part VI.***	9a		
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? *If "Yes," provide detail in **Part VI.***	9b		
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? *If "Yes," provide detail in **Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

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Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
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		
3	By reason of the relationship described in line 2, above, 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		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
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		

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.

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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 0.015 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 0.035.	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 0.85 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 ☐ 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—*provide details in* ***Part VI***)	
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 2020 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-2020**	(iii) **Distributable Amount for 2020**
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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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.)

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

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization: Candler Hospital, Inc.

Employer identification number: 58-0593388

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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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

For Paperwork Reduction Act Notice, see the instructions for 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.

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 666,040	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 49,897	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 56,319	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2020

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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	Employer identification number
Candler Hospital, Inc.	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) ▶ $

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 ▶ $

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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.

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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 (grassroots 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.		
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-		

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.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(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)).

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For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		86,986
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		59,858
j Total. Add lines 1c through 1i			146,844
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Part IV Supplemental Information *(continued)*

associations and as part of their annual dues, pays a small percentage to support the lobbying efforts by these associations.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

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2020
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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.

	(a) Donor advised funds	(b) Funds and other accounts
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? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

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

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,991,964	8,028,205	8,061,502	6,845,214	5,994,751
b Contributions	1,052,865	1,260,766	1,416,770	1,810,454	1,919,111
c Net investment earnings, gains, and losses	247,249	60,150	65,307	105,071	136,156
d Grants or scholarships					
e Other expenditures for facilities and programs	771,813	1,357,157	1,515,374	699,237	1,202,504
f Administrative expenses					2,300
g End of year balance	8,520,265	7,991,964	8,028,205	8,061,502	6,845,214

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

a Board designated or quasi-endowment ▶ ____ %

b Permanent endowment ▶ 10.97 %

c Term endowment ▶ 89.03 %

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,940,044		16,940,044
b Buildings		174,275,976	116,419,305	57,856,671
c Leasehold improvements		4,750,318	3,732,522	1,017,796
d Equipment		158,770,854	127,486,459	31,284,395
e Other		8,619,202		8,619,202
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				115,718,108

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.

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

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" 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.)* ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Due from related parties	69,764,539
(2) Beneficial Interest in Foundation	12,232,598
(3) Other Receivables	5,465,599
(4) Third party settlements	4,324,628
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	91,787,364

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) Third party settlements	21,013,449
(3) Deferred Compensation Payable	1,149,788
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	22,163,237

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

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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	450,347,613
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	22,158,604		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	981,438		
e	Add lines **2a** through **2d**			2e	23,140,042
3	Subtract line **2e** from line **1**			3	427,207,571
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	46,880		
c	Add lines **4a** and **4b**			4c	46,880
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	427,254,451

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	392,388,838
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	392,388,838
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	-87,027		
c	Add lines **4a** and **4b**			4c	-87,027
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	392,301,811

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, 2021 and 2020 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, 2021, NOL carryforwards expiring through 2041 amounted to approximately $82,912,000 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.

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Acronyms:

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

CH - Candler Hospital, Inc.

SJH - Saint Joseph's Hospital, Inc.

Home Health - SJC Home Health, Inc.

Infirmary - Georgia Infirmary, Inc.

Geechee - Geechee Reinsurance Company, LLC

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

Unrealized change in derivatives	$	981,438

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

Capital contributions	$	133,907
Pension Costs	$	-206,799
Foundation contributions for pt assist	$	119,772

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

Part XIII Supplemental Information *(continued)*

Foundation contributions for pt assistance	$	119,772
Pension costs	$	-206,799

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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 H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization: Candler Hospital, Inc.

Employer identification number: 58-0593388

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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	1a	X	
b	If "Yes," was it a written policy?	1b	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. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] 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: [ ] 100% [ ] 150% [ ] 200% [X] Other 250%	3a	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: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 500%	3b	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"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	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)			18,149,558		18,149,558	4.63
b Medicaid (from Worksheet 3, column a)			40,633,404	30,902,424	9,730,980	2.48
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			58,782,962	30,902,424	27,880,538	7.11
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,070,155	113,317	956,838	0.24
f Health professions education (from Worksheet 5)			352,876		352,876	0.09
g Subsidized health services (from Worksheet 6)			483,057	31,461	451,596	0.12
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			115,543		115,543	0.03
j **Total.** Other Benefits			2,021,631	144,778	1,876,853	0.48
k **Total.** Add lines 7d and 7j			60,804,593	31,047,202	29,757,391	7.59

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

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.

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	(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					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other			261,305	18,071	243,234	0.06
10 Total			261,305	18,071	243,234	0.06

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	22,774,742		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	4,554,948		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	154,715,646
6 Enter Medicare allowable costs of care relating to payments on line 5	6	169,979,177
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-15,263,531

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:

[X] Cost accounting system [ ] Cost to charge ratio [ ] Other

Section C. Collection Practices

		Yes	No
9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	SJC/OIS Management	O/P Imaging Services	25		50
2	The Listening Center	ENT Services	25		75
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 1

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Candler Hospital, Inc.

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Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		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	2		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	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): www.sjchs.org			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): https://www.sjchs.org/why-sjchs/commun			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		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)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
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.

Public Inspection Copy

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 500 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): www.sjchs.org			
b	[X] The FAP application form was widely available on a website (list url): www.sjchs.org			
c	[X] A plain language summary of the FAP was widely available on a website (list url): www.sjchs.org			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] 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	[ ] 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	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] 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.

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			Yes	No
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?	**17**	X	
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:			
a ☐	Reporting to credit agency(ies)			
b ☐	Selling an individual's debt to another party			
c ☐	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			
d ☐	Actions that require a legal or judicial process			
e ☐	Other similar actions (describe in Section C)			
f ☒	None of these actions or other similar actions were permitted			
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?	**19**		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐	Reporting to credit agency(ies)			
b ☐	Selling an individual's debt to another party			
c ☐	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			
d ☐	Actions that require a legal or judicial process			
e ☐	Other similar actions (describe in Section C)			

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):

- **a** ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

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.

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			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 ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☒	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 ☐	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 ☐	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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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Facility 1, Candler Hospital, Inc. - Part V, Line 3e

The prioritization of significant health needs of the community is identified and the methodology for prioritizing each need is described on page 35 of the 2019 CHNA.

Facility 1, Candler Hospital, Inc. - Part V, Line 5

St. Joseph's/Candler (SJ/C) partnered with the Coastal Georgica Indicators Coalition (CGIC), Chatham County Safety Net Planning Council (CCSNPC) and Healthy Savannah's Racial and Ethics Approaches to Community Health (REACH) team to get feedback directly from the Chatham County community including the broader community residents, vulnerable populations including the poor, un/under insured, Hispanics and homeless. These partnerships also provided direct access to public health officials, government officials and community leaders with special expertise in combatting the health and social challenges of the community. These collaborative groups along with the city and county governments and many other organizations are members of the CGIC and participated in the development of the Chatham County Community Blue print, a public process to identify and address complex community health and social service needs. CGIC and CCSNPC assisted SJ/C in prioritizing the health and social determinants of health SJ/C would address in the upcoming three years.

Specifically, in conducting the Community Health Needs Assessment for 2019, SJ/C used the CGIC to get direct community feedback from their Chatham County Speaks Again survey. The survey was conducted in 2018 and the report published in 2019. A total of 1,597 completed surveys were obtained: 441 (28%) web surveys and 1,156 (72%) paper surveys. Total response rate was

Part V Facility Information *(continued)*

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

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5.3%. The 2018 sample has just under 300 responses fewer than from the 2015 survey (6.3% response rate).

Given the number of responses and the county population, the 95% confidence interval for a given response is +/- 2.4 percentage points. At the district level, the margin of error ranges from +/-5.5% in District 4 to +/- 9% in District 5.

In addition to the using the survey data, the CGIC held community forums in all eight districts throughout Chatham County. SJ/C hired CGIC to hold additional health forums, but because of the poor attendance, CGIC and the REACH team developed additional health surveys which were available by paper or through access on the web. Surveys were available in English and in Spanish. The additional surveys resulted in another 295 responses, largely from vulnerable populations who completed the surveys at SJ/C's St. Mary's free clinic, the Chatham County Health department and J. C. Lewis Primary Care Centers. All focus on providing care for the un/under insured populations. Only the Chatham County Health department is open to the broader community.

Facility 1, Candler Hospital, Inc. - Part V, Line 6a

Saint Joseph's Hospital, Inc.

11705 Mercy Boulevard

Savannah, GA 31419-1711

Saint Joseph's Hospital and Candler Hospital's joint Community Health Needs Assessment and Implementation Plan can be found on St. Joseph's/Candler's website at https://www.sjchs.org/docs/default-source/default-document-library/sjc_chna_2019.pdf and https://www.sjchs.org/docs/default-

Part V Facility Information *(continued)*

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

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source/default-document-library/sjc_2019_implementation_plan1.pdf?sfvrsn=6686340c_2, respectively.

Facility 1, Candler Hospital, Inc. - Part V, Line 6b

SJ/C strongly believes collaborating with others to identify and address health and the social determinants of health results in better outcomes and better coordination of limited resources to address complex health and social problems. The collaborating partners for 2019 included the Coastal Georgia Indicators Coalition (CGIC) and Healthy Savannah's REACH team. CGIC is a collaborative comprised of community members and advocates working together through a comprehensive, coordinated approach for planning and accountability and serves as a resource for agencies addressing overall health and well-being while leveraging resources for community initiatives. Healthy Savannah and the YMCA of Coastal Georgia received a Center for Disease Control (CDC) Racial and Ethics Approaches to Community Health (REACH) grant. This grant funded analysis of all the survey data by Next Step Consulting. Next Step consulting provided a Ph.D. project leader and group of graduate students to accomplish the work.

Facility 1, Candler Hospital, Inc. - Part V, Line 11

Many health and social needs were identified again in the 2019 Community Health Needs Assessment. Despite the many challenges, Chatham County is fortunate to have a number of health and social service organizations who work collaborative to address the community's most pressing needs. The hospitals, health department, CGIC, CCSNPC, the United Way, municipal governments and schools of higher learning work individually and

Part V Facility Information *(continued)*

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

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collaboratively to address the most significant health and social needs of the community. It would be impossible for any single organization to address all the identified needs. To that end, SJ/C, with the help of CGIC and CCSNPC reviewed the identified needs and prioritized which needs the hospitals would address, and which they would not address and why.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

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Name and address	Type of Facility (describe)
1 Candler Hospital SNF 5353 Reynolds Street Savannah GA 31405-6015	SNF

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.

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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/nursing home care, dialysis services, outpatient palliative care and the supply of durable medical equipment and supplies.

Part I, Line 7 - Costing Methodology Explanation

The data reported in this area is reported as instructed by Catholic Health Association's "A Guide for Planning and Reporting Community Benefits, 2008".

Part II - Community Building Activities

St. Joseph's/Candler (SJ/C) believes that good health is more than freedom from disease. Good health includes worthy employment, good education, safe

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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homes/neighborhoods and advocacy. Additionally, SJ/C is concerned with the whole person, which includes spiritual care.

With eight full-time chaplains - more than any other hospital in the state of Georgia - SJ/C provides pastoral care outreach to anyone seeking assistance (as reported in the Community Health Improvement Services). Such unreimbursed services provide necessary spiritual support for many underserved citizens who are without a church home or access to a minister. This assistance includes burial services, officiating at weddings, one-on-one counseling services and other Ecumenical services, such as baptisms.

SJ/C African-American Health Information and Resource Center, recently celebrated 20 years of service to the broader and vulnerable communities. The Center provides free computer classes, an internet center, exercise classes and culturally competent health information and education.

SJ/C supports education as a means to a good paying job. The System fully funds the St. Mary's GED program, a partnership with Savannah Technical Collage and summer camp for young children. St. Mary's also provides a workforce counselor to assist clients with resume writing, employment search assistance, interviewing skills and soft skills training.

Part VI Supplemental Information

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Part III, Line 2 - Bad Debt Expense Methodology

Amounts included on Part III Line 2 represent the amount of charges considered uncollectible after reasonable attempts to collect, and written off to bad debt expense.

Part III, Line 3 - Bad Debt Expense, Patients Eligible for Assistance

The figure on Part III line 3 represents management's estimate (approximately 20%) based on an analysis of self pay patients' ability to pay their outstanding account. This analysis includes reviewing the patient's credit history, income levels and overall collectibility of the account.

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

See pages 29-34 for the discussion of uninsured patients and bad debts included in the Patient Service Revenue footnote in the audited financial statements attached.

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Part III, Line 8 - Medicare Explanation

Medicare allowable costs are computed in accordance with cost reporting methodologies utilized on the Medicare Cost Report and in accordance with related regulations. Indirect costs are allocated to direct service areas using the most appropriate statistical basis.

Part III, Line 9b - Collection Practices Explanation

Patient financial counselors visit patients who have no insurance, limited coverage and Medicaid patients without supplemental insurance to discuss assistance and refer those patients to our Medicaid eligibility vendor who screens these patients for Medicaid and other federal, state or local programs for assistance. Customer service at the Hospital and at extended business office, which does self-pay billing and collection, inform patients 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

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difficulty making payment. For patients who qualify for charity care and full financial assistance, there is no financial obligation. For those who qualify for partial financial assistance, collection procedures follow the same process as all other patients who are responsible for unpaid balances. Those patients who have not made payment arrangements for their remaining balances are sent letters when they are past due 30, 60, and 90 days. If payment arrangements are still not made after 90 days, then those accounts are referred to collections. Before referral to a collection agency, any account $2,500 or larger is scored for ability to pay (using Experian), and if the patient qualifies for charity care or full financial assistance, the account is written off as presumptive eligibility and not referred to the agency.

Part VI, Line 2 - Needs Assessment

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

Part VI Supplemental Information

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of assessments to determine the community's needs for health and personal support services. Our System collaborates with numerous not-for-profit agencies and programs to extend and strengthen our mission. Our programs are successful due in large part because of these collaborations. Some examples include: the Chatham County Safety Net, City of Savannah's Step-Up Poverty Reduction Initiative, Armstrong Atlantic State University, Savannah Technical College, Savannah Economic Development Authority, and many more. Many of our System co-workers are also involved at every levelof the community through their work as System representatives on not-for-profit boards such as: American Heart Association, the United Way, MedBank, Inc., Wesley Community Center, and Safe Shelter of Savannah. St. Joseph's/Candler also solicits input on community needs from community leaders, professionals and members who participate on outreach advisory boards. SJ/C's African American Health Information & Resource Center, Good Samaritan Clinic, Smart Senior, St. Mary's Community Center and St. Mary's 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

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provide direct feedback from the clients who use their services. This ensures each site continues to provide a service the community needs and benefits from.

With our partners, we listen to our patients and clients, as well as access existing needs assessments and studies in order to determine the community's most pressing needs. St. Joseph's/Candler uses federal information and reports from agencies such as the U.S. Census Bureau and Bureau of Labor Statistics, as well as resources such as Coastal Georgia Indicator's database which including more than 100 health and social determinant of health indicators; Claritas and "Demographics Now" that provide a wide array of demographics, household income and services, retail outlets, etc. in defined zip codes. This information, combined with our extensive collaborations and our role as a leader in the community, provides us the means to understand and address the community's needs and 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

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Customer service personnel at the Hospitals and St. Joseph's/Candler's extended business office inform patients about our financial assistance program and assist them in making an application. For patients who have no insurance, limited coverage, and Medicaid patients without supplemental insurance, patient financial counselors discuss the financial assistance and various government benefits which may be available to them. Patient financial counselors also refer appropriate patients to a Medicaid eligibility vendor who screens them for Medicaid and other federal, state, or local programs for assistance. St. Joseph's/Candler posts financial assistance contact information on its website. Upon admission to the Hospital, patients are provided the "Guide to Your Hospital Bill", which informs them how to understand their bill, as well as a summary of the Hospital's financial assistance policy. In addition, the billing statements sent to patients provide a message and financial assistance contact information in the event the patient has difficulty paying the balance due.

Part VI, Line 4 - Community Information

Part VI Supplemental Information

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St. Joseph's/Candler is located in Savannah, GA. Savannah is the oldest city in GA and the county seat of Chatham County. St. Joseph's/Candler's 2019 Community Health Needs Assessment defined Chatham County as the primary service area for the System.

Chatham County is location on the southeast coast of United States in Georgia. The total estimated population in 2018 is 294,365 people. There are an estimated 115,565 households with 72,833 families in Chatham County. Caucasians make up the majority of the population at 51% followed by Black/African Americans at 40%. The largest percentage of the population falls into the 25-34 year-old age group.

The median household income is $52,215. Approximately 47% of residents are homeowners. Approximately 50% of those who rent are burdened with more than 30% of their income going to rent.

Approximately 65% of the population age 25+ has some college experience or some type of degree.

Approximately 12% of families live below the poverty level in the county. Female life expectancy is 79.6 years while male life expectancy is 74.3 years.

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The leading causes of death include cancer, heart disease, and stroke. High blood pressure, arthritis and diabetes are among the top chronic diseases in the county. Breast and lung/bronchial cancers lead the number of cancer cases in the county.

More than 50% of the population received routine dental care in the past year and more than 75% reported having routine medical checkup.

Adults 18-64 have an 81% insured rate. Children 19 and under have a 95% insured rate.

Part VI, Line 5 - Promotion of Community Health

All of St. Joseph's/Candler's healthcare facilities, including its hospitals, further their exempt purposes by promoting the health in our community in a variety of ways as well as those already described in Schedule H and St. Joseph's/Candler's Community Benefit Report. The governing bodies of all of our organizations are primarily comprised of persons who are not employees, contractors (nor family members thereof), and who reside in St. Joseph's/Candler's primary service area. The Hospitals' medical staffs are open to all qualified physicians in the

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region. For those physicians in the region who do not have privileges, St. Joseph's/Candler provides a process for admitting patients via the hospitalists or through other physicians.

Funds received from the operations of St. Joseph's/Candler's hospitals and 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.

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Georgia Infirmary's housing management services operates subsidized housing 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.

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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 384-bed acute care hospital in Savannah, Georgia. CH is the sole member of and operates SJC Oncology Services - Georgia, LLC in Savannah, Georgia, SJC Oncology Services - South Carolina, LLC in Hilton Head, South Carolina, Candler Medical Oncology Practice, LLC, Candler ENT Practice, LLC and SJ/SC Cardiology LLC, all of which are single member LLC's that provide advanced radiation oncology and other specialized services.

SJH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 330-bed acute care hospital in Savannah, Georgia. SJH is the sole member of and operates St. Joseph's Medical Group, LLC, and St.

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Joseph's Cardiology Group, LLC, SJC Electrophysiology, LLC, and St. Joseph's Vascular Group, LLC, all of which are single member LLC's that provide specialized physician services.

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

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

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and also provides a case management program to improve health outcomes for elderly or disabled Medicaid recipients with chronic medical conditions.

SJC Ventures, Inc. (SJCV) 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. (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. SJCMG maintains a controlling interest in Chatham Hospitalists, LLC.

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.

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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. Health Services maintains a controlling interest in SJC/Wayne Medical Oncology, LLC and St. Joseph's/Candler Urgent Care Centers, LLC.

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

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

Georgia

77630CAHOSP

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

Public Inspection Copy

OMB No. 1545-0047

2020

Open to Public Inspection

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 ▶

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

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

DAA

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

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	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	Mammography indigent prog	619	78,299			
2	Pharmacy Scholarship	39	41,473			
3						
4						
5						
6						
7						

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

See Schedule I Supplemental Information Worksheet

DAA

SCHEDULE I (Form 990)	Supplemental Information For calendar year 2020, or tax year beginning 07/01/20 , and ending 06/30/21	2020

Name of the organization: Candler Hospital, Inc.

Employer identification number: 58-0593388

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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

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

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2020
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Name of the organization: Candler Hospital, Inc.

Employer identification number: 58-0593388

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (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	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
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	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

DAA

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.

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
Paul P. Hinchey	(i)	593,714	181,622	11,549	0	31,922	818,807	0
1 President & CEO	(ii)	429,931	131,520	8,363	0	23,116	592,930	0
John Pablo	(i)	739,752	222,400	690	0	33,875	996,717	0
2 Director-Oncology	(ii)	0	0	0	0	0	0	0
William E. Richards	(i)	692,577	250,000	1,290	0	32,954	976,821	0
3 Radiation Oncologist	(ii)	0	0	0	0	0	0	0
Joshua T. McKenzie	(i)	643,743	126,400	300	0	35,546	805,989	0
4 Radiation Oncologist	(ii)	0	0	0	0	0	0	0
John L. Mikell	(i)	609,114	111,000	270	0	30,545	750,929	0
5 Radiation Oncologist	(ii)	0	0	0	0	0	0	0
Gregory J. Schaack	(i)	310,258	79,333	1,148	11,310	31,681	433,730	0
6 Trustee/CFO	(ii)	224,670	57,448	832	8,190	22,942	314,082	0
Kyle L. McCann	(i)	304,443	78,302	400	11,310	20,468	414,923	0
7 COO	(ii)	220,459	56,701	290	8,190	14,822	300,462	0
Howard A. Zaren	(i)	569,216	0	6,147	0	42,680	618,043	0
8 MedDirector-Oncology	(ii)	0	0	0	0	0	0	0
Sherry A. Danello	(i)	195,451	39,985	2,210	11,310	40,869	289,825	0
9 Trustee/VP	(ii)	141,533	28,955	1,600	8,190	29,594	209,872	0
Nolan D. Hennessee	(i)	200,061	41,208	400	11,310	19,168	272,147	0
10 VP	(ii)	144,872	29,841	290	8,190	13,880	197,073	0
Thomas S. Pound	(i)	176,167	36,740	748	11,310	21,205	246,170	0
11 Chairman/VP	(ii)	127,570	26,604	542	8,190	15,355	178,261	0
Bradley Trower	(i)	162,334	34,399	400	10,179	15,367	222,679	0
12 VP	(ii)	117,553	24,910	290	7,371	11,128	161,252	0
Sr. Margie Beatty, RSM	(i)	142,232	28,867	0	11,310	5,818	188,227	0
13 VP	(ii)	102,995	20,903	0	8,190	4,213	136,301	0
Julia Mikell, MD	(i)	123,976	19,012	2,064	6,447	13,439	164,938	0
14 Trustee/Physician	(ii)	89,775	13,768	1,494	4,668	9,731	119,436	0
Mary M. Strand	(i)	101,360	30,558	518	8,030	8,290	148,756	0
15 VP	(ii)	73,398	22,128	375	5,815	6,003	107,719	0
Patrick W. Wall	(i)	99,960	16,909	139	0	7,363	124,371	0
16 VP	(ii)	72,384	12,244	101	0	5,332	90,061	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.

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
Gregory A. Menke	(i)	103,916	0	1,148	0	12,349	117,413	0
1 Former VP	(ii)	75,249	0	832	0	8,943	85,024	0
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.

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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	19,500	0
Kyle L. McCann	0	19,500	0
Sherry A. Danello	0	19,500	0
Nolan D. Hennessee	0	19,500	0
Thomas S. Pound	0	19,500	0
Bradley Trower	0	17,550	0
Sr. Margie Beatty, RSM	0	19,500	0
Julia Mikell, MD	0	11,115	0
Mary M. Strand	0	13,845	0

Part III - Other Additional Information

Part I, Line 4(b) - Supplemental Executive Retirement Plan (SERP)

Part III Supplemental Information

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

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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 approximately half her time between two related hospitals, Candler Hospital

Part III Supplemental Information

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

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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 2020 was $294,997.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

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Employer identification number: 58-0593388

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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 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

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.? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						▶ $							

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	750,929	Employee		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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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.

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

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Name of the organization	Employer identification number
Candler Hospital, Inc.	58-0593388

Form 990 - Organization's Mission

Rooted in God's love, we treat illness and promote wellness for all people. Candler Hospital, Inc. provides comprehensive healthcare services to the surrounding counties through the operation of a 331-bed acute care hospital in Savannah, Georgia.

Form 990, Part I, Line 6

Volunteers sign in each time they volunteer and these hours are totaled.

Services provided by volunteers:

-Information desks: greet & provide information to visitors and give patient room information.

-Courtesy car: provide rides to and from hospital buildings to visitors' cars.

-Patient family rooms: contact persons in waiting rooms.

-Deliver patient mail and flowers.

-Operate gift shops.

-Patient visitation: patients are visited and given a welcome packet with paper, pencil, and information sheet covering hospital services.

-Security: monitor hospital cameras and take calls for security (relays to hospital staff).

-Patient floors: assist staff with non-clinical chores.

-Office volunteer: assist volunteer office staff as needed.

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

Candler Hospital, Inc. is an acute care hospital located in Savannah,

Name of the organization: Candler Hospital, Inc.

Employer identification number: 58-0593388

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Georgia. In furtherance of its tax-exempt purpose, Candler Hospital, Inc.:

1) maintains and operates permanent facilities that provide both inpatient and outpatient services for providing diagnoses and treatment of patients suffering from illness or injury;

2) promotes and provides health education programs, support groups, and various community services for all people of Savannah and the surrounding counties;

3) encourages and participates in health sciences research for treatment of illness and promotion of health;

4) preserves and incorporates its faith-based philosophy of the hospital in all its activities and contracts.

During the fiscal year ended June 30, 2021, the Hospital served the following: 62,567 acute care patient days and 12,378 discharges including newborn; 5,047 rehab days with 384 discharges; and 6,755 skilled nursing days with 521 discharges. Emergency room visits totaled 50,029. The Hospital also provided services for 252,388 outpatient visits.

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

St. Joseph's/Candler Health System, Inc. (System) is the sole member of the filing organization.

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

The Sisters of Mercy, Baltimore Regional Community (SMB) is the sole member of the System. Both CH and System share a common management team. SMB has certain limited rights such as appointment of three trustees to the System board. The System has the authority to appoint 13 of the 17 voting

Name of the organization: Candler Hospital, Inc.

Employer identification number: 58-0593388

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trustee positions and the System CEO is an ex-officio trustee.
As the sole member, System also controls CH. Pursuant to Section 3.2 of the Amended and Restated Joint Operating Agreement entered into on April 1, 2003, 4 of its 5 trustees are recommended by the CEO of System from among the member's management personnel and they are approved by the member's board. The 5th member of the Hospital board is the president of the Hospital's medical and dental staff.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
System has certain limited rights such as the recommendation of 4 of CH's 5 trustees by the CEO of System from among the member's management personnel which are then subject to approval by the System's board. Additionally, System has specific reserved powers which require that certain actions taken by the CH Board are effective only if first approved by System.
These actions include:
1. development of the role, mission, goals and strategic and operational plan(s) of Candler Hospital.
2. establishment of an organization-wide policy.
3. responsibility for the organization-wide quality of care and quality of work life.
4. development and approval of the budgets.
5. approval of the sale, lease, transfer, encumbrance, alienation, or disposition of property or assets of CH, subject to the SMB Reserved Powers.
6. approval of any dissolution, merger, consolidation or sale of CH, subject to the SMB Reserved Powers.

Name of the organization: Candler Hospital, Inc.

Employer identification number: 58-0593388

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7. ratification of the appointment by the System CEO of the members of the board of trustees and the board of directors of CH and to determine, when appropriate with respect to CH, the number of trustees or directors, quorum and voting requirements, terms, committees, officers, and any other customary and appropriate bylaw provisions for CH; and

8. delegation of such responsibilities and other activities to CH as necessary, including the delegation to SJH of responsibilities related to credentialing of medical staff; licensure; JCAHO certification; maintaining the Roman Catholic identity and presence of CH pursuant to the SMB Reserved Powers.

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

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

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

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

The Board Chairman may ask the interested person to leave the meeting during discussion of the matter that gives rise to the potential conflict. If asked, the interested person shall leave the meeting, but may make a

Name of the organization: Candler Hospital, Inc.

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statement or answer any questions on the matter before leaving. The interested person will not vote on the matter that gives rise to the potential conflict and the Board or Board Committee must approve the transaction or arrangement by majority vote of the Board members present at a meeting that has a quorum, not including the vote of the interested person.

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

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

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

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

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

Certain organizational policies, including the conflicts of interest

Name of the organization: Candler Hospital, Inc.

Employer identification number: 58-0593388

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.

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Form 990, Part VII - Additional Information

Consolidated Management and General Services - The filing organization is a member of a comprehensive integrated healthcare network, i.e., St. Joseph's/Candler Health System, Inc. (System). Essential management and general services are provided by the System to the related organizations. The costs of such services remain on the books of System.

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

Description	Tot/Prog Service	Mgt & General	Fundraising
Purchased services	$ 18,942,486	$ 5,756,632	$ 0
Professional fees	$ 27,560,882	$ 4,487,033	$ 0
Outside lab fees	$ 2,492,690	$ 0	$ 0
Consulting fees	$ 80,355	$ 620,664	$ 0
Temporary labor	$ 7,704,786	$ 99,789	$ 0
Other fees	$ 2,731,776	$ 0	$ 0

Name of the organization: Candler Hospital, Inc.

Employer identification number: 58-0593388

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Total	$ 59,512,975	$ 10,964,118	$ 0

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

Interest in Foundations	$ 2,326,084
Unrealized change in Derivative	$ 981,438
Equity transfers out	$ -6,456,244
Total	$ -3,148,722

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

Form 990, Part XII, Line 3b - Reason for Not Undergoing Required Audit

During fiscal year 2021, federal awards expended exceeded the $750,000 threshold requiring a single audit (previously known as the OMB Circular A-133 audit). The substantial portion of these federal expenditures related to the funding associated with the "Coronavirus Aid, Relief, and Economic Security Act" (CARES Act). Typically, the single audit due date would be nine months from the end of the fiscal year being reported on (March 31, 2022). However, the deadline to submit the required single audit has been extended by the Office of Management and Budget (OMB) to include an additional six months beyond the original nine-month period (September 30, 2022). As such, CH has not undergone the single audit associated with its fiscal year 2021, but arrangements have been made to undergo this single audit and to ensure its completion prior to the extended deadline.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

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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 82-2647012 Savannah GA 31405-6015	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 58-1905195 Savannah GA 31405-6015	Foundation	GA	501c3	12b	System		X
(2)							
(3)							
(4)							
(5)							

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

DAA

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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.

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(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.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SJC/OIS Management, LLC 5353 Reynolds Street Savannah GA 31405-6015 46-0748220	Imaging	GA	N/A	Excluded	-175,972	1,453,261		X	N/A		X	25.00
(2) The Listening Center, LLC 5356 Reynolds Street Savannah GA 31405 45-4044301	ENT	GA	N/A	Excluded	75,133	34,904		X	N/A	X		25.00
(3)												
(4)												

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

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

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

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

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

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

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

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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.

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(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)													

DAA

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

Schedule R - Additional Information

Part I, Columns (d) and (e)

The organization's recordkeeping is such that accurate amounts for the end-of-year assets and total income for each disregarded entity cannot be segregated without a proper cost accounting. Therefore, these columns are left blank as to not mislead the reader.

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Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2020 or other tax year beginning 07/01/20 , and ending 06/30/21

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

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

OMB No. 1545-0047

2020

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

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A ☐ Check box if address changed.

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

C Book value of all assets at end of year ▶ 325,084,934

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
Candler Hospital, Inc.

Number, street, and room or suite no. If a P.O. box, see instructions.
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 Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entity

H Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐

J Enter the number of attached Schedules A (Form 990-T) ▶ 3

K 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

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

Part I Total Unrelated Business Taxable income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	19,328
2	Reserved	2	
3	Add lines 1 and 2	3	19,328
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	19,328
6	Deduction for net operating loss. See instructions	6	18,328
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	1,000
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) ▶	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	2	0
3	**Proxy tax.** See instructions ▶	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	
3	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)			3	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ▶			4	0
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4			5	
6a	Payments: A 2019 overpayment credited to 2020	6a			
b	2020 estimated tax payments. Check if section 643(g) election applies ▶ ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	6g			
7	**Total payments.** Add lines 6a through 6g			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶			10	
11	Enter the amount of line 10 you want: **Credited to 2021 estimated tax** ▶ **Refunded** ▶			11	

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

		Yes	No
1	At any time during the 2020 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 ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here

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

▶ Signature of officer | Date | ▶ Trustee/CFO Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Jacqueline G. Atkins				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

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SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2020

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

Public Inspection Copy

A Name of the organization: Candler Hospital, Inc.

B Employer identification number: 58-0593388

C Unrelated Business Activity Code (see instructions) ▶ 621500

D Sequence: 1 of 3

E Describe the unrelated trade or business ▶ Reference Lab

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 ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnership and S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) See Stmt 1	12	227,565		227,565
13	**Total.** Combine lines 3 through 12	13	227,565		227,565

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	0
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) See Statement 2			14	208,237
15	**Total deductions.** Add lines 1 through 14			15	208,237
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	19,328
17	Deduction for net operating loss (see instructions)			17	
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	19,328

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No

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Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶

4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
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 statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶

11 **Total dividends-received deductions** included in line 10 ▶

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

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		Exempt/Nonexempt Controlled Organization			
1. Name of controlled organization	2. Employer identification number	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)					
(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 ▶			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶ _____

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 ▶			

Part XI Supplemental Information (see instructions)

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2020

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

Public Inspection Copy

A Name of the organization: Candler Hospital, Inc.

B Employer identification number: 58-0593388

C Unrelated Business Activity Code (see instructions) ▶ 624410

D Sequence: 2 of 3

E Describe the unrelated trade or business ▶ Childrens House

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 ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnership and S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) See Stmt 3	12	447,064		447,064
13	**Total.** Combine lines 3 through 12	13	447,064		447,064

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	33,614
4	Bad debts			4	503
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)	7	3,302		
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	3,302
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	234
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) See Statement 4			14	541,811
15	**Total deductions.** Add lines 1 through 14			15	579,464
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-132,400
17	Deduction for net operating loss (see instructions)			17	
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-132,400

For Paperwork Reduction Act Notice, see instructions.

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No

Public Inspection Copy

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶

4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
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 statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶

11 **Total dividends-received deductions** included in line 10 ▶

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Public Inspection Copy

		Exempt/Nonexempt Controlled Organization			
1. Name of controlled organization	2. Employer identification number	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)					
(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 ▶			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Public Inspection Copy

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶ _____

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 ▶			

Part XI Supplemental Information (see instructions)

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2020

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

Public Inspection Copy

A Name of the organization: Candler Hospital, Inc.

B Employer identification number: 58-0593388

C Unrelated Business Activity Code (see instructions) ▶ 713940

D Sequence: 3 of 3

E Describe the unrelated trade or business ▶ Wellness Center

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 ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnership and S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) See Stmt 5	12	689,968		689,968
13	**Total.** Combine lines 3 through 12	13	689,968		689,968

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	528,820
3	Repairs and maintenance			3	719
4	Bad debts			4	
5	Interest (attach statement) (see instructions) See Statement 6			5	53,304
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)	7	53,573		
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	53,573
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	108,155
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) See Statement 7			14	118,428
15	**Total deductions.** Add lines 1 through 14			15	862,999
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-173,031
17	Deduction for net operating loss (see instructions)			17	
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-173,031

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No

Public Inspection Copy

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶

4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
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 statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶

11 **Total dividends-received deductions** included in line 10 ▶

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Public Inspection Copy

		Exempt/Nonexempt Controlled Organization			
1. Name of controlled organization	2. Employer identification number	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)					
(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 ▶			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Public Inspection Copy

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶ _____

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 ▶			

Part XI Supplemental Information (see instructions)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2020
Attachment Sequence No. **179**

Name(s) shown on return: Candler Hospital, Inc.
Identifying number: 58-0593388

Public Inspection Copy

Business or activity to which this form relates: Wellness Center

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,590,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,040,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	53,573

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	53,573
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

There are no amounts for Page 2

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2020
Attachment Sequence No. **179**

Name(s) shown on return: Candler Hospital, Inc.
Identifying number: 58-0593388

Public Inspection Copy

Business or activity to which this form relates: Childrens House

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,590,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,040,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,302

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,302
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

There are no amounts for Page 2

Federal Statements

Public Inspection Copy

Reference Lab

Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
Reference Lab	$ 227,565
Total	$ 227,565

Reference Lab

Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Description	Amount
Other operating expenses	$ 208,237
Total	$ 208,237

Federal Statements

Public Inspection Copy

Childrens House

Statement 3 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
Childrens House	$ 447,064
Total	$ 447,064

Childrens House

Statement 4 - Schedule A (990T), Part II, Line 14 - Other Deductions

Description	Amount
Materials & supplies	$ 26,082
Purchased services	480,232
Utilities	23,131
Other operating expenses	12,366
Total	$ 541,811

Federal Statements

Public Inspection Copy

Wellness Center

Statement 5 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
Wellness Center	$ 689,968
Total	$ 689,968

Wellness Center

Statement 6 - Schedule A (990T), Part II, Line 5 - Deductible Interest

Description	Amount
	$ 53,304
Total	$ 53,304

Wellness Center

Statement 7 - Schedule A (990T), Part II, Line 14 - Other Deductions

Description	Amount
Medical professional fees	$ 35,726
Nonmedical professional fees	2,722
Materials & supplies	12,617
Purchased services	5,112
Utilities	32,457
Insurance	28,799
Other operating expenses	995
Total	$ 118,428

Annual Hospital Questionnaires CY 2021:
St. Joseph's Hospital, Inc. and Candler Hospital, Inc.

Georgia Department of Community Health

2021 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, 2021 through December 31, 2021.
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: Director, Decision Support

Phone: 912-819-8202

Fax: 912-819-8664

E-mail: medoe@sjchs.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's Hospital, Inc.	Not for Profit	8/30/1946

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	4/1/1997

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's Hospital, Inc.	Not for Profit	8/30/1946

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	4/1/1997

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period. ☐

If checked, please explain in the box below and include effective dates.

3. Check the box to the right if your facility is part of a health care system ☑

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

City: Savannah **State:** GA

4. Check the box to the right if your hospital is a division or subsidiary of a holding company. ☐

Name:

City: **State:**

5. Check the box to the right if the hospital itself operates subsidiary corporations ☐
Name:
City: **State:**

6. Check the box to the right if your hospital is a member of an alliance. ☑
Name: Premier
City: Charlotte **State:** NC

7. Check the box to the right if your hospital is a participant in a health care network ☑
Name: The Care Network
City: Savannah **State:** GA

8. Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors. ☑

9. Check the box to the right if the hospital owns or operates a primary care physician group practice. ☐

10a. Managed Care Information: Formal Written Contract
Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO) ☑

2. Preferred Provider Organization(PPO) ☑

3. Physician Hospital Organization(PH0) ☑

4. Provider Service Organization(PSO) ☐

5. Other Managed Care or Prepaid Plan ☐

10b. Managed Care Information: Insurance Products
Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	☐	☐	☐	☐
Preferred Provider Organization	☐	☐	☐	☐
Indemnity Fee-for-Service Plan	☐	☐	☐	☐
Another Insurance Product Not Listed Above	☐	☐	☐	☐

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. Dod not include newborn and neonatal services. Do not include long-term care untits, 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	7,327	40,149	7,324	40,222
Intensive Care	38	1,808	20,590	1,803	19,701
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	22	452	5,890	454	5,925
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**	**9,587**	**66,629**	**9,581**	**65,848**

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	21	141
Asian	104	824
Black/African American	2,734	21,279
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	8	31
White	6,720	44,354
Multi-Racial	0	0
Total	**9,587**	**66,629**

3. Gender

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

Gender	Admissions	Inpatient Days
Male	4,859	33,792
Female	4,728	32,837
Total	**9,587**	**66,629**

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	5,958	42,447
Medicaid	536	4,216
Peachare	0	0
Third-Party	2,396	15,116
Self-Pay	672	4,678
Other	25	172

5. Discharges to Death

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

528

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2021 (to the nearest whole dollar).

Service	Charge
Private Room Rate	1,284
Semi-Private Room Rate	1,284
Operating Room: Average Charge for the First Hour	5,745
Average Total Charge for an Inpatient Day	9,520

Part E : Emergency Department and Outpatient Services

1. Emergency Visits
Please report the number of emergency visits only.

43,942

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

7,232

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	0	0
General Beds	33	43,942
	0	0
	0	0
	0	0
	0	0

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

822

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

76,444

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

2,545

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.

3,395

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
Podatric Services	1	1
Renal Dialysis	2	1
ESWL	3	4
Billiary Lithotropter	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, Diagnositic	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	234
Number of Dialysis Treatments	3,298
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	54,090
Number of CTS Units (machines)	4
Number of CTS Procedures	37,022
Number of Diagnostic Radioisotope Procedures	4,201
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeautic Radioisotope Procedures	31
Number of Number of MRI Units	2
Number of Number of MRI Procedures	6,431
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	354,998
Number of Occupational Therapy Treatments	44,699
Number of Physical Therapy Treatments	113,911
Number of Speech Pathology Patients	6,069
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	1,049
Number of HIV/AIDS Patients	1,021
Number of Ambulance Trips	0
Number of Hospice Patients	72
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	4
Number of Ultrasound/Medical Sonography Procedures	17,847
Number of Treatments, Procedures, or Patients (Other 1)	8,865
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available

for immediate use as of the last day of the report period (12/31).

108

3. Robotic Surgery System

Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
2	333	Da Vinci

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2021. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2021.

Profession	Profession	Profession	Profession
Licensed Physicians	7.74	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	14.65	0.52	0.00
Registered Nurses (RNs-Advanced Practice*)	467.96	28.47	0.00
Licensed Practical Nurses (LPNs)	2.09	1.66	0.00
Pharmacists	11.34	0.00	0.00
Other Health Services Professionals*	606.75	54.28	43.77
Administration and Support	120.98	6.21	0.00
All Other Hospital Personnel (not included above)	426.67	57.46	5.50

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	More than 90 Days
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	61-90 Days
Pharmacists	More than 90 Days
Other Health Services Professionals	More than 90 Days
All Other Hospital Personnel (not included above)	More than 90 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	23
Black/African American	27
Hispanic/Latino	15
Pacific Islander/Hawaiian	0
White	435
Multi-Racial	45

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	☑	37	0
General Internal Medicine	57	☑	56	0
Pediatricians	47	☐	47	0
Other Medical Specialties	121	☐	113	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	☐	25	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	4	☐	4	0
Ophthalmology Surgery	16	☐	16	0
Orthopedic Surgery	40	☐	40	0
Plastic Surgery	15	☐	15	0
General Surgery	23	☐	23	0
Thoracic Surgery	4	☐	4	0
Other Surgical Specialties	43	☐	43	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	29	☑	29	0
Dermatology	4	☐	1	0
Emergency Medicine	31	☑	31	0
Nuclear Medicine	0	☐	0	0
Pathology	5	☑	5	0
Psychiatry	2	☐	1	0
Radiology	37	☑	37	0
Radiation Oncology	4	☑	4	0
	0	☐	0	0
	0	☐	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 surgeions) with Admitting Privleges	16
Podiatrists	10
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	3

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Psychologists

Comments and Suggestions:

Part H : Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. **(Due to the large number of entries, this section has been moved to a separate PDF file.)**

Part I : Patient Origin Table

1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

Inpat=Inpatient Services
Surg=Outpatient Surgical
OB=Obstetric
P18+=Acute psychiatric adult 18 and over
P13-17=Acute psychiatric adolescent 13-17
P0-12=Acute psychiatric children 12 and under
Rehab=Inpatient Rehabilitation
S18+=Substance abuse adult 18 and over
S13-17=Substance abuse adolescent 13-17
E18+=Extended care adult 18 and over
E13-17=Extended care adolescent 13-17
E0-12=Extended care children 0-12
LTCH=Long Term Care Hospital

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alabama	12	4	0	0	0	0	0	0	0	0	0	0	0
Appling	78	47	0	0	0	0	0	0	0	0	0	0	2
Atkinson	4	0	0	0	0	0	0	0	0	0	0	0	0
Bacon	7	16	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
Barrow	2	0	0	0	0	0	0	0	0	0	0	0	0
Ben Hill	2	1	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	6	0	0	0	0	0	0	0	0	0	0	0
Bleckley	2	1	0	0	0	0	0	0	0	0	0	0	0
Brantley	13	17	0	0	0	0	0	0	0	0	0	0	0
Bryan	1,087	627	0	0	0	0	0	0	0	0	0	0	44
Bulloch	243	331	0	0	0	0	0	0	0	0	0	0	13
Burke	4	2	0	0	0	0	0	0	0	0	0	0	2
Butts	0	1	0	0	0	0	0	0	0	0	0	0	0
Calhoun	2	1	0	0	0	0	0	0	0	0	0	0	0
Camden	15	17	0	0	0	0	0	0	0	0	0	0	1
Candler	38	60	0	0	0	0	0	0	0	0	0	0	2
Charlton	0	5	0	0	0	0	0	0	0	0	0	0	0
Chatham	5,123	3,719	0	0	0	0	0	0	0	0	0	0	262
Cherokee	1	1	0	0	0	0	0	0	0	0	0	0	0
Clayton	0	1	0	0	0	0	0	0	0	0	0	0	0
Cobb	8	2	0	0	0	0	0	0	0	0	0	0	0
Coffee	19	19	0	0	0	0	0	0	0	0	0	0	2
Columbia	3	3	0	0	0	0	0	0	0	0	0	0	0
Crisp	1	5	0	0	0	0	0	0	0	0	0	0	0
DeKalb	7	1	0	0	0	0	0	0	0	0	0	0	1

Dodge	2	3	0	0	0	0	0	0	0	0	0	0	0
Dooly	0	1	0	0	0	0	0	0	0	0	0	0	0
Dougherty	2	1	0	0	0	0	0	0	0	0	0	0	0
Douglas	2	1	0	0	0	0	0	0	0	0	0	0	0
Effingham	674	759	0	0	0	0	0	0	0	0	0	0	31
Elbert	0	1	0	0	0	0	0	0	0	0	0	0	0
Emanuel	28	29	0	0	0	0	0	0	0	0	0	0	0
Evans	96	45	0	0	0	0	0	0	0	0	0	0	9
Fayette	1	0	0	0	0	0	0	0	0	0	0	0	0
Florida	49	23	0	0	0	0	0	0	0	0	0	0	1
Forsyth	1	1	0	0	0	0	0	0	0	0	0	0	0
Fulton	3	7	0	0	0	0	0	0	0	0	0	0	0
Glascock	1	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	52	99	0	0	0	0	0	0	0	0	0	0	4
Greene	1	0	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	4	1	0	0	0	0	0	0	0	0	0	0	0
Habersham	0	2	0	0	0	0	0	0	0	0	0	0	0
Hall	2	1	0	0	0	0	0	0	0	0	0	0	0
Henry	2	2	0	0	0	0	0	0	0	0	0	0	0
Houston	2	1	0	0	0	0	0	0	0	0	0	0	0
Irwin	1	1	0	0	0	0	0	0	0	0	0	0	0
Jackson	0	1	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	11	25	0	0	0	0	0	0	0	0	0	0	0
Jefferson	3	1	0	0	0	0	0	0	0	0	0	0	0
Jenkins	3	11	0	0	0	0	0	0	0	0	0	0	0
Johnson	7	1	0	0	0	0	0	0	0	0	0	0	0
Lamar	1	0	0	0	0	0	0	0	0	0	0	0	0
Laurens	6	6	0	0	0	0	0	0	0	0	0	0	1
Lee	1	0	0	0	0	0	0	0	0	0	0	0	0
Liberty	866	599	0	0	0	0	0	0	0	0	0	0	34
Long	99	90	0	0	0	0	0	0	0	0	0	0	2
Lowndes	1	0	0	0	0	0	0	0	0	0	0	0	0
McIntosh	102	80	0	0	0	0	0	0	0	0	0	0	4
Miller	0	1	0	0	0	0	0	0	0	0	0	0	0
Monroe	0	3	0	0	0	0	0	0	0	0	0	0	0
Montgomery	10	20	0	0	0	0	0	0	0	0	0	0	0
North Carolina	19	10	0	0	0	0	0	0	0	0	0	0	1
Other Out of State	111	37	0	0	0	0	0	0	0	0	0	0	4
Peach	4	1	0	0	0	0	0	0	0	0	0	0	0
Pickens	1	0	0	0	0	0	0	0	0	0	0	0	0
Pierce	18	29	0	0	0	0	0	0	0	0	0	0	2
Pike	1	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	1	0	0	0	0	0	0	0	0	0	0	0	0
Richmond	7	4	0	0	0	0	0	0	0	0	0	0	1

Rockdale	1	0	0	0	0	0	0	0	0	0	0	0	0
Schley	1	0	0	0	0	0	0	0	0	0	0	0	0
Screven	56	89	0	0	0	0	0	0	0	0	0	0	4
South Carolina	267	596	0	0	0	0	0	0	0	0	0	0	8
Spalding	1	0	0	0	0	0	0	0	0	0	0	0	0
Sumter	0	1	0	0	0	0	0	0	0	0	0	0	0
Tattnall	125	102	0	0	0	0	0	0	0	0	0	0	4
Telfair	9	2	0	0	0	0	0	0	0	0	0	0	0
Tennessee	6	2	0	0	0	0	0	0	0	0	0	0	0
Thomas	1	0	0	0	0	0	0	0	0	0	0	0	0
Tift	2	1	0	0	0	0	0	0	0	0	0	0	0
Toombs	55	61	0	0	0	0	0	0	0	0	0	0	3
Treutlen	2	8	0	0	0	0	0	0	0	0	0	0	0
Turner	1	0	0	0	0	0	0	0	0	0	0	0	0
Union	0	1	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
Walker	4	0	0	0	0	0	0	0	0	0	0	0	0
Walton	0	2	0	0	0	0	0	0	0	0	0	0	1
Ware	14	27	0	0	0	0	0	0	0	0	0	0	0
Washington	1	1	0	0	0	0	0	0	0	0	0	0	0
Wayne	167	133	0	0	0	0	0	0	0	0	0	0	9
Wheeler	0	2	0	0	0	0	0	0	0	0	0	0	0
Wilcox	1	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	1	0	0	0	0	0	0	0	0	0	0	0	0
Total	**9,587**	**7,812**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**452**

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	22
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	**0**	**2**	**22**

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	2,319	2,712	5,509
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**2,319**	**2,712**	**5,509**

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	2,314	2,425	5,498
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**2,314**	**2,425**	**5,498**

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	16
Asian	105
Black/African American	2,106
Hispanic/Latino	0
Pacific Islander/Hawaiian	13
White	5,572
Multi-Racial	0
Total	**7,812**

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	440
Ages 15-64	4,088
Ages 65-74	2,181
Ages 75-85	957
Ages 85 and Up	146
Total	**7,812**

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	3,378
Female	4,434
Total	**7,812**

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	3,635
Medicaid	637
Third-Party	3,109
Self-Pay	431

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 th 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	☐
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	☐
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	☐
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

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. 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
American Sign Language	unknown	0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

1) Computer based learning (CBL) required for all clinical and non-clinical personnel annually.
2) Cultural Competency website on internal intranet. Any co-worker can access documents on care, customs, health and dietary interest of any non-English speaking patient. Site also includes external internet site links for further reading and more information.

5. What is the most urgent tool or resource you need in order to increase your ability to provide **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

Cultural competency education fair, seminars and learning events

6. In what languages are the signs written that direct patients within your facility?

1. English
2. Universal Symbol
3. Braille
4.

7. If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? *(Check the box, if yes)* ☑
If you checked yes, what is the name and location of that health care center or clinic?

Affiliated

St. Joseph's/Candler's St. Mary's Community Health Center
1302 Drayton Street
Savannah, GA 31401

St. Joseph's/Candler's Good Samaritan Clinic
4704 Augusta Road
Garden City, GA 31408

St. Joseph's/Candler's Beach High School Screening Clinic
3001 Hopkins Street
Savannah, GA 31405

Non-Affiliated

Curtis V. Cooper Primary Health Care, Inc.
106 East Broad Street
Savannah, GA 31401

Curtis V. Cooper – Garden City
2 Roberts Street
Garden City, GA 31408

Curtis V. Cooper at Yamacraw
349 West Bryan Street
Savannah, GA 31401

Curtis V. Cooper Compassionate Care Women's Center
5354 Reynolds Street
Suite 420
Savannah, GA 31405
-
J. C. Lewis Health Care Center
125 Fahm Street
Savannah, GA 31401
-
J. C. Lewis at the Salvation Army
3100 Montgomery Street
Savannah, GA 31405
-
J.C. Lewis at Old Savannah Mission
2414 Bull Street
Savannah, GA 31401
-
-
J. C. Lewis at Moses Jackson
1410 B Richards Street
Savannah, GA 31415
-
J. C. Lewis Pediatric Care Center
3802 Waters Avenue
Savannah, GA 31404
-
J. C. Lewis Tiny House Clinic
75 Dundee Street
Savannah, GA 31401
-
-

Comprehensive Inpatient Physical Rehabilitation Addendum

Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	7	86
Black/African American	103	1,456
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	342	4,348
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	207	2,682
Female	245	3,208

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	88	1,173
65-84	294	3,904
85 Up	70	813

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	450
Long Term Care Hospital	1
Skilled Nursing Facility	1
Traumatic Brain Injury Facility	0

	0

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	372
Third Party/Commercial	76
Self Pay	2
Other	2

2. Uncompensated Indigent and Charity Care

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

23

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	78
2. Brain Injury	26
3. Amputation	13
4. Spinal Cord	42
5. Fracture of the femur	65
6. Neurological disorders	45
7. Multiple Trauma	6
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	1
12. Systemic vasculidities	0
13. Joint replacement	13
All Other	163

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 incaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Paul P. Hinchey

Date: 3/7/2022

Title: President & CEO

Comments:

Part D-1: SUS beds reflect all of the hospital's CON-authorized and licensed beds.
-
Part D - 1: Inpatient days and discharge days associated with ICU include all days associated with the patient stay. In many instances, this would include days where the patient was in a Med/Surg bed.
-
Part D – 2: SJH no longer designates Hispanic/latino or multi-racial as a distinct race.
-
Part E – 4: The ED beds and visits for psych patients are included in the general beds and visits data.
-
Part E – 8 and 9: SJH did not experience a general ambulance diversion in 2021. 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 - 1: All contract nurses and pharmacists as of 12-1-2021 are reported in the Other Health Services professions contract line item.
-
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, 2021.
-
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'.
-
-

Georgia Department of Community Health

2021 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, 2021 through December 31, 2021.
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: Director, 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(PH0) ☑

4. Provider Service Organization(PSO) ☐

5. Other Managed Care or Prepaid Plan ☐

10b. Managed Care Information: Insurance Products
Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	☐	☐	☐	☐
Preferred Provider Organization	☐	☐	☐	☐
Indemnity Fee-for-Service Plan	☐	☐	☐	☐
Another Insurance Product Not Listed Above	☐	☐	☐	☐

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. Dod not include newborn and neonatal services. Do not include long-term care untits, 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	2,804	6,979	2,793	6,942
Pediatrics (Non ICU)	20	156	508	156	508
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	5,930	36,066	5,944	35,979
Intensive Care	20	916	11,717	913	11,515
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	23	392	5,008	391	4,983
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**	**10,198**	**60,278**	**10,197**	**59,927**

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	113	511
Black/African American	4,151	24,701
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	15	72
White	5,905	34,918
Multi-Racial	0	0
Total	**10,198**	**60,278**

3. Gender

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

Gender	Admissions	Inpatient Days
Male	3,480	26,005
Female	6,718	34,273
Total	**10,198**	**60,278**

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	3,980	31,841
Medicaid	1,710	7,301
Peachare	0	0
Third-Party	3,733	16,605
Self-Pay	766	4,461
Other	9	70

5. Discharges to Death

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

362

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2021 (to the nearest whole dollar).

Service	Charge
Private Room Rate	1,284
Semi-Private Room Rate	1,284
Operating Room: Average Charge for the First Hour	5,745
Average Total Charge for an Inpatient Day	6,992

Part E : Emergency Department and Outpatient Services

1. Emergency Visits
Please report the number of emergency visits only.

52,611

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

5,745

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	52,611
	0	0
	0	0
	0	0
	0	0

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

642

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

222,790

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

1,930

8. Diverted Cases
Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period.

0

9. Ambulance Diversion Hours
Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

0

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted.

1,700

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
Podatric Services	1	1
Renal Dialysis	2	1
ESWL	2	1
Billiary Lithotropter	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, Diagnositic	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	196
Number of Dialysis Treatments	2,708
Number of ESWL Patients	183
Number of ESWL Procedures	193
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	61,211
Number of CTS Units (machines)	5
Number of CTS Procedures	41,909
Number of Diagnostic Radioisotope Procedures	2,928
Number of PET Units (machines)	2
Number of PET Procedures	2,196
Number of Therapeautic Radioisotope Procedures	91
Number of Number of MRI Units	3
Number of Number of MRI Procedures	6,509
Number of Chemotherapy Treatments	21,465
Number of Respiratory Therapy Treatments	254,440
Number of Occupational Therapy Treatments	65,928
Number of Physical Therapy Treatments	122,722
Number of Speech Pathology Patients	5,931
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	4,342
Number of HIV/AIDS Patients	3,819
Number of Ambulance Trips	0
Number of Hospice Patients	91
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	8
Number of Ultrasound/Medical Sonography Procedures	20,004
Number of Treatments, Procedures, or Patients (Other 1)	313
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).

71

3. Robotic Surgery System

Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
3	1,341	Da Vinci

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2021. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2021.

Profession	Profession	Profession	Profession
Licensed Physicians	12.86	1.46	0.00
Physician Assistants Only (not including Licensed Physicians)	18.25	1.88	0.00
Registered Nurses (RNs-Advanced Practice*)	527.87	27.20	0.00
Licensed Practical Nurses (LPNs)	37.24	0.10	0.00
Pharmacists	14.46	0.00	0.00
Other Health Services Professionals*	766.90	71.65	56.46
Administration and Support	184.08	12.91	0.00
All Other Hospital Personnel (not included above)	437.38	59.25	5.36

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	More than 90 Days
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	61-90 Days
Pharmacists	More than 90 Days
Other Health Services Professionals	More than 90 Days
All Other Hospital Personnel (not included above)	More than 90 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	23
Black/African American	28
Hispanic/Latino	15
Pacific Islander/Hawaiian	0
White	441
Multi-Racial	48

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	39	☑	39	0
General Internal Medicine	59	☑	58	0
Pediatricians	47	☐	47	0
Other Medical Specialties	125	☐	117	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	☐	25	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	4	☐	4	0
Ophthalmology Surgery	16	☐	16	0
Orthopedic Surgery	40	☐	40	0
Plastic Surgery	15	☐	15	0
General Surgery	24	☐	24	0
Thoracic Surgery	4	☐	4	0
Other Surgical Specialties	43	☐	43	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	29	☑	29	0
Dermatology	4	☐	1	0
Emergency Medicine	32	☑	32	0
Nuclear Medicine	0	☐	0	0
Pathology	5	☑	5	0
Psychiatry	2	☐	1	0
Radiology	37	☑	37	0
Radiation Oncology	4	☑	4	0
	0	☐	0	0
	0	☐	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 surgeions) with Admitting Privleges	16
Podiatrists	10
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	3

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Psychologists

Comments and Suggestions:

Part H : Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. **(Due to the large number of entries, this section has been moved to a separate PDF file.)**

Part I : Patient Origin Table

1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

Inpat=Inpatient Services
Surg=Outpatient Surgical
OB=Obstetric
P18+=Acute psychiatric adult 18 and over
P13-17=Acute psychiatric adolescent 13-17
P0-12=Acute psychiatric children 12 and under
Rehab=Inpatient Rehabilitation
S18+=Substance abuse adult 18 and over
S13-17=Substance abuse adolescent 13-17
E18+=Extended care adult 18 and over
E13-17=Extended care adolescent 13-17
E0-12=Extended care children 0-12
LTCH=Long Term Care Hospital

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alabama	11	0	1	0	0	0	0	0	0	0	0	0	0
Appling	29	116	2	0	0	0	0	0	0	0	0	0	3
Atkinson	7	16	0	0	0	0	0	0	0	0	0	0	0
Bacon	5	37	0	0	0	0	0	0	0	0	0	0	0
Baldwin	1	1	0	0	0	0	0	0	0	0	0	0	0
Bartow	0	1	0	0	0	0	0	0	0	0	0	0	0
Ben Hill	6	4	0	0	0	0	0	0	0	0	0	0	1
Bibb	4	1	2	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	8	47	0	0	0	0	0	0	0	0	0	0	1
Bryan	581	977	225	0	0	0	0	0	0	0	0	0	18
Bulloch	245	609	61	0	0	0	0	0	0	0	0	0	23
Burke	3	13	0	0	0	0	0	0	0	0	0	0	0
Camden	11	63	0	0	0	0	0	0	0	0	0	0	3
Candler	25	87	0	0	0	0	0	0	0	0	0	0	0
Carroll	0	1	0	0	0	0	0	0	0	0	0	0	0
Charlton	2	21	0	0	0	0	0	0	0	0	0	0	0
Chatham	6,840	5,901	1,902	0	0	0	0	0	0	0	0	0	241
Cherokee	1	0	1	0	0	0	0	0	0	0	0	0	0
Clayton	0	1	0	0	0	0	0	0	0	0	0	0	0
Clinch	1	4	0	0	0	0	0	0	0	0	0	0	0
Cobb	3	1	0	0	0	0	0	0	0	0	0	0	0
Coffee	86	103	0	0	0	0	0	0	0	0	0	0	2
Colquitt	1	0	1	0	0	0	0	0	0	0	0	0	0
Columbia	2	6	0	0	0	0	0	0	0	0	0	0	0
DeKalb	6	3	2	0	0	0	0	0	0	0	0	0	0
Dodge	1	4	0	0	0	0	0	0	0	0	0	0	0

Dougherty	3	1	0	0	0	0	0	0	0	0	0	0	0
Douglas	0	2	0	0	0	0	0	0	0	0	0	0	0
Effingham	901	1,317	326	0	0	0	0	0	0	0	0	0	35
Emanuel	27	110	3	0	0	0	0	0	0	0	0	0	1
Evans	60	96	7	0	0	0	0	0	0	0	0	0	7
Florida	34	25	6	0	0	0	0	0	0	0	0	0	0
Floyd	0	1	0	0	0	0	0	0	0	0	0	0	0
Forsyth	2	1	0	0	0	0	0	0	0	0	0	0	0
Fulton	10	6	3	0	0	0	0	0	0	0	0	0	1
Glynn	59	241	5	0	0	0	0	0	0	0	0	0	5
Gwinnett	1	6	0	0	0	0	0	0	0	0	0	0	0
Habersham	0	1	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
Haralson	1	0	0	0	0	0	0	0	0	0	0	0	0
Henry	5	2	1	0	0	0	0	0	0	0	0	0	0
Houston	1	4	0	0	0	0	0	0	0	0	0	0	0
Irwin	1	4	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	26	79	1	0	0	0	0	0	0	0	0	0	2
Jefferson	0	2	0	0	0	0	0	0	0	0	0	0	0
Jenkins	11	24	2	0	0	0	0	0	0	0	0	0	0
Johnson	3	6	0	0	0	0	0	0	0	0	0	0	0
Jones	1	0	0	0	0	0	0	0	0	0	0	0	0
Laurens	6	32	0	0	0	0	0	0	0	0	0	0	0
Lee	1	0	0	0	0	0	0	0	0	0	0	0	0
Liberty	383	800	125	0	0	0	0	0	0	0	0	0	13
Long	69	125	17	0	0	0	0	0	0	0	0	0	4
Lowndes	3	4	0	0	0	0	0	0	0	0	0	0	0
McIntosh	25	109	3	0	0	0	0	0	0	0	0	0	3
Mitchell	1	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	13	49	3	0	0	0	0	0	0	0	0	0	1
North Carolina	11	11	1	0	0	0	0	0	0	0	0	0	1
Oconee	0	1	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	71	51	8	0	0	0	0	0	0	0	0	0	5
Paulding	2	1	1	0	0	0	0	0	0	0	0	0	0
Peach	2	2	0	0	0	0	0	0	0	0	0	0	0
Pierce	14	44	1	0	0	0	0	0	0	0	0	0	1
Putnam	0	1	0	0	0	0	0	0	0	0	0	0	0
Rabun	0	1	0	0	0	0	0	0	0	0	0	0	0
Richmond	6	4	1	0	0	0	0	0	0	0	0	0	1
Screven	85	162	8	0	0	0	0	0	0	0	0	0	2
South Carolina	279	657	50	0	0	0	0	0	0	0	0	0	11
Spalding	0	1	0	0	0	0	0	0	0	0	0	0	0
Stephens	1	0	1	0	0	0	0	0	0	0	0	0	0
Taliaferro	1	0	1	0	0	0	0	0	0	0	0	0	0

Tattnall	80	237	20	0	0	0	0	0	0	0	0	0	4
Taylor	2	0	0	0	0	0	0	0	0	0	0	0	1
Telfair	2	22	0	0	0	0	0	0	0	0	0	0	0
Tennessee	6	1	1	0	0	0	0	0	0	0	0	0	0
Tift	0	2	0	0	0	0	0	0	0	0	0	0	0
Toombs	24	200	4	0	0	0	0	0	0	0	0	0	0
Treutlen	0	12	0	0	0	0	0	0	0	0	0	0	0
Troup	0	1	0	0	0	0	0	0	0	0	0	0	0
Turner	1	0	0	0	0	0	0	0	0	0	0	0	0
Union	0	1	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
Walton	2	1	0	0	0	0	0	0	0	0	0	0	0
Ware	15	43	1	0	0	0	0	0	0	0	0	0	0
Washington	2	1	1	0	0	0	0	0	0	0	0	0	0
Wayne	63	162	6	0	0	0	0	0	0	0	0	0	2
Wheeler	0	11	0	0	0	0	0	0	0	0	0	0	0
Whitfield	1	1	0	0	0	0	0	0	0	0	0	0	0
Wilcox	1	2	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
Total	**10,198**	**12,700**	**2,804**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**392**

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	1,916	11,813
Cystoscopy	0	0	71	916
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**0**	**1,987**	**12,729**

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	1,726	11,784
Cystoscopy	0	0	69	916
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**0**	**1,795**	**12,700**

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	22
Asian	173
Black/African American	3,460
Hispanic/Latino	0
Pacific Islander/Hawaiian	21
White	9,024
Multi-Racial	0
Total	**12,700**

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	2,439
Ages 15-64	7,211
Ages 65-74	1,966
Ages 75-85	920
Ages 85 and Up	164
Total	**12,700**

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	4,555
Female	8,145
Total	**12,700**

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	3,240
Medicaid	2,414
Third-Party	6,589
Self-Pay	457

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 th 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: 1,214

6. Total Live Births: 2,767

7. Total Births (Live and Late Fetal Deaths): 2,788

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 2,907

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	2,422	4,983	0
Specialty Care (Intermediate Neonatal Care)	18	280	3,241	54
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	8	31
Asian	55	126
Black/African American	1,196	3,180
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	7	14
White	1,538	3,628
Multi-Racial	0	0
Total	**2,804**	**6,979**

2. Age Grouping
Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	1	2
Ages 15-44	2,802	6,971
Ages 45 and Up	1	6
Total	**2,804**	**6,979**

3. Average Charge for an Uncomplicated Delivery
Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

$14,457.00

4. Average Charge for a Premature Delivery
Please report the average hospital charge for a premature delivery.

$17,858.00

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	☐
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	☐
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	☐
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

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. 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
French	Unknown	0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

1) Computer based learning (CBL) required for all clinical and non-clinical personnel annually.
2) Cultural Competency website on internal intranet. Any co-worker can access documents on care, customs, health and dietary interest of any non-English speaking patient. Site also includes external internet site links for further reading and more information.

5. What is the most urgent tool or resource you need in order to increase your ability to provide **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

Cultural competency education fair, seminars and learning events.

6. In what languages are the signs written that direct patients within your facility?

1. English
2. Universal Symbol
3. Braille
4.

7. If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? *(Check the box, if yes)* ☑
If you checked yes, what is the name and location of that health care center or clinic?

Affiliated
-
St. Joseph's/Candler's St. Mary's Community Health Center
1302 Drayton Street
Savannah, GA 31401
-
St. Joseph's/Candler's Good Samaritan Clinic
4704 Augusta Road
Garden City, GA 31408
-
St. Joseph's/Candler's Beach High School Screening Clinic
3001 Hopkins Street
Savannah, GA 31405
-
-
-
Non-Affiliated
-
Curtis V. Cooper Primary Health Care, Inc.
106 East Broad Street
Savannah, GA 31401
-
Curtis V. Cooper – Garden City
2 Roberts Street
Garden City, GA 31408
-
Curtis V. Cooper at Yamacraw
349 West Bryan Street
Savannah, GA 31401
-
Curtis V. Cooper Compassionate Care Women's Center
5354 Reynolds Street

Suite 420
Savannah, GA 31405
-
J. C. Lewis Health Care Center
125 Fahm Street
Savannah, GA 31401
-
J. C. Lewis at the Salvation Army
3100 Montgomery Street
Savannah, GA 31405
-
J.C. Lewis at Old Savannah Mission
2414 Bull Street
Savannah, GA 31401
-
-
J. C. Lewis at Moses Jackson
1410 B Richards Street
Savannah, GA 31415
-
J. C. Lewis Pediatric Care Center
3802 Waters Avenue
Savannah, GA 31404
-
J. C. Lewis Tiny House Clinic
75 Dundee Street
Savannah, GA 31401
-
-

Comprehensive Inpatient Physical Rehabilitation Addendum

Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	5	67
Black/African American	120	1,586
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	267	3,355
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	184	2,378
Female	208	2,630

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	122	1,562
65-84	204	2,630
85 Up	66	816

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	386
Long Term Care Hospital	4
Skilled Nursing Facility	2
Traumatic Brain Injury Facility	0

	0

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	302
Third Party/Commercial	83
Self Pay	3
Other	4

2. Uncompensated Indigent and Charity Care

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

13

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	53
2. Brain Injury	30
3. Amputation	14
4. Spinal Cord	13
5. Fracture of the femur	14
6. Neurological disorders	109
7. Multiple Trauma	5
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	1
12. Systemic vasculidities	0
13. Joint replacement	1
All Other	152

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 incaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Paul P. Hinchey

Date: 3/7/2022

Title: President & CEO

Comments:

Part D-1: SUS beds reflect all of the hospital's CON-authorized and licensed beds.
-
Part D - 1: Inpatient days and discharge days associated with ICU include all days associated with the patient stay. In many instances, this would include days where the patient was in a Med/Surg bed.
-
Part D – 2: CH no longer designates Hispanic/latino or multi-racial as a distinct race.
-
Part E – 4: CH does not dedicate ER beds to specific services.
-
Part E – 8 and 9: Candler did not experience a general ambulance diversion in 2021. 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'.
--
Part F – 1b: Number of Treatments, Procedures or Patients (Other 1) = Otoneurology Procedures.
-
Part G - 1: All contract nurses and pharmacists as of 12-31-2021 are reported in the Other Health Services professions contract line item.
-
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, 2021.
-
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 MSDRG 775 – Vaginal Delivery w/o Complicating Diagnoses and MSDRG 807 – Vaginal Delivery w/o Sterilization w/o CC/MCC.
-
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'.
-

Community Benefit Report

ST. Joseph's/Candler
Live smart.

Community Benefits Report
Fiscal Year 2021

- 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 Outpatient and inpatient services provided **at cost** for indigent patients	$31,544,521
Unreimbursed Care Medicaid uncompensated care **at cost** for the underinsured and GA hospital tax	$13,894,172
TOTAL TRADITIONAL CHARITY CARE	**$45,438,693**

OTHER BENEFITS

Community Health Improvement Services & Community Benefit Operations $1,970,671

- African American Health Info. and Resource Center
- E. D. Medical Home Program
- Eye Care Clinic
- Good Samaritan Clinic
- Community Benefit Operations
- Johnny's Bridges to Hope Mental Health Prog.
- Smart Senior
- St. Mary's Health Center
- Transportation

Health Professions Education $705,751

Subsidized Health Services $903,192

- Assisted Living Assistance
- Home Health Services
- Infusion/DME/Tube Feeding Supplies
- Mobile Mammography Outreach
- Nursing Home Assistance
- Outpatient Palliative Care
- Renal Dialysis Services

Financial and In-Kind Contributions $231,086

- 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 $429,471

- Community Economic Development Boards
- GED Classes
- Project SEARCH
- Resume and Employment Search Assistance
- Tax Preparation Assistance (VITA)
- Workforce Development Programs

TOTAL OTHER BENEFITS **$4,240,171**

TOTAL FORMAL COMMUNITY BENEFITS $49,678,864

In addition to nearly $50 million dollars in formal community benefits, St. Joseph's/Candler provided $7,907,298 in uncollected service cost and $45,297,367 in unreimbursed Medicare cost in Fiscal Year 2021.

2021 TOTAL COMMUNITY ASSISTANCE $102,883,529

2020 TOTAL COMMUNITY ASSISTANCE **$92,183,050**

St. Joseph's/Candler Community Benefits
Fiscal Year 2021

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 financial statements. 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 is also responsible for evaluating community benefit programs to ensure they meet IRS definitions of countable community benefit programs. The appointed community benefits employee 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:

- Improve access to health care services
- Enhance overall public health
- Increase medical knowledge
- Relive 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 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 services' program which enrich the lives of the people they serve. These centers specialize in education, work-force development, computer training and public benefit assistance. They serve as resource hubs for communities in the region who are the most in need of assistance.

SJ/C's African American Health Information and Resource Center
Started in November 1999, this center is part of St. Joseph's/Candler's ongoing commitment to improve the health of the African-American community by providing culturally competent health care and correcting health disparities through its diverse

programs. Originally the center was opened to bridge the digital divide, but has since added services and programs the community needs most. They include:
Computer Classes, Free Internet Access, Media Center, Health Seminars, Blood Pressure Screenings, Health/Social Service Referrals, Professional Puppet Shows, Healthy Kids Cooking Camp, Youth Health Education Classes, 4-H Community Club and Public Benefit Enrollment.

The Center created a database system in January 2020 that provides easy access to Chatham County's Health and Social Services' organizations. The herohelpme.com website is a tool that helps community members find services nearest to them in Chatham County. The website averages 1,000 visits per month. In 2021, Covid-19 information, testing sites and vaccination sites was one of the most accessed services on the site.

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 tracks 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, Specialty Skill Class Training, Employment Assistance & Employment Advancement, Free Tax Preparation, Public Benefit Enrollment and Resource Referrals.

Primary Medical Home Access
SJ/C also operates Chatham County's **only two free clinics** for the qualified uninsured. SJ/C provides primary care services, diagnostic testing, and if needed, hospitalization at no cost. SJ/C also facilitates the assistance with specialty care including Dialysis, Physical Therapy, Durable Medical Equipment, etc. whenever needed and available.

SJ/C's St. Mary's Health Center
Once housed in the St. Mary's Community Center, the Health Center is now in a free standing building open five (5) days a week to serve the uninsured as their primary medical home. They help specifically those who are uninsured, living in poverty and in the regional area of Chatham County. Patients must qualify under the Federal Poverty Guidelines.
Primary Care Ages 18 and up, Diagnostic/Imaging, Routine Labs, Diabetic Counseling, Medication Assistance, Mental Health Counselor and Referrals to Specialty Care.

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 within 100 miles of the clinic in Georgia or South Carolina who qualify under the Federal Poverty Guidelines. On site Spanish medical interpretation is available.
Services: Primary Care Ages 18 and up, Diagnostic/Imaging, Routine Pathology, Diabetic Counseling, Referrals to Specialty Care, and Eye Exams & Glasses.

SJ/C'S COMMUNITY BENEFITS REPORT FISCAL YEAR 2021

The System's FY 21 Community Benefits Report is included with this report. The following sections describe programs and services which are impacting the health and overall wellbeing of those people served by these community benefit programs. Each section describes the community benefit sections where each program is recorded, as defined by the IRS. Program descriptions highlight selected areas of impact and are not intended to be inclusive of the programs overall impact or programs that may not be included in this report. Where possible, participants' program contacts are reported, although this section is optional and not required by the IRS for reporting purposes. All financial figures throughout this document represent SJ/C's actual cost to provide services, not the charges which would have been billed for the services.

Charity Care

SJ/C is committed to providing care for indigent patients during inpatient and outpatient visits. This care is determined using a very simple one page application. Charity care determination is approved by utilizing guidelines as outlined in the Financial Assistance Policy. As instructed by the IRS, financial assistance is advertised in every area of registration throughout the System. Charity care is reported at the actual cost of providing services, not the charges of providing this care. Financial assistance in this category is provided to both the uninsured and underinsured people in the communities served. In 2013, a growing number of people elected to be insured by high deductible and co-pay insurance plans. These patients often needed care, but could not afford their deductibles and co-pays. Patients would then be eligible for write offs of their bills if they completed the very simple one page application for financial assistance. Policy and guidelines were provided to any patient who inquired and were published for the broader community at https://www.sjchs.org/pay-my-bill/financial-assistance.

An excerpt from the website follows:

We have financial options available to you.

St. Joseph's/Candler is committed to extending financial assistance to qualifying patients. If payment could create a financial hardship for you, our staff will work with you to apply for one or more of the following programs. We offer financial counseling, and all information discussed remains confidential. Applications will be processed, and approval will be determined based on specific criteria. We will not discriminate in the determination of financial assistance eligibility on the basis of race, color, creed, sex, age or handicap.

Medicaid: *The Hospital has an agreement with a Medicaid Eligibility Vendor to assist patients to become eligible for Medicaid.*

Financial Assistance Program: *The Hospital sponsors a program to provide reduced fees based on specific criteria related to income and dependents.*
For additional information call Customer Service at 912-819-8455 or 800-374-7054.

In FY 21, SJ/C qualified patients served to receive $31,544,521 in free care for those who qualified 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 21, SJ/C provided $13,894,172 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 21, SJ/C's AAHIRC offered three (3) groups of services in this category to improve the communities' overall health. The AAHIRC's hours fluctuated during the pandemic, so there were times when these services were not offered. The services included:

- **Ladies Living Smart Fitness Classes** – Exercise classes originally designed to provide exercise opportunities to females who could not afford a formal gym membership or did not feel comfortable with going to local gyms, such as the YMCA. In 2016, it expanded to address the fitness needs of males and children of both genders.
- **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.
- **Health Education and Information** – SJ/C's AAHIRC provides health education and information through their Wisdom and Gathering series. This information is provided onsite and in the community. This category also includes case management services for referrals to internal and external services.

SJ/C's Emergency Department Medical Home Program

In 2016, SJ/C partnered with Georgia Southern University to create a program to help the uninsured and underinsured patients' access appropriate medical care and health information in a primary medical home. The intent was to provide patients with a facility where they could go and access routine medical care, vaccinations and health information for various disease states without incurring large medical bills when accessing local Emergency Departments (EDs) for care. This program is staffed by three (3) FTEs and utilizes students from GSU who receive university credit for working in this service line. The program follows patients for six (6) months and addresses their health and social service needs by referring them to area providers for care. It also trains the next generation of care providers to identify barriers to access that poor and underserved populations have when seeking healthcare or social services. In FY 21, the program had 4,183 contacts. Thirty percent (30%) of the patients seen in the EDs were successfully connected with a medical home.

SJ/C's St. Mary's Public Benefit Assistance Program

The Public Benefit program at St. Mary's has been a lifeline for many vulnerable populations who have trouble navigating State and Federal programs that provide a variety of assistance for food, housing, medical/dental coverage, childcare and other services. The program coordinator meets with clients one-on-one and helps them to complete applications for services, document their need and provides re-enrollment services as well. Some of the assistance provided includes:

- Supplemental Nutrition Assistance Program (SNAP) – 2,592 Encounters
- Medicaid Enrollment (new and recertification) – 305 Encounters
- Medicaid and Peachcare Enrollment for Children - 172

SJ/C's St. Mary's Community Center, Health Center and Good Samaritan Eye Care Clinics

Eye care assistance is a troublesome area of care for the uninsured. To address this problem, SJ/C created access to eye care evaluations and prescription glasses assistance in three of their community outreach centers. The program partners with GA Prevents Blindness to provide patients with eye exams and low cost glasses. Additionally, patients were assisted with surgeries whenever needed through a partnership with GA Eye Institute. Two (2) Lens Crafters Eye Care locations also provide additional free eye exams and glasses for those who could not access services at St. Mary's. In FY 21, 3,209 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. This free clinic specializes in care for the area's Hispanic populations. The clinic offers primary health care, screenings and education to all their patients. A selection of services provided in 2020 includes:

- New Patients: 380
- Total Provider Visits: 3,434
- Total Patient Encounters: 5,469
- Total Prescription Drug Assistance: $1,019,708
- Cancer Screenings: 804

In FY 21, more than $656k was spent to provide access to free medical care services at this West Chatham County location.

SJ/C's Johnny's Bridges to Hope Program

In 2016, through the gift of a generous local donor, SJ/C established the Johnny's Bridges to Hope (JBTH) program. The program provides one-on-one counseling to patients who have diagnosed mental health disorders and to their families/caregivers caring for them. In FY 21, several patients and their families were served. Services were provided to patients, families, group counseling and through presentation. In FY 21, there were 514 contacts at two (2) locations.

SJ/C's SmartSeniors Program

SmartSenior is the most comprehensive senior membership program in Southeast Georgia and the South Carolina Low Country for persons ages 55 years and older. With over 2,000 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, The Smart Living Expo & Health Fair and the Annual Holiday Party/Dance are offered annually to SmartSenior members.

In FY 21, more than $132k was spent on providing these services to Smart Senior members – all at actual cost of providing services.

SJ/C's St. Mary's Health Care Center (SMHC)
SJ/C's SMHC also offers a wide variety of primary health care services and education for the uninsured. The health center offers primary health care, screenings and education to all their patients. A selection of services provided in 2020 includes:

- New Patients: 364
- Total Provider Visits: 3,027
- Total Patient Encounters: 5,472
- Total Prescription Drug Assistance: $2,873,912
- Cancer Screenings: 994

In FY 21, more than $554k was spent to provide free access to healthcare services at this site.

Community Benefit Operations
Following the guidance of the CHA and the IRS, SJ/C reports on services and activities, at cost, which support community benefit operations. These services, per the IRS reporting structure are included in the Community Health Improvement section of the Form 990, Schedule H. CHA defines this category as follows, with an excerpt from their website: https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4

Community benefit operations include costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations.

In FY 21, SJ/C's Board of Trustees and Leadership Team allocated more than $56k 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:
This category includes educational programs for physicians, interns and residents, medical students, nurses and nursing students, pastoral care trainees and other health professionals when that education is necessary for a degree, certificate, or training that is required by state law, accrediting body or health profession society.

SJ/C's education department has signed Memorandum of Understandings (MOUs) with schools across the nation. While the majority of students rotate through the hospitals, a number of students from the University of GA's pharmacy school, GSU's nursing program and South University's School of Nursing also have the unique opportunity to rotate through SJ/C's St. Mary's Health Center and Good Samaritan Clinic as well. This gives students the unique opportunity to care for vulnerable populations and insight into understanding their barriers to accessing medical care. As such, the uninsured and underinsured populations require special attention and it is imperative that they be treated with the same compassion and understanding as insured patients. Specifically, in addressing their aftercare, providers must carefully consider barriers to access when making specialty care referrals, writing prescriptions, arranging homecare services and evaluating additional care needs. It is through this exposure to vulnerable populations that future caregivers understand the needs of at risk populations and their specific health care needs.

In FY 21, allied health students rotated through SJ/C and its outreach programs. Sixty-one percent (61%) of the students were from nursing programs. The other students came from a wide range of allied health programs including dietary, radiology, pharmacy, patient care technicians, medical technologists, radiation therapy, respiratory technology and many others. SJ/C spent more than $706k to ensure these students had skilled preceptors and a clinical environment to learn their future careers.

Subsidized Health Services

Once again, SJ/C utilized the guidance of CHA to determine which patients and aftercare programs should be counted as community benefits for the category of Subsidized Health Services. The website, https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4 defines this category as:

Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt and Medicaid shortfalls. Nevertheless, the service is provided because it meets an identified community need and if no longer offered, it would either be unavailable in the area or fall to the responsibility of government or another tax-exempt organization to provide.

Subsidized services do not include ancillary services that support service lines, such as lab and radiology (if these services are provided to persons meeting the hospital's financial assistance eligibility criteria, they should be reported as financial assistance).

SJ/C strongly believes that the care continuum must include services on the front end of care, such as health education and services on the back end of care, such as follow up appointments, ancillary and other outpatient support services. To this end, patients who are uninsured are provided with additional services after discharge. These additional services are paid for directly by SJ/C to other care providers.

These uninsured patients require specialized discharge planning which goes beyond normal hospital discharge protocols. Patient care services are coordinated by a highly skilled Clinical Care Coordination team who dedicate additional time and efforts to ensure patients have access to the additional services they need. These services and their coordination are normally left to the patient or family member to manage if the patient were insured.

SJ/C tracks several programs after discharges which are captured as Subsidized Health Services. During FY 21, more than $903k 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
- Infusion DME Services
- Outpatient Palliative Care
- Renal Dialysis Care
- Other Outpatient Services

Financial and In-Kind Donations

According to CHA's guidance, their webpage, https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4 describes this category as:

This category includes funds and in-kind services donated to community organizations or to the community at large for a community benefit purpose. In-kind services include hours contributed by staff to the community while on health care organization work time, the cost of meeting space provide to community groups and the donations of food, equipment, and supplies. (Note: contributions to provide support services to individuals should be reported in category A3, Health Care Support Services.)

Donations in this category must be restricted, in writing, to programs or activities that would qualify as community benefit if provided by the organization itself. If the contribution is used for a community-building activity or program, it should be reported as community-building.

SJ/C understands that no one organization alone can be responsible for addressing all the communities' health and social service needs. To that end, SJ/C partners with a variety of health and social service organizations to extend its charitable mission, leverage resources and make the maximum impact on the communities' health and wellbeing.

In this section of the community benefit report, SJ/C highlights programs and services which independently operate with SJ/C's total assistance and other programs which collaboratively work together to improve the communities' overall wellbeing. The information provided below is not inclusive of all the efforts SJ/C makes in this area, but instead is intended to highlight the majority of assistance provided to make the maximum impact within the community. SJ/C spent more than $231k on these efforts.

Angels of Mercy
SJ/C utilizes their corporate volunteer team, the Angels of Mercy to extend its charitable mission benefiting organizations and community members throughout the region. While volunteer hours are never recorded for community benefit purposes, time for those co-workers who serve on the group's Board of Directors (BOD) 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 a volunteer activity. In light of the pandemic, which greatly restricted the group's normal monthly activities, the Angels still managed to assist several not-for-profit local agencies and other community groups during FY '21. These activities included volunteer efforts for Williams Court residents, Georgia Infirmary/Source patients, The Salvation Army, P.A.C.K. Savannah, Riverview Health Nursing Home, as well as a collection drive for school supplies benefiting elementary and middle school children in need.

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 21, 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.

Food Assistance
One of the greatest needs in Chatham County is assistance with food. Many areas within the county are designated as food deserts. To address this issue, SJ/C and SJ/C's SMCC provide assistance through several food programs including: SMCC Publix Grocery Stores Food Assistance, Food Vouchers, Food Gift Cards (area grocery

stores,) Second Harvest Food Give-A-Ways, Feed the Hungary, and many others. In FY 21, SJ/C provided more than $24k in donations.

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 2021, MedBank provided clients with more than $20m in free medications to more than 2k clients. SJ/C provided $81k in direct assistance to offset operations.

Medication Assistance Program
Prescription drug assistance is one of the top identified community health needs over the last ten (10) years. In addition to the partnership with MedBank Foundation, SJ/C also provides prescription drug assistance for indigent patients who are discharged from any of its facilities. In FY 21, more than $14k was provided in free medication for those patients.

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 $50k 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 20, the students had more than 5k contacts. The clients were helped with medical care, social service referrals, housing assistance, public benefic enrollment and much more.

Community Building Activities
Although not formally recognized as community benefits, programs that affect and support the social determinants of health, such as housing, education, workforce and the built environment are important to a person's overall health. While these programs and services are not recognized as formal community benefits, they are reportable on the System's 990. In FY 21, SJ/C spent an additional $429k to provide these programs and service at no cost to the clients served. Selected programs to highlight include:

- Project SEARCH – A program of Savannah Chatham County Board of Education for mentally and physically handicap students. SJ/C provides a classroom at both hospital campuses and attempts to hire as many qualified students as possible.
- 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.
- Senior Advocacy and Assistance – SJ/C's St. Mary's Community Center provides a Senior program to assist shut in residents of the Cuyler-Brownsville

Community located in one of Savannah's poorest poverty tracks. Seniors are assisted with health needs, housing, utilities, social security and other needs.

- Workforce Development Programs – SJ/C believes that giving people a hand-up is more beneficial than giving a person a hand-out. A good education and worthy employment is the best way to lift a community out of poverty.

Other Community Assistance
In addition to accepting GA Medicaid reimbursement, SJ/C accepts Medicare reimbursements. Similar to the State program, on average, the Federal Medicare program reimburses at less than the costs to provide the services. In FY 21, that amounted to $45m.

Additionally, unlike most industries, SJ/C provides services regardless of an individuals' ability to pay. Uncollected service cost represents the patients' choice not to pay regardless of their ability to pay. In FY 21, SJ/C absorbed almost $8m in uncollected service cost.

Total Community Assistance in FY 21
SJ/C provided $102.8m in total community assistance.

Medicaid DSH Survey 2022 for reporting period FY20: St. Joseph's Hospital, Inc. and Candler Hospital, Inc.

State of Georgia
Disproportionate Share Hospital (DSH) Examination Survey Part I
For State DSH Year 2020

DSH Version 6.00 2/17/2021

A. General DSH Year Information

	Begin	End
1. DSH Year:	07/01/2019	06/30/2020

2. Select Your Facility from the Drop-Down Menu Provided: ST. JOSEPH HOSPITAL SAVANNAH

Identification of cost reports needed to cover the DSH Year:

	Cost Report Begin Date(s)	Cost Report End Date(s)
3. Cost Report Year 1	07/01/2019	06/30/2020
4. Cost Report Year 2 (if applicable)		
5. Cost Report Year 3 (if applicable)		

Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

	Data
6. Medicaid Provider Number:	000001801A
7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0
8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0
9. Medicare Provider Number:	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:	DSH Examination Year (07/01/19 - 06/30/20)
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.)	Yes
2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?	No
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?	No
3a. Was the hospital open as of December 22, 1987?	Yes
3b. What date did the hospital open?	8/30/1946

C. Disclosure of Other Medicaid Payments Received:

1. **Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2019 - 06/30/2020** — $ 786,753
   (Should include UPL and non-claim specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

2. **Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2019 - 06/30/2020** — $ -
   (Should include all non-claim specific payments for hospital services such as lump sum payments for full Medicaid pricing (FMP), supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.
   NOTE: Hospital portion of supplemental payments reported on DSH Survey Part II, Section E, Question 14 should be reported here if paid on a SFY basis.

3. **Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services07/01/2019 - 06/30/2020** — $ 786,753

Certification:

	Answer
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.**	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 Title	11/9/21 Date
Greg Schaack Hospital CEO or CFO Printed Name	912-819-6162 Hospital CEO or CFO Telephone Number	schaackg@sjchs.org Hospital CEO or CFO E-Mail

Contact information for individuals authorized to respond to inquiries related to this survey:

Hospital Contact:

Name	Greg Schaack
Title	CFO
Telephone Number	912-819-6162
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 Version 8.00 1/28/2021

D. General Cost Report Year Information 7/1/2019 - 6/30/2020

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

	7/1/2019 through 6/30/2020		
2. Select Cost Report Year Covered by this Survey (enter "X"):	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: 12/3/2020

	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	ST. JOSEPH HOSPITAL SAVANNAH	Yes	
5. Medicaid Provider Number:	000001801A	Yes	
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	Yes	
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	Yes	
8. Medicare Provider Number:	110043	Yes	

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:

	State Name	Provider No.
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)

E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2019 - 06/30/2020)

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)**	

	Inpatient	Outpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	$ 85,231	$ 466,804	$552,035
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	$ 2,112,317	$ 7,489,221	$9,601,538
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)	$2,197,548	$7,956,025	$10,153,573
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:	3.88%	5.87%	5.44%

13. **Did your hospital receive any Medicaid managed care payments not paid at the claim level?** No
Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services	
15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services	
16. Total Medicaid managed care non-claims payments (see question 13 above) received	$-

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 (07/01/2019 - 06/30/2020)

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)	60,327	**(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	34,198,385
8. Outpatient Hospital Charity Care Charges	33,282,634
9. Non-Hospital Charity Care Charges	
10. Total Charity Care Charges	$ 67,481,019

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 Revenues (Charges)			Contractual Adjustments (formulas below can be overwritten if amounts are known)			
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
11. Hospital	$112,430,949.00			$ 88,316,348	$ -	$ -	$ 24,114,601
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			$8,611,703.00			$ 6,764,633	
17. Nursing Facility			$0.00			$ -	
18. Other Long-Term Care			$0.00			$ -	
19. Ancillary Services	$506,715,706.00	$465,680,920.00		$ 398,033,470	$ 365,799,974	$ -	$ 208,563,182
20. Outpatient Services		$78,152,994.00			$ 61,390,454	$ -	$ 16,762,540
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	$ 619,146,655	$ 543,833,914	$ 8,611,703	$ 486,349,818	$ 427,190,429	$ 6,764,633	$ 249,440,322
28. Total Hospital and Non Hospital		Total from Above	$ 1,171,592,272		Total from Above	$ 920,304,880	

29. Total Per Cost Report	Total Patient Revenues (G-3 Line 1)	1,171,592,272	Total Contractual Adj. (G-3 Line 2)	922,961,515
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)			+	
33. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Care Cash Subsidies 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)			-	2,656,635
35. Adjusted Contractual Adjustments				920,304,880
36. Unreconciled Difference	Unreconciled Difference (Should be $0)	$ -	Unreconciled Difference (Should be $0)	$ -

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2019-06/30/2020) ST. JOSEPH HOSPITAL SAVANNAH

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.

	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
			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. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others*	*Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)*		*Calculated Per Diem*
	Routine Cost Centers (list below):										
1	03000	ADULTS & PEDIATRICS	$ 39,488,419	$ -	$ -	$0.00	$ 39,488,419	53,235	$67,722,974.00		$ 741.78
2	03100	INTENSIVE CARE UNIT	$ 9,869,202	$ -	$ -		$ 9,869,202	6,428	$25,501,296.00		$ 1,535.35
3	03200	CORONARY CARE UNIT	$ 8,187,667	$ -	$ -		$ 8,187,667	4,553	$17,379,509.00		$ 1,798.30
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	$ 57,545,288	$ -	$ -	$ -	$ 57,545,288	64,216	$ 110,603,779		
19		Weighted Average									$ 896.12

			Hospital Observation Days - Cost Report W/S S-3, Pt. I, Line 28, Col. 8	*Subprovider I Observation Days - Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8*	*Subprovider II Observation Days - Cost Report W/S S-3, Pt. I, Line 28.02, Col. 8*	*Calculated (Per Diems Above Multiplied by Days)*	*Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6*	*Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7*	*Total Charges - Cost Report Worksheet C, Pt. I, Col. 8*	*Medicaid Calculated Cost-to-Charge Ratio*
	Observation Data (Non-Distinct)									
20	09200	Observation (Non-Distinct)	3,889	-	-	$ 2,884,782	$82,309.00	$3,829,438.00	$ 3,911,747	0.737466

			Cost Report Worksheet B, Part I, Col. 26	*Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)**	*Cost Report Worksheet C, Part I, Col.2 and Col. 4*		*Calculated*	*Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6*	*Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7*	*Total Charges - Cost Report Worksheet C, Pt. I, Col. 8*	*Medicaid Calculated Cost-to-Charge Ratio*
	Ancillary Cost Centers (from W/S C excluding Observation) (list below)										
21	5000	OPERATING ROOM	$24,021,455.00	$ -	$0.00		$ 24,021,455	$93,882,816.00	$75,067,495.00	$ 168,950,311	0.142181
22	5100	RECOVERY ROOM	$4,320,851.00	$ -	$0.00		$ 4,320,851	$9,443,316.00	$8,678,601.00	$ 18,121,917	0.238432
23	5300	ANESTHESIOLOGY	$1,485,935.00	$ -	$0.00		$ 1,485,935	$18,938,972.00	$20,402,330.00	$ 39,341,302	0.037770
24	5400	RADIOLOGY-DIAGNOSTIC	$11,438,911.00	$ -	$15,440.00		$ 11,454,351	$23,946,722.00	$66,448,973.00	$ 90,395,695	0.126713
25	5700	CT SCAN	$2,097,128.00	$ -	$0.00		$ 2,097,128	$25,867,805.00	$56,367,647.00	$ 82,235,452	0.025502
26	5800	MRI	$732,841.00	$ -	$0.00		$ 732,841	$6,188,580.00	$13,714,730.00	$ 19,903,310	0.036820
27	6000	LABORATORY	$9,358,676.00	$ -	$5,185.00		$ 9,363,861	$53,571,578.00	$27,959,912.00	$ 81,531,490	0.114850
28	6500	RESPIRATORY THERAPY	$4,598,325.00	$ -	$2,223.00		$ 4,600,548	$22,004,624.00	$850,799.00	$ 22,855,423	0.201289
29	6600	PHYSICAL THERAPY	$4,268,712.00	$ -	$0.00		$ 4,268,712	$13,557,345.00	$11,496,599.00	$ 25,053,944	0.170381

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2019-06/30/2020) 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
30	6700	OCCUPATIONAL THERAPY	$1,256,278.00	$ -	$0.00	$ 1,256,278	$7,142,999.00	$1,523,000.00	$ 8,665,999	0.144966
31	6800	SPEECH PATHOLOGY	$361,574.00	$ -	$0.00	$ 361,574	$2,704,860.00	$147,081.00	$ 2,851,941	0.126782
32	6900	ELECTROCARDIOLOGY	$4,546,764.00	$ -	$4,399.00	$ 4,551,163	$32,951,500.00	$61,149,930.00	$ 94,101,430	0.048364
33	7000	ELECTROENCEPHALOGRAPHY	$953,530.00	$ -	$0.00	$ 953,530	$1,680,041.00	$4,241,085.00	$ 5,921,126	0.161039
34	7100	MEDICAL SUPPLIES CHARGED TO PATIENT	$25,756,975.00	$ -	$0.00	$ 25,756,975	$24,324,430.00	$19,504,541.00	$ 43,828,971	0.587670
35	7200	IMPL. DEV. CHARGED TO PATIENTS	$42,501,944.00	$ -	$0.00	$ 42,501,944	$89,168,415.00	$59,090,118.00	$ 148,258,533	0.286675
36	7300	DRUGS CHARGED TO PATIENTS	$20,136,039.00	$ -	$0.00	$ 20,136,039	$79,777,927.00	$27,596,857.00	$ 107,374,784	0.187530
37	7400	RENAL DIALYSIS	$1,898,074.00	$ -	$0.00	$ 1,898,074	$7,106,570.00	$1,488,560.00	$ 8,595,130	0.220831
38	9100	EMERGENCY	$12,059,915.00	$ -	$0.00	$ 12,059,915	$21,134,494.00	$53,671,798.00	$ 74,806,292	0.161215
39	9300	WOUND CARE	$1,135,200.00	$ -	$6,909.00	$ 1,142,109	$680,946.00	$9,949,372.00	$ 10,630,318	0.107439
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	$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2019-06/30/2020) 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
90			$0.00	$ -	$0.00	$ -	$0.00	$0.00	$ -	-
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**	$ 172,929,127	$ -	$ 34,156	$ 172,963,283	$ 534,156,249	$ 523,178,866	$ 1,057,335,115	
127		**Weighted Average**								0.166313
128		**Sub Totals**	$ 230,474,415	$ -	$ 34,156	$ 230,508,571	$ 644,760,028	$ 523,178,866	$ 1,167,938,894	

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)*	$241,298.00
131	NF, SNF, and Swing Bed Cost for Other Payers *(Hospital must calculate. Submit support for calculation of cost.)*	
131.01	Other Cost Adjustments (support must be submitted)	
132	**Grand Total**	$ 230,267,273
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 (07/01/2019-06/30/2020) 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	In-State Medicaid FFS Primary Inpatient	In-State Medicaid FFS Primary Outpatient	In-State Medicaid Managed Care Primary Inpatient	In-State Medicaid Managed Care Primary Outpatient	In-State Medicare FFS Cross-Overs (with Medicaid Secondary) Inpatient	In-State Medicare FFS Cross-Overs (with Medicaid Secondary) Outpatient	In-State Other Medicaid Eligibles (Not Included Elsewhere) Inpatient	In-State Other Medicaid Eligibles (Not Included Elsewhere) Outpatient	Uninsured Inpatient (See Exhibit A)	Uninsured Outpatient (See Exhibit A)	Total In-State Medicaid Inpatient	Total In-State Medicaid Outpatient	% Survey to Cost Report Totals
		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		Days		Days		
1	03000 ADULTS & PEDIATRICS	$ 741.78		1,818		327		3,875		2,318		2,704		8,338		22.60%
2	03100 INTENSIVE CARE UNIT	$ 1,535.35		1,771		55		641		358		327		2,825		49.38%
3	03200 CORONARY CARE UNIT	$ 1,798.30		312		25		364		180		263		881		25.74%
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			Total Days	3,901		407		4,880		2,856		3,294		12,044		24.14%
19	Total Days per PS&R or Exhibit Detail			3,901		407		4,880		2,856		3,294				
20	Unreconciled Days (Explain Variance)			-		-		-		-		-				
				Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
21	Routine Charges			$ 7,735,566		$ 760,880		$ 9,160,479		$ 5,286,729		$ 6,003,339		$ 22,943,654		26.49%
21.01	Calculated Routine Charge Per Diem			$ 1,982.97		$ 1,869.48		$ 1,877.15		$ 1,851.10		$ 1,822.51		$ 1,904.99		
	Ancillary Cost Centers (from W/S C) (from Section G):			Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	
22	09200 Observation (Non-Distinct)		0.737466	33,562	126,071	-	39,559	6,720	502,922	4,709	161,603	-	196,516	$ 44,991	$ 830,155	27.66%
23	5000 OPERATING ROOM		0.142181	4,186,766	1,902,237	818,775	1,811,672	6,713,395	6,275,271	2,790,213	1,621,444	2,985,321	2,981,451	$ 14,509,149	$ 11,610,624	19.04%
24	5100 RECOVERY ROOM		0.238432	335,045	154,457	73,385	229,694	622,418	562,660	264,298	156,317	360,721	283,620	$ 1,295,146	$ 1,103,128	16.83%
25	5300 ANESTHESIOLOGY		0.037770	695,316	365,671	163,022	497,083	1,418,017	1,247,100	558,924	342,209	631,590	863,724	$ 2,835,279	$ 2,452,063	17.28%
26	5400 RADIOLOGY-DIAGNOSTIC		0.126713	1,307,169	1,006,209	170,580	1,589,142	1,838,095	4,779,752	1,029,381	1,130,034	1,285,874	3,761,430	$ 4,345,225	$ 8,505,137	19.98%
27	5700 CT SCAN		0.025502	1,534,841	1,382,385	281,271	1,742,819	1,949,821	3,622,033	999,003	877,619	2,099,912	6,420,734	$ 4,744,936	$ 7,624,856	25.66%
28	5800 MRI		0.036820	351,549	294,049	45,760	317,189	371,794	763,714	215,011	251,690	507,794	511,812	$ 984,114	$ 1,626,642	18.29%
29	6000 LABORATORY		0.114850	4,134,932	993,598	445,021	1,207,764	4,406,114	1,960,459	2,662,328	624,548	3,327,877	3,454,175	$ 11,648,395	$ 4,786,369	28.81%
33	6800 SPEECH PATHOLOGY		0.12878Z	150,443	1,138	5,068	1,567	188,488	14,159	110,757	2,401	61,462	5,031	$ 454,756	$ 19,265	19.11%
34	6900 ELECTROCARDIOLOGY		0.048364	1,275,208	783,490	107,559	429,223	2,055,563	4,261,489	819,251	756,873	1,885,573	1,856,508	$ 4,257,581	$ 6,231,075	15.18%
35	7000 ELECTROENCEPHALOGRAPHY		0.161039	83,987	112,474	11,142	427,796	91,480	176,583	78,669	112,001	44,693	86,488	$ 265,278	$ 828,854	20.75%
36	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.587670	918,624	277,318	156,787	293,562	1,705,605	1,487,182	614,164	451,494	829,368	363,314	$ 3,395,180	$ 2,509,556	16.22%
37	7200 IMPL. DEV. CHARGED TO PATIENTS		0.286675	2,160,063	1,006,854	638,310	637,242	5,995,310	4,339,758	1,865,236	1,118,096	1,523,236	1,086,451	$ 10,658,919	$ 7,101,950	13.75%
38	7300 DRUGS CHARGED TO PATIENTS		0.187530	6,664,104	1,351,652	650,211	569,743	6,427,794	1,951,998	3,405,462	616,516	4,379,620	1,635,487	$ 17,147,571	$ 4,489,909	26.00%
39	7400 RENAL DIALYSIS		0.220831	352,916	-	19,923	2,057	910,459	522,485	669,809	77,613	85,129	30,737	$ 1,953,107	$ 602,155	31.49%
40	9100 EMERGENCY		0.161215	824,763	1,499,461	230,457	3,830,435	1,762,480	3,522,799	1,051,424	1,224,713	1,893,745	10,764,253	$ 3,869,124	$ 10,077,408	36.16%
41	9300 WOUND CARE		0.107439	-	-	12,054	242,414	88,806	1,221,489	76,563	187,225	17,395	109,786	$ 177,423	$ 1,651,128	18.41%
42			-											$ -	$ -	
43			-											$ -	$ -	
44			-											$ -	$ -	
45			-											$ -	$ -	
46			-											$ -	$ -	
47			-											$ -	$ -	
48			-											$ -	$ -	
49			-											$ -	$ -	
50			-											$ -	$ -	
51			-											$ -	$ -	
52			-											$ -	$ -	
53			-											$ -	$ -	
54			-											$ -	$ -	
55			-											$ -	$ -	
56			-											$ -	$ -	
57			-											$ -	$ -	
58			-											$ -	$ -	
59			-											$ -	$ -	
60			-											$ -	$ -	

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2019-06/30/2020) ST. JOSEPH HOSPITAL SAVANNAH

				In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs (with Medicaid Secondary)		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		%
61			-											$ -	$ -	
62			-											$ -	$ -	
63			-											$ -	$ -	
64			-											$ -	$ -	
65			-											$ -	$ -	
66			-											$ -	$ -	
67			-											$ -	$ -	
68			-											$ -	$ -	
69			-											$ -	$ -	
70			-											$ -	$ -	
71			-											$ -	$ -	
72			-											$ -	$ -	
73			-											$ -	$ -	
74			-											$ -	$ -	
75			-											$ -	$ -	
76			-											$ -	$ -	
77			-											$ -	$ -	
78			-											$ -	$ -	
79			-											$ -	$ -	
80			-											$ -	$ -	
81			-											$ -	$ -	
82			-											$ -	$ -	
83			-											$ -	$ -	
84			-											$ -	$ -	
85			-											$ -	$ -	
86			-											$ -	$ -	
87			-											$ -	$ -	
88			-											$ -	$ -	
89			-											$ -	$ -	
90			-											$ -	$ -	
91			-											$ -	$ -	
92			-											$ -	$ -	
93			-											$ -	$ -	
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95			-											$ -	$ -	
96			-											$ -	$ -	
97			-											$ -	$ -	
98			-											$ -	$ -	
99			-											$ -	$ -	
100			-											$ -	$ -	
101			-											$ -	$ -	
102			-											$ -	$ -	
103			-											$ -	$ -	
104			-											$ -	$ -	
105			-											$ -	$ -	
106			-											$ -	$ -	
107			-											$ -	$ -	
108			-											$ -	$ -	
109			-											$ -	$ -	
110			-											$ -	$ -	
111			-											$ -	$ -	
112			-											$ -	$ -	
113			-											$ -	$ -	
114			-											$ -	$ -	
115			-											$ -	$ -	
116			-											$ -	$ -	
117			-											$ -	$ -	
118			-											$ -	$ -	
119			-											$ -	$ -	
120			-											$ -	$ -	
121			-											$ -	$ -	
122			-											$ -	$ -	
123			-											$ -	$ -	
124			-											$ -	$ -	
125			-											$ -	$ -	
126			-											$ -	$ -	
127			-											$ -	$ -	
				$ 27,587,558	$ 11,488,547	$ 3,932,853	$ 14,391,894	$ 39,505,643	$ 37,969,597	$ 18,877,610	$ 10,327,891	$ 23,031,720	$ 34,896,044			

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2019-06/30/2020) ST. JOSEPH HOSPITAL SAVANNAH

	Totals / Payments	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		%
128	**Total Charges** ***(includes organ acquisition from Section J)***	$ 35,323,124	$ 11,488,547	$ 4,693,733	$ 14,391,894	$ 48,666,122	$ 37,969,597	$ 24,164,339	$ 10,327,891	$ 29,035,059 (Agrees to Exhibit A)	$ 34,896,044 (Agrees to Exhibit A)	$ 112,847,319	$ 74,177,929	21.67%
129	Total Charges per PS&R or Exhibit Detail	$ 35,323,124	$ 11,488,547	$ 4,693,733	$ 14,391,894	$ 48,666,122	$ 37,969,597	$ 24,164,339	$ 10,327,891	$ 29,035,059	$ 34,896,044			
130	Unreconciled Charges (Explain Variance)	-	-	-	-	-	-	-	-	-	-			
131	**Total Calculated Cost (includes organ acquisition from Section J)**	$ 9,260,185	$ 1,748,432	$ 1,063,867	$ 2,039,294	$ 11,597,909	$ 6,065,778	$ 5,793,201	$ 1,742,277	$ 6,522,119	$ 4,498,555	$ 27,715,162	$ 11,595,781	22.04%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	$ 7,425,649	$ 1,653,965			$ 916,642	$ 300,244	$ 156,182	$ 42,712			$ 8,498,473	$ 1,996,921	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)			$ 891,318	$ 1,742,009	$ -	$ -	$ 2,530	$ 29,643			$ 893,848	$ 1,771,652	
134	Private Insurance (including primary and third party liability)	$ 118,523	$ 2,745		$ 23,535	$ 1,091	$ 852	$ 986,443	$ 547,221			$ 1,106,057	$ 574,353	
135	Self-Pay (including Co-Pay and Spend-Down)	$ 225	$ 2,853	$ 5,273	$ 8,098	$ 488	$ 3,272		$ 5,259			$ 5,986	$ 19,482	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	$ 7,544,397	$ 1,659,563	$ 896,591	$ 1,773,642									
137	Medicaid Cost Settlement Payments (See Note B)		$ (139,571)		-							$ -	$ (139,571)	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)				$ 201							$ -	$ 201	
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					$ 7,783,090	$ 4,694,503	$ 2,372,241	$ 458,723			$ 10,155,331	$ 5,153,226	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)							$ 1,269,730	$ 477,513			$ 1,269,730	$ 477,513	
141	Medicare Cross-Over Bad Debt Payments					$ 36,702	$ 185,969					$ 36,702	$ 185,969	
142	Other Medicare Cross-Over Payments (See Note D)					$ (1,910)	$ (9,184)	$ (354)	$ (121)	(Agrees to Exhibit B and B-1)	(Agrees to Exhibit B and B-1)	$ (2,264)	$ (9,305)	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									$ 85,231	$ 466,804			
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)**	$ 1,715,788	$ 228,440	$ 167,276	$ 265,451	$ 2,861,806	$ 890,122	$ 1,006,429	$ 181,327	$ 6,438,888	$ 4,031,751	$ 5,751,299	$ 1,565,340	
146	**Calculated Payments as a Percentage of Cost**	81%	87%	84%	87%	75%	85%	83%	90%	1%	10%	79%	87%	
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)**					40,614								
148	**Percent of cross-over days to total Medicare days from the cost report**					12%								

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
Note E - Medicaid Managed Care payments should include**all** Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

NOTE: Inpatient uninsured payment rate is outside normal ranges, please verify this is correct.

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2019-06/30/2020) 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	Out-of-State Medicaid FFS Primary Inpatient	Out-of-State Medicaid FFS Primary Outpatient	Out-of-State Medicaid Managed Care Primary Inpatient	Out-of-State Medicaid Managed Care Primary Outpatient	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary) Inpatient	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary) Outpatient	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere) Inpatient	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere) Outpatient	Total Out-Of-State Medicaid Inpatient	Total Out-Of-State Medicaid 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)*		
	Routine Cost Centers (list below):			**Days**		**Days**		**Days**		**Days**		**Days**	
1	03000 ADULTS & PEDIATRICS	$ 741.78								111		111	
2	03100 INTENSIVE CARE UNIT	$ 1,535.35								22		22	
3	03200 CORONARY CARE UNIT	$ 1,798.30								28		28	
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			**Total Days**	-		-		-		161		161	
19	Total Days per PS&R or Exhibit Detail			-		-		-		161			
20	Unreconciled Days (Explain Variance)			-		-		-		-			
				Routine Charges		**Routine Charges**		**Routine Charges**		**Routine Charges**		**Routine Charges**	
21	Routine Charges									$ 355,496		$ 355,496	
21.01	Calculated Routine Charge Per Diem			$ -		$ -		$ -		$ 2,208.05		$ 2,208.05	
	Ancillary Cost Centers (from W/S C) (list below):			**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**
22	09200 Observation (Non-Distinct)		0.737466							1,198	9,054	$ 1,198	$ 9,054
23	5000 OPERATING ROOM		0.142181							55,550	22,635	$ 55,550	$ 22,635
24	5100 RECOVERY ROOM		0.238432							6,135	2,045	$ 6,135	$ 2,045
25	5300 ANESTHESIOLOGY		0.037770							6,930	8,520	$ 6,930	$ 8,520
26	5400 RADIOLOGY-DIAGNOSTIC		0.126713							53,291	110,083	$ 53,291	$ 110,083
27	5700 CT SCAN		0.025502							44,457	169,758	$ 44,457	$ 169,758
28	5800 MRI		0.036820							7,401	2,487	$ 7,401	$ 2,487
29	6000 LABORATORY		0.114850							146,472	127,451	$ 146,472	$ 127,451
30	6500 RESPIRATORY THERAPY		0.201289							109,935	3,024	$ 109,935	$ 3,024
31	6600 PHYSICAL THERAPY		0.170381							7,904	593	$ 7,904	$ 593
32	6700 OCCUPATIONAL THERAPY		0.144966							1,984	-	$ 1,984	$ -
33	6800 SPEECH PATHOLOGY		0.126782							4,472	-	$ 4,472	$ -
34	6900 ELECTROCARDIOLOGY		0.048364							14,763	36,334	$ 14,763	$ 36,334
35	7000 ELECTROENCEPHALOGRAPHY		0.161039							-	3,526	$ -	$ 3,526
36	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.587670							8,972	2,835	$ 8,972	$ 2,835
37	7200 IMPL. DEV. CHARGED TO PATIENTS		0.286675							6,133	13,142	$ 6,133	$ 13,142
38	7300 DRUGS CHARGED TO PATIENTS		0.187530							222,113	41,807	$ 222,113	$ 41,807
39	7400 RENAL DIALYSIS		0.220831							32,912	2,868	$ 32,912	$ 2,868
40	9100 EMERGENCY		0.161215							82,862	360,639	$ 82,862	$ 360,639
41	9300 WOUND CARE		0.107439							-	1,722	$ -	$ 1,722
42			-									$ -	$ -
43			-									$ -	$ -
44			-									$ -	$ -
45			-									$ -	$ -
46			-									$ -	$ -
47			-									$ -	$ -

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2019-06/30/2020) 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	
48			-									$ -	$ -
49			-									$ -	$ -
50			-									$ -	$ -
51			-									$ -	$ -
52			-									$ -	$ -
53			-									$ -	$ -
54			-									$ -	$ -
55			-									$ -	$ -
56			-									$ -	$ -
57			-									$ -	$ -
58			-									$ -	$ -
59			-									$ -	$ -
60			-									$ -	$ -
61			-									$ -	$ -
62			-									$ -	$ -
63			-									$ -	$ -
64			-									$ -	$ -
65			-									$ -	$ -
66			-									$ -	$ -
67			-									$ -	$ -
68			-									$ -	$ -
69			-									$ -	$ -
70			-									$ -	$ -
71			-									$ -	$ -
72			-									$ -	$ -
73			-									$ -	$ -
74			-									$ -	$ -
75			-									$ -	$ -
76			-									$ -	$ -
77			-									$ -	$ -
78			-									$ -	$ -
79			-									$ -	$ -
80			-									$ -	$ -
81			-									$ -	$ -
82			-									$ -	$ -
83			-									$ -	$ -
84			-									$ -	$ -
85			-									$ -	$ -
86			-									$ -	$ -
87			-									$ -	$ -
88			-									$ -	$ -
89			-									$ -	$ -
90			-									$ -	$ -
91			-									$ -	$ -
92			-									$ -	$ -
93			-									$ -	$ -
94			-									$ -	$ -
95			-									$ -	$ -
96			-									$ -	$ -
97			-									$ -	$ -
98			-									$ -	$ -
99			-									$ -	$ -
100			-									$ -	$ -
101			-									$ -	$ -
102			-									$ -	$ -
103			-									$ -	$ -
104			-									$ -	$ -
105			-									$ -	$ -
106			-									$ -	$ -
107			-									$ -	$ -
108			-									$ -	$ -
109			-									$ -	$ -

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2019-06/30/2020) 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	
110			-									$ -	$ -
111			-									$ -	$ -
112			-									$ -	$ -
113			-									$ -	$ -
114			-									$ -	$ -
115			-									$ -	$ -
116			-									$ -	$ -
117			-									$ -	$ -
118			-									$ -	$ -
119			-									$ -	$ -
120			-									$ -	$ -
121			-									$ -	$ -
122			-									$ -	$ -
123			-									$ -	$ -
124			-									$ -	$ -
125			-									$ -	$ -
126			-									$ -	$ -
127			-									$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ 813,484	$ 918,523		

Totals / Payments

128	**Total Charges (includes organ acquisition from Section K)**	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,168,980	$ 918,523	$ 1,168,980	$ 918,523
129	Total Charges per PS&R or Exhibit Detail	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,168,980	$ 918,523		
130	Unreconciled Charges (Explain Variance)	-	-	-	-	-	-	-	-		
131	**Total Calculated Cost (includes organ acquisition from Section K)**	$ -	$ -	$ -	$ -	$ -	$ -	$ 296,309	$ 118,979	$ 296,309	$ 118,979
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)							$ 268,912	$ 92,986	$ 268,912	$ 92,986
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)								$ 668	$ -	$ 668
134	Private Insurance (including primary and third party liability)								$ 5,173	$ -	$ 5,173
135	Self-Pay (including Co-Pay and Spend-Down)							$ 25	$ 6,300	$ 25	$ 6,300
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	$ -	$ -	$ -	$ -						
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) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)**	$ -	$ -	$ -	$ -	$ -	$ -	$ 27,372	$ 13,852	$ 27,372	$ 13,852
144	**Calculated Payments as a Percentage of Cost**	0%	0%	0%	0%	0%	0%	91%	88%	91%	88%

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

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 (07/01/2019-06/30/2020) 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)*		$ 2,656,635		
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 ----------->)		$ 2,656,635		
	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*	Addback	$ 2,656,635	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		$ 2,656,635		

DSH UCC Provider Tax Assessment Adjustment:

17	Gross Allowable Assessment Not Included in the Cost Report		$ -
	Apportionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured:		
18	Medicaid Hospital	**Charges Sec. G**	189,112,751
19	Uninsured Hospital	**Charges Sec. G**	63,931,103
20	Total Hospital	**Charges Sec. G**	1,167,938,894
21	Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC		16.19%
22	Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC		5.47%
23	Medicaid Provider Tax Assessment Adjustment to DSH UCC		$ -
24	Uninsured Provider Tax Assessment Adjustment to DSH UCC		$ -
25	Provider Tax Assessment Adjustment to DSH UCC		**$ -**

** Assessment must exclude any non-hospital assessment such as Nursing Facility.*

*** The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and uninsured based on charges sec. g unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.*

State of Georgia
Disproportionate Share Hospital (DSH) Examination Survey Part I
For State DSH Year 2020

DSH Version 6.00 2/17/2021

A. General DSH Year Information

	Begin	End
1. DSH Year:	07/01/2019	06/30/2020

2. Select Your Facility from the Drop-Down Menu Provided: CANDLER HOSPITAL

Identification of cost reports needed to cover the DSH Year:

	Cost Report Begin Date(s)	Cost Report End Date(s)
3. Cost Report Year 1	07/01/2019	06/30/2020
4. Cost Report Year 2 (if applicable)		
5. Cost Report Year 3 (if applicable)		

Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

	Data
6. Medicaid Provider Number:	000000327A
7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0
8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0
9. Medicare Provider Number:	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:	DSH Examination Year (07/01/19 - 06/30/20)
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.)	Yes
2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?	No
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?	No
3a. Was the hospital open as of December 22, 1987?	Yes
3b. What date did the hospital open?	7/26/1934

C. Disclosure of Other Medicaid Payments Received:

1. **Medicaid Supplemental Payments for Hospital Services DSH Year 07/01/2019 - 06/30/2020** — $ 1,082,887
   (Should include UPL and non-claim specific payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

2. **Medicaid Managed Care Supplemental Payments for hospital services for DSH Year 07/01/2019 - 06/30/2020** —
   (Should include all non-claim specific payments for hospital services such as lump sum payments for full Medicaid pricing (FMP), supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.
   NOTE: Hospital portion of supplemental payments reported on DSH Survey Part II, Section E, Question 14 should be reported here if paid on a SFY basis.

3. **Total Medicaid and Medicaid Managed Care Non-Claims Payments for Hospital Services07/01/2019 - 06/30/2020** — $ 1,082,887

Certification:

	Answer
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.**	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 Title	11/9/21 Date
Greg Schaack Hospital CEO or CFO Printed Name	912-819-6162 Hospital CEO or CFO Telephone Number	schaackg@sjchs.org Hospital CEO or CFO E-Mail

Contact Information for individuals authorized to respond to inquiries related to this survey:

Hospital Contact:

Name	Greg Schaack
Title	CFO
Telephone Number	912-819-6162
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

DSH Version 8.00 1/28/2021

D. General Cost Report Year Information 7/1/2019 - 6/30/2020

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		
	7/1/2019 through 6/30/2020		
2. Select Cost Report Year Covered by this Survey (enter "X"):	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:	12/3/2020		

	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	CANDLER HOSPITAL	Yes	
5. Medicaid Provider Number:	000000327A	Yes	
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	Yes	
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	Yes	
8. Medicare Provider Number:	110024	Yes	

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:

	State Name	Provider No.
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)

E. Disclosure of Medicaid / Uninsured Payments Received: (07/01/2019 - 06/30/2020)

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)**	

	Inpatient	Outpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	$ 156,854	$ 846,122	$1,002,976
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	$ 2,672,660	$ 12,027,829	$14,700,489
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)	$2,829,514	$12,873,951	$15,703,465
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:	5.54%	6.57%	6.39%

13. **Did your hospital receive any Medicaid managed care payments not paid at the claim level?** No
Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services	
15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services	
16. Total Medicaid managed care non-claims payments (see question 13 above) received	$-

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 (07/01/2019 - 06/30/2020)

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)	62,251	**(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	28,617,752
8. Outpatient Hospital Charity Care Charges	57,800,410
9. Non-Hospital Charity Care Charges	
10. Total Charity Care Charges	$ 86,418,162

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 Revenues (Charges)			Contractual Adjustments (formulas below can be overwritten if amounts are known)			
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Net Hospital Revenue
11. Hospital	$93,371,464.00			$ 72,885,746	$ -	$ -	$ 20,485,718
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			$9,244,278.00			$ 7,216,082	
17. Nursing Facility			$0.00			$ -	
18. Other Long-Term Care			$0.00			$ -	
19. Ancillary Services	$286,234,333.00	$983,586,432.00		$ 223,434,463	$ 767,787,372	$ -	$ 278,598,930
20. Outpatient Services		$114,301,156.00			$ 89,223,459	$ -	$ 25,077,697
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	$ 379,605,797	$ 1,097,887,588	$ 9,244,278	$ 296,320,209	$ 857,010,831	$ 7,216,082	$ 324,162,345
28. Total Hospital and Non Hospital		Total from Above	$ 1,486,737,663		Total from Above	$ 1,160,547,122	

29. Total Per Cost Report	Total Patient Revenues (G-3 Line 1)	1,486,737,663	Total Contractual Adj. (G-3 Line 2)	1,163,828,487
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)			+	
33. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Care Cash Subsidies 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)			-	3,281,365
35. Adjusted Contractual Adjustments				1,160,547,122
36. Unreconciled Difference	Unreconciled Difference (Should be $0)	$ -	Unreconciled Difference (Should be $0)	$ -

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2019-06/30/2020) CANDLER HOSPITAL

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.

	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
			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. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others*	*Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)*		*Calculated Per Diem*
		Routine Cost Centers (list below):									
1	03000	ADULTS & PEDIATRICS	$ 35,777,338	$ -	$ -	$0.00	$ 35,777,338	51,367	$56,494,409.00		$ 696.50
2	03100	INTENSIVE CARE UNIT	$ 8,284,936	$ -	$ 2,078		$ 8,287,014	5,769	$21,505,608.00		$ 1,436.47
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	$ 3,287,485	$ -	$ -		$ 3,287,485	8,543	$9,101,739.00		$ 384.82
11			$ -	$ -	$ -		$ -	-	$0.00		$ -
12			$ -	$ -	$ -		$ -	-	$0.00		$ -
13			$ -	$ -	$ -		$ -	-	$0.00		$ -
14			$ -	$ -	$ -		$ -	-	$0.00		$ -
15			$ -	$ -	$ -		$ -	-	$0.00		$ -
16			$ -	$ -	$ -		$ -	-	$0.00		$ -
17			$ -	$ -	$ -		$ -	-	$0.00		$ -
18		Total Routine	$ 47,349,759	$ -	$ 2,078	$ -	$ 47,351,837	65,679	$ 87,101,756		
19		Weighted Average									$ 720.96

			Hospital Observation Days - Cost Report W/S S-3, Pt. I, Line 28, Col. 8	*Subprovider I Observation Days - Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8*	*Subprovider II Observation Days - Cost Report W/S S-3, Pt. I, Line 28.02, Col. 8*	*Calculated (Per Diems Above Multiplied by Days)*	*Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6*	*Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7*	*Total Charges - Cost Report Worksheet C, Pt. I, Col. 8*	*Medicaid Calculated Cost-to-Charge Ratio*
		Observation Data (Non-Distinct)								
20	09200	Observation (Non-Distinct)	3,428	-	-	$ 2,387,602	$71,348.00	$2,510,592.00	$ 2,581,940	0.924732

			Cost Report Worksheet B, Part I, Col. 26	*Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)**	*Cost Report Worksheet C, Part I, Col.2 and Col. 4*		*Calculated*	*Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6*	*Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7*	*Total Charges - Cost Report Worksheet C, Pt. I, Col. 8*	*Medicaid Calculated Cost-to-Charge Ratio*
		Ancillary Cost Centers (from W/S C excluding Observation) (list below)									
21	5000	OPERATING ROOM	$25,072,621.00	$ -	$0.00		$ 25,072,621	$45,716,818.00	$149,762,079.00	$ 195,478,897	0.128263
22	5100	RECOVERY ROOM	$2,616,074.00	$ -	$0.00		$ 2,616,074	$10,913,488.00	$23,377,189.00	$ 34,290,677	0.076291
23	5200	DELIVERY ROOM & LABOR ROOM	$9,054,663.00	$ -	$0.00		$ 9,054,663	$18,403,441.00	$2,088,679.00	$ 20,492,120	0.441861
24	5300	ANESTHESIOLOGY	$1,069,121.00	$ -	$0.00		$ 1,069,121	$14,301,018.00	$32,473,635.00	$ 46,774,653	0.022857
25	5400	RADIOLOGY-DIAGNOSTIC	$13,616,994.00	$ -	$1,562.00		$ 13,618,556	$17,148,057.00	$86,913,472.00	$ 104,061,529	0.130870
26	5500	RADIOLOGY-THERAPEUTIC	$28,520,184.00	$ -	$7,615.00		$ 28,527,799	$8,228,619.00	$140,952,363.00	$ 149,180,982	0.191229
27	5700	CT SCAN	$2,294,736.00	$ -	$0.00		$ 2,294,736	$19,680,204.00	$72,359,485.00	$ 92,039,689	0.024932
28	5800	MRI	$1,174,736.00	$ -	$0.00		$ 1,174,736	$3,975,536.00	$15,628,835.00	$ 19,604,371	0.059922
29	6000	LABORATORY	$16,069,584.00	$ -	$15,133.00		$ 16,084,717	$43,006,842.00	$80,703,857.00	$ 123,710,699	0.130019

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2019-06/30/2020) 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
30	6500	RESPIRATORY THERAPY	$3,603,165.00	$ -	$0.00	$ 3,603,165	$13,503,716.00	$1,312,764.00	$ 14,816,480	0.243186
31	6600	PHYSICAL THERAPY	$2,922,394.00	$ -	$0.00	$ 2,922,394	$9,366,958.00	$7,824,994.00	$ 17,191,952	0.169986
32	6700	OCCUPATIONAL THERAPY	$1,073,090.00	$ -	$0.00	$ 1,073,090	$6,003,949.00	$1,679,982.00	$ 7,683,931	0.139654
33	6800	SPEECH PATHOLOGY	$371,431.00	$ -	$0.00	$ 371,431	$1,656,049.00	$621,351.00	$ 2,277,400	0.163094
34	6900	ELECTROCARDIOLOGY	$2,837,251.00	$ -	$5,895.00	$ 2,843,146	$3,808,743.00	$9,402,720.00	$ 13,211,463	0.215203
35	7000	ELECTROENCEPHALOGRAPHY	$238,924.00	$ -	$0.00	$ 238,924	$207,763.00	$281,347.00	$ 489,110	0.488487
36	7100	MEDICAL SUPPLIES CHARGED TO PATIENT	$17,905,383.00	$ -	$0.00	$ 17,905,383	$8,694,581.00	$18,551,001.00	$ 27,245,582	0.657185
37	7200	IMPL. DEV. CHARGED TO PATIENTS	$7,338,838.00	$ -	$0.00	$ 7,338,838	$4,189,846.00	$20,158,366.00	$ 24,348,212	0.301412
38	7300	DRUGS CHARGED TO PATIENTS	$83,388,076.00	$ -	$2,793.00	$ 83,390,869	$62,504,022.00	$341,330,628.00	$ 403,834,650	0.206498
39	7400	RENAL DIALYSIS	$1,242,845.00	$ -	$0.00	$ 1,242,845	$5,043,193.00	$526,236.00	$ 5,569,429	0.223155
40	9100	EMERGENCY	$11,505,651.00	$ -	$0.00	$ 11,505,651	$10,991,546.00	$46,030,495.00	$ 57,022,041	0.201776
41	9300	WOUND CARE	$5,066,849.00	$ -	$4,338.00	$ 5,071,187	$959,089.00	$25,475,056.00	$ 26,434,145	0.191842
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	$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (07/01/2019-06/30/2020) 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
90			$0.00	$ -	$0.00	$ -	$0.00	$0.00	$ -	-
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**	$ 236,982,610	$ -	$ 37,336	$ 237,019,946	$ 308,374,826	$ 1,079,965,126	$ 1,388,339,952	
127		**Weighted Average**								0.172442
128		**Sub Totals**	$ 284,332,369	$ -	$ 39,414	$ 284,371,783	$ 395,476,582	$ 1,079,965,126	$ 1,475,441,708	
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)*				$311,177.00				
131		NF, SNF, and Swing Bed Cost for Other Payers *(Hospital must calculate. Submit support for calculation of cost.)*								
131.01		Other Cost Adjustments (support must be submitted)								
132		**Grand Total**				$ 284,060,606				
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 (07/01/2019-06/30/2020) 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 FFS Primary Inpatient	In-State Medicaid FFS Primary Outpatient	In-State Medicaid Managed Care Primary Inpatient	In-State Medicaid Managed Care Primary Outpatient	In-State Medicare FFS Cross-Overs (with Medicaid Secondary) Inpatient	In-State Medicare FFS Cross-Overs (with Medicaid Secondary) Outpatient	In-State Other Medicaid Eligibles (Not Included Elsewhere) Inpatient	In-State Other Medicaid Eligibles (Not Included Elsewhere) Outpatient	Uninsured Inpatient (See Exhibit A)	Uninsured Outpatient (See Exhibit A)	Total In-State Medicaid Inpatient	Total In-State Medicaid Outpatient	% Survey to Cost Report Totals
		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		Days		Days		
1	03000 ADULTS & PEDIATRICS	$ 696.50		3,500		3,604		3,804		3,217		3,081		14,125		36.06%
2	03100 INTENSIVE CARE UNIT	$ 1,436.47		739		78		617		395		279		1,829		37.79%
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	$ 384.82		411		4,222		-		271		175		4,904		59.51%
11		$ -												-		
12		$ -												-		
13		$ -												-		
14		$ -												-		
15		$ -												-		
16		$ -												-		
17		$ -												-		
18			**Total Days**	4,650		7,904		4,421		3,883		3,535		20,858		37.38%
19	Total Days per PS&R or Exhibit Detail			4,650		7,904		4,421		3,883		3,535				
20	Unreconciled Days (Explain Variance)			-		-		-		-		-				
				Routine Charges		**Routine Charges**		**Routine Charges**		**Routine Charges**		**Routine Charges**		**Routine Charges**		
21	Routine Charges			$ 6,818,719		$ 9,368,705		$ 7,280,111		$ 5,848,083		$ 5,138,836		$ 29,315,618		40.01%
21.01	Calculated Routine Charge Per Diem			$ 1,466.39		$ 1,185.31		$ 1,646.71		$ 1,506.07		$ 1,453.70		$ 1,405.49		
	Ancillary Cost Centers (from W/S C) (from Section G):			**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	
22	09200 Observation (Non-Distinct)		0.924732	103,311	338,727	8,235	425,433	809	369,328	-	154,369	1,725	303,197	$ 112,355	$ 1,287,857	66.70%
23	5000 OPERATING ROOM		0.128263	3,216,096	3,813,287	1,277,721	15,466,212	3,817,911	5,716,514	2,087,738	2,717,418	2,941,465	9,159,899	$ 10,399,466	$ 27,713,431	25.86%
24	5100 RECOVERY ROOM		0.076291	367,640	536,435	2,347,276	3,493,360	360,480	681,855	932,204	463,285	546,567	1,157,012	$ 4,007,600	$ 5,174,935	31.89%
25	5200 DELIVERY ROOM & LABOR ROOM		0.441861	265,006	4,972	7,561,089	151,301	9,944	-	1,990,125	24,225	434,498	4,845	$ 9,826,164	$ 180,498	51.11%
26	5300 ANESTHESIOLOGY		0.022857	562,088	710,580	2,239,926	3,763,126	683,893	998,262	1,005,183	580,314	740,167	1,700,367	$ 4,491,090	$ 6,052,282	27.88%
27	5400 RADIOLOGY-DIAGNOSTIC		0.130870	1,036,272	1,679,873	590,543	3,838,045	1,547,221	4,166,908	975,699	1,518,865	1,145,108	8,133,752	$ 4,149,735	$ 11,203,691	23.94%
28	5500 RADIOLOGY-THERAPEUTIC		0.191229	139,613	3,817,795	290,389	4,733,762	698,920	9,330,423	478,247	2,293,288	863,031	7,909,575	$ 1,607,169	$ 20,175,268	20.70%
29	5700 CT SCAN		0.024932	1,476,889	2,214,589	456,269	2,907,425	1,851,142	4,840,353	925,321	1,359,231	1,944,583	10,278,402	$ 4,709,621	$ 11,321,598	31.06%
30	5800 MRI		0.059922	351,826	402,154	98,842	526,262	281,498	928,401	191,303	237,550	349,374	859,243	$ 923,469	$ 2,094,367	21.65%
31	6000 LABORATORY		0.130019	3,675,573	2,244,076	3,935,007	5,413,507	3,472,424	2,983,349	2,784,804	3,068,195	3,181,183	14,363,753	$ 13,887,809	$ 13,709,127	36.78%
32	6500 RESPIRATORY THERAPY		0.243186	817,308	172,421	200,891	153,787	1,540,186	340,857	1,009,409	54,795	679,592	292,042	$ 3,567,794	$ 721,860	36.58%
33	6600 PHYSICAL THERAPY		0.169986	295,549	63,048	42,150	389,221	505,384	370,591	240,029	668,131	176,802	238,199	$ 1,083,112	$ 1,490,991	17.41%
34	6700 OCCUPATIONAL THERAPY		0.139654	83,527	17,416	12,282	43,109	163,045	105,678	71,535	169,129	36,803	67,863	$ 330,389	$ 335,332	10.06%
35	6800 SPEECH PATHOLOGY		0.163094	61,135	10,381	68,268	6,680	159,316	29,434	74,852	37,980	39,864	80,169	$ 363,571	$ 84,475	25.10%
36	6900 ELECTROCARDIOLOGY		0.215203	285,798	151,609	140,624	230,541	395,516	608,427	205,399	227,165	434,006	718,836	$ 1,027,337	$ 1,217,742	25.93%
37	7000 ELECTROENCEPHALOGRAPHY		0.488487	14,643	12,460	7,221	39,821	9,569	2,268	34,692	4,572	22,877	37,948	$ 86,125	$ 59,121	38.04%
38	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.657185	500,025	295,154	207,390	924,117	762,072	715,164	430,508	275,547	587,197	1,198,269	$ 1,899,995	$ 2,209,982	21.79%
39	7200 IMPL. DEV. CHARGED TO PATIENTS		0.301412	216,789	159,417	198,827	533,917	453,648	976,800	197,035	258,290	219,940	673,696	$ 1,066,299	$ 1,928,424	15.99%
40	7300 DRUGS CHARGED TO PATIENTS		0.206498	5,135,155	5,471,983	2,791,418	6,963,127	4,338,109	17,918,202	3,254,281	5,422,290	3,260,994	4,256,008	$ 15,518,963	$ 35,775,602	14.72%
41	7400 RENAL DIALYSIS		0.223155	133,763	-	91,273	413	641,422	132,060	522,818	36,953	48,692	2,478	$ 1,389,276	$ 169,426	29.63%
42	9100 EMERGENCY		0.201776	995,302	2,520,447	242,166	6,158,690	1,092,358	3,263,264	602,534	1,161,324	1,151,791	9,954,635	$ 2,932,360	$ 13,103,725	48.22%
43	9300 WOUND CARE		0.191842	-	-	177,797	785,211	540,005	1,915,739	458,255	1,188,328	361,089	932,527	$ 1,176,057	$ 3,889,278	24.22%
44			-											$ -	$ -	
45			-											$ -	$ -	
46			-											$ -	$ -	
47			-											$ -	$ -	
48			-											$ -	$ -	
49			-											$ -	$ -	
50			-											$ -	$ -	
51			-											$ -	$ -	
52			-											$ -	$ -	
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58			-											$ -	$ -	
59			-											$ -	$ -	
60			-											$ -	$ -	

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2019-06/30/2020) 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		%
61			-											$ -	$ -	
62			-											$ -	$ -	
63			-											$ -	$ -	
64			-											$ -	$ -	
65			-											$ -	$ -	
66			-											$ -	$ -	
67			-											$ -	$ -	
68			-											$ -	$ -	
69			-											$ -	$ -	
70			-											$ -	$ -	
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122			-											$ -	$ -	
123			-											$ -	$ -	
124			-											$ -	$ -	
125			-											$ -	$ -	
126			-											$ -	$ -	
127			-											$ -	$ -	
				$ 19,733,308	$ 24,636,823	$ 22,985,604	$ 56,947,067	$ 23,324,872	$ 56,393,878	$ 18,471,971	$ 21,921,244	$ 19,167,348	$ 72,322,715			

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (07/01/2019-06/30/2020) CANDLER HOSPITAL

	Totals / Payments	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		%
128	**Total Charges** ***(includes organ acquisition from Section J)***	$ 26,552,027	$ 24,636,823	$ 32,354,309	$ 56,947,067	$ 30,604,983	$ 56,393,878	$ 24,320,054	$ 21,921,244	$ 24,306,186 (Agrees to Exhibit A)	$ 72,322,715 (Agrees to Exhibit A)	$ 113,831,373	$ 159,899,012	25.34%
129	Total Charges per PS&R or Exhibit Detail	$ 26,552,027	$ 24,636,823	$ 32,354,309	$ 56,947,067	$ 30,604,983	$ 56,393,878	$ 24,320,054	$ 21,921,244	$ 24,306,186	$ 72,322,715			
130	Unreconciled Charges (Explain Variance)	-	-	-	-	-	-	-	-	-	-			
131	**Total Calculated Cost (includes organ acquisition from Section J)**	$ 7,045,927	$ 4,158,728	$ 9,630,047	$ 8,791,190	$ 7,523,916	$ 9,860,771	$ 6,479,416	$ 3,691,976	$ 5,791,101	$ 10,701,597	$ 30,679,306	$ 26,502,665	26.18%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	$ 5,734,993	$ 3,640,169		$ 241	$ 196,318	$ 777,514	$ 129,501	$ 86,254			$ 6,080,812	$ 4,504,178	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)			$ 9,256,426	$ 7,943,748		$ -	$ 329,912	$ 118,944			$ 9,586,338	$ 8,062,692	
134	Private Insurance (including primary and third party liability)	$ 91,889	$ 17,248		$ 17,071	$ 1,424	$ 5,000	$ 2,784,146	$ 1,503,138			$ 2,877,459	$ 1,542,457	
135	Self-Pay (including Co-Pay and Spend-Down)	$ 75	$ 9,267	$ 78	$ 13,615	$ 12	$ 8,450	$ 3,522	$ 12,391			$ 3,687	$ 43,723	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	$ 5,826,957	$ 3,666,684	$ 9,256,504	$ 7,974,675									
137	Medicaid Cost Settlement Payments (See Note B)		$ 110,914									$ -	$ 110,914	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)				$ 1,399							$ -	$ 1,399	
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					$ 6,532,876	$ 7,093,815	$ 2,203,829	$ 1,006,956			$ 8,736,705	$ 8,100,771	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)							$ 1,331,999	$ 925,355			$ 1,331,999	$ 925,355	
141	Medicare Cross-Over Bad Debt Payments					$ 147,499	$ 163,854					$ 147,499	$ 163,854	
142	Other Medicare Cross-Over Payments (See Note D)					$ 528,844	$ 63,025	$ 138,000	$ 3,777	(Agrees to Exhibit B and B-1)	(Agrees to Exhibit B and B-1)	$ 666,844	$ 66,802	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									$ 156,854	$ 846,122			
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)**	$ 1,218,970	$ 381,130	$ 373,543	$ 815,116	$ 116,943	$ 1,749,113	$ (441,493)	$ 35,161	$ 5,634,247	$ 9,855,475	$ 1,267,963	$ 2,980,520	
146	**Calculated Payments as a Percentage of Cost**	83%	91%	96%	91%	98%	82%	107%	99%	3%	8%	96%	89%	
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)**					28,228								
148	**Percent of cross-over days to total Medicare days from the cost report**					16%								

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
Note E - Medicaid Managed Care payments should include**all** Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2019-06/30/2020) CANDLER HOSPITAL

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Out-of-State Medicaid FFS Primary Inpatient	Out-of-State Medicaid FFS Primary Outpatient	Out-of-State Medicaid Managed Care Primary Inpatient	Out-of-State Medicaid Managed Care Primary Outpatient	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary) Inpatient	Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary) Outpatient	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere) Inpatient	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere) Outpatient	Total Out-Of-State Medicaid Inpatient	Total Out-Of-State Medicaid 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)*		
	Routine Cost Centers (list below):			**Days**		**Days**		**Days**		**Days**		**Days**	
1	03000 ADULTS & PEDIATRICS	$ 696.50								81		81	
2	03100 INTENSIVE CARE UNIT	$ 1,436.47								72		72	
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	$ 384.82								5		5	
11		$ -										-	
12		$ -										-	
13		$ -										-	
14		$ -										-	
15		$ -										-	
16		$ -										-	
17		$ -										-	
18			**Total Days**	-		-		-		158		158	
19	Total Days per PS&R or Exhibit Detail			-		-		-		158			
20	Unreconciled Days (Explain Variance)			-		-		-		-			
				Routine Charges		**Routine Charges**		**Routine Charges**		**Routine Charges**		**Routine Charges**	
21	Routine Charges									$ 391,762		$ 391,762	
21.01	Calculated Routine Charge Per Diem			$ -		$ -		$ -		$ 2,479.51		$ 2,479.51	
	Ancillary Cost Centers (from W/S C) (list below):			**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**	**Ancillary Charges**
22	09200 Observation (Non-Distinct)		0.924732							-	17,070	$ -	$ 17,070
23	5000 OPERATING ROOM		0.128263							126,864	208,726	$ 126,864	$ 208,726
24	5100 RECOVERY ROOM		0.076291							9,685	38,855	$ 9,685	$ 38,855
25	5200 DELIVERY ROOM & LABOR ROOM		0.441861							22,906	4,845	$ 22,906	$ 4,845
26	5300 ANESTHESIOLOGY		0.022857							14,932	43,120	$ 14,932	$ 43,120
27	5400 RADIOLOGY-DIAGNOSTIC		0.130870							98,831	181,155	$ 98,831	$ 181,155
28	5500 RADIOLOGY-THERAPEUTIC		0.191229							21,932	303,563	$ 21,932	$ 303,563
29	5700 CT SCAN		0.024932							44,756	292,171	$ 44,756	$ 292,171
30	5800 MRI		0.059922							7,401	10,546	$ 7,401	$ 10,546
31	6000 LABORATORY		0.130019							188,602	194,108	$ 188,602	$ 194,108
32	6500 RESPIRATORY THERAPY		0.243186							147,160	11,844	$ 147,160	$ 11,844
33	6600 PHYSICAL THERAPY		0.169986							4,026	718	$ 4,026	$ 718
34	6700 OCCUPATIONAL THERAPY		0.139654							1,492	998	$ 1,492	$ 998
35	6800 SPEECH PATHOLOGY		0.163094							2,751	858	$ 2,751	$ 858
36	6900 ELECTROCARDIOLOGY		0.215203							9,888	17,354	$ 9,888	$ 17,354
37	7000 ELECTROENCEPHALOGRAPHY		0.488487							-	-	$ -	$ -
38	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.657185							28,223	13,684	$ 28,223	$ 13,684
39	7200 IMPL. DEV. CHARGED TO PATIENTS		0.301412							4,125	-	$ 4,125	$ -
40	7300 DRUGS CHARGED TO PATIENTS		0.206498							280,187	344,676	$ 280,187	$ 344,676
41	7400 RENAL DIALYSIS		0.223155							40,609	-	$ 40,609	$ -
42	9100 EMERGENCY		0.201776							33,245	322,302	$ 33,245	$ 322,302
43	9300 WOUND CARE		0.191842							22,956	21,009	$ 22,956	$ 21,009
44			-									$ -	$ -
45			-									$ -	$ -
46			-									$ -	$ -
47			-									$ -	$ -

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2019-06/30/2020) 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	
48			-									$ -	$ -
49			-									$ -	$ -
50			-									$ -	$ -
51			-									$ -	$ -
52			-									$ -	$ -
53			-									$ -	$ -
54			-									$ -	$ -
55			-									$ -	$ -
56			-									$ -	$ -
57			-									$ -	$ -
58			-									$ -	$ -
59			-									$ -	$ -
60			-									$ -	$ -
61			-									$ -	$ -
62			-									$ -	$ -
63			-									$ -	$ -
64			-									$ -	$ -
65			-									$ -	$ -
66			-									$ -	$ -
67			-									$ -	$ -
68			-									$ -	$ -
69			-									$ -	$ -
70			-									$ -	$ -
71			-									$ -	$ -
72			-									$ -	$ -
73			-									$ -	$ -
74			-									$ -	$ -
75			-									$ -	$ -
76			-									$ -	$ -
77			-									$ -	$ -
78			-									$ -	$ -
79			-									$ -	$ -
80			-									$ -	$ -
81			-									$ -	$ -
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102			-									$ -	$ -
103			-									$ -	$ -
104			-									$ -	$ -
105			-									$ -	$ -
106			-									$ -	$ -
107			-									$ -	$ -
108			-									$ -	$ -
109			-									$ -	$ -

I. Out-of-State Medicaid Data:

Cost Report Year (07/01/2019-06/30/2020) 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	
110			-									$ -	$ -
111			-									$ -	$ -
112			-									$ -	$ -
113			-									$ -	$ -
114			-									$ -	$ -
115			-									$ -	$ -
116			-									$ -	$ -
117			-									$ -	$ -
118			-									$ -	$ -
119			-									$ -	$ -
120			-									$ -	$ -
121			-									$ -	$ -
122			-									$ -	$ -
123			-									$ -	$ -
124			-									$ -	$ -
125			-									$ -	$ -
126			-									$ -	$ -
127			-									$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ 1,110,571	$ 2,027,602		

Totals / Payments

128	**Total Charges (includes organ acquisition from Section K)**	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,502,333	$ 2,027,602	$ 1,502,333	$ 2,027,602
129	Total Charges per PS&R or Exhibit Detail	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,502,333	$ 2,027,602		
130	Unreconciled Charges (Explain Variance)	-	-	-	-	-	-	-	-		
131	**Total Calculated Cost (includes organ acquisition from Section K)**	$ -	$ -	$ -	$ -	$ -	$ -	$ 369,529	$ 319,807	$ 369,529	$ 319,807
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)							$ 235,550	$ 164,048	$ 235,550	$ 164,048
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)									$ -	$ -
134	Private Insurance (including primary and third party liability)								$ (554)	$ -	$ (554)
135	Self-Pay (including Co-Pay and Spend-Down)							$ 25	$ 3,607	$ 25	$ 3,607
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	$ -	$ -	$ -	$ -						
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) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)**	$ -	$ -	$ -	$ -	$ -	$ -	$ 133,954	$ 152,706	$ 133,954	$ 152,706
144	**Calculated Payments as a Percentage of Cost**	0%	0%	0%	0%	0%	0%	64%	52%	64%	52%

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS&R summaries are not available (submit logs with survey).
Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate Medical Education payments).
Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

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 (07/01/2019-06/30/2020) 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)*		$ 3,281,365		
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 ----------->)		$ 3,281,365		
	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*	Addback	$ 3,281,365		*(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		$ 3,281,365		

DSH UCC Provider Tax Assessment Adjustment:

17	Gross Allowable Assessment Not Included in the Cost Report		$ -
	Apportionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured:		
18	Medicaid Hospital	**Charges Sec. G**	277,260,320
19	Uninsured Hospital	**Charges Sec. G**	96,628,901
20	Total Hospital	**Charges Sec. G**	1,475,441,708
21	Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC		18.79%
22	Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC		6.55%
23	Medicaid Provider Tax Assessment Adjustment to DSH UCC		$ -
24	Uninsured Provider Tax Assessment Adjustment to DSH UCC		$ -
25	Provider Tax Assessment Adjustment to DSH UCC		**$ -**

** Assessment must exclude any non-hospital assessment such as Nursing Facility.*

*** The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and uninsured based on charges sec. g unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.*

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[1]	Parcel ID Number	Estimated Size	Purchase Price[2]	Current HealthCare Purpose?[3]		Improvements?[4]		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	✓		✓		

[1] Location may be the county, address, or site identification/description.
[2] Purchase price to be listed as of the date of acquisition of the property by the hospital, if known. If unknown, state "UNK".
[3] Health care purpose includes the provision of patient care; the provision or delivery of healthcare services, including supportive administrative services; the training and education of physicians, nurses, and other healthcare personnel; and community education and outreach relating to health care or wellness.
[4] Improvement means the permanent addition or construction of a building or structure.

Bryan County	P07 05 003	1.93	UNK	✓		✓		
Date: 07/01/2022. Revised: N/A.								

Real Property Holdings Owned by the Hospital (HB 321) – Candler Hospital, Inc.								
Location[1]	Parcel ID Number	Estimated Size	Purchase Price[2]	Current HealthCare Purpose?[3]		Improvements?[4]		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	✓		✓		

[1] Location may be the county, address, or site identification/description.
[2] Purchase price to be listed as of the date of acquisition of the property by the hospital, if known. If unknown, state "UNK".
[3] Health care purpose includes the provision of patient care; the provision or delivery of healthcare services, including supportive administrative services; the training and education of physicians, nurses, and other healthcare personnel; and community education and outreach relating to health care or wellness.

[4] Improvement means the permanent addition or construction of a building or structure.

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
Bulloch County	MS75000019-000	2.2	UNK		✓		✓	vacant parcel
Jasper County, SC	067-01-00-073	0.24	$800,000	✓		✓		
Beaufort County, SC	R610-022-000-1114-0000	3.79	$11,420,255	✓		✓		
Date: 07/01/2022. 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	$1,212,109	
Wayne/SJC Medical Group, LLC	GA	Minority Membership Interest	$109,177	

Notes:

a. List is for the Period Ended June 30, 2021.
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	$1,212,109	
The Listening Center, LLC	GA	Minority Membership Interest	$116,223	

Notes:

a. List is for the Period Ended June 30, 2021.
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, 7, and 8

Listing of Hospital Indebtedness (HB 321)							
Lender Name	Origination Date	Due Date	Outstanding Principal	In Default?		In Forbearance?	
				Yes	No	Yes	No
See Audited Financials, Note 6 and 8							

Names of any bond disclosure sites to which the hospital has submitted data or other information: _____. (If none, state "N/A")

Notes:

a. Original Date _____. Revised: _____.

b. List includes bonded indebtedness, outstanding loans, and bond defaults.

Report of End of Year Net Assets:
Refer to Audited Financial Statement, p. 6

End of Year Listing of Hospital Net Assets (HB 321)					
	Unrestricted Net Assets ($)	**Restricted – Expendable Net Assets ($)***	**Restricted – Non-Expendable Net Assets ($)***	**Total Net Assets ($)**	**Notes (**)**
Hospital	Refer to Audited Financials	Refer to Audited Financials	Refer to Audited Financials	Refer to Audited Financials	Refer to Audited Financials
Hospital Parent Company					
Hospital Owned or Controlled Foundation* **					
[Hospital Subsidiary #1][NAME]					
[Hospital Subsidiary #2][NAME]					
[continue]					

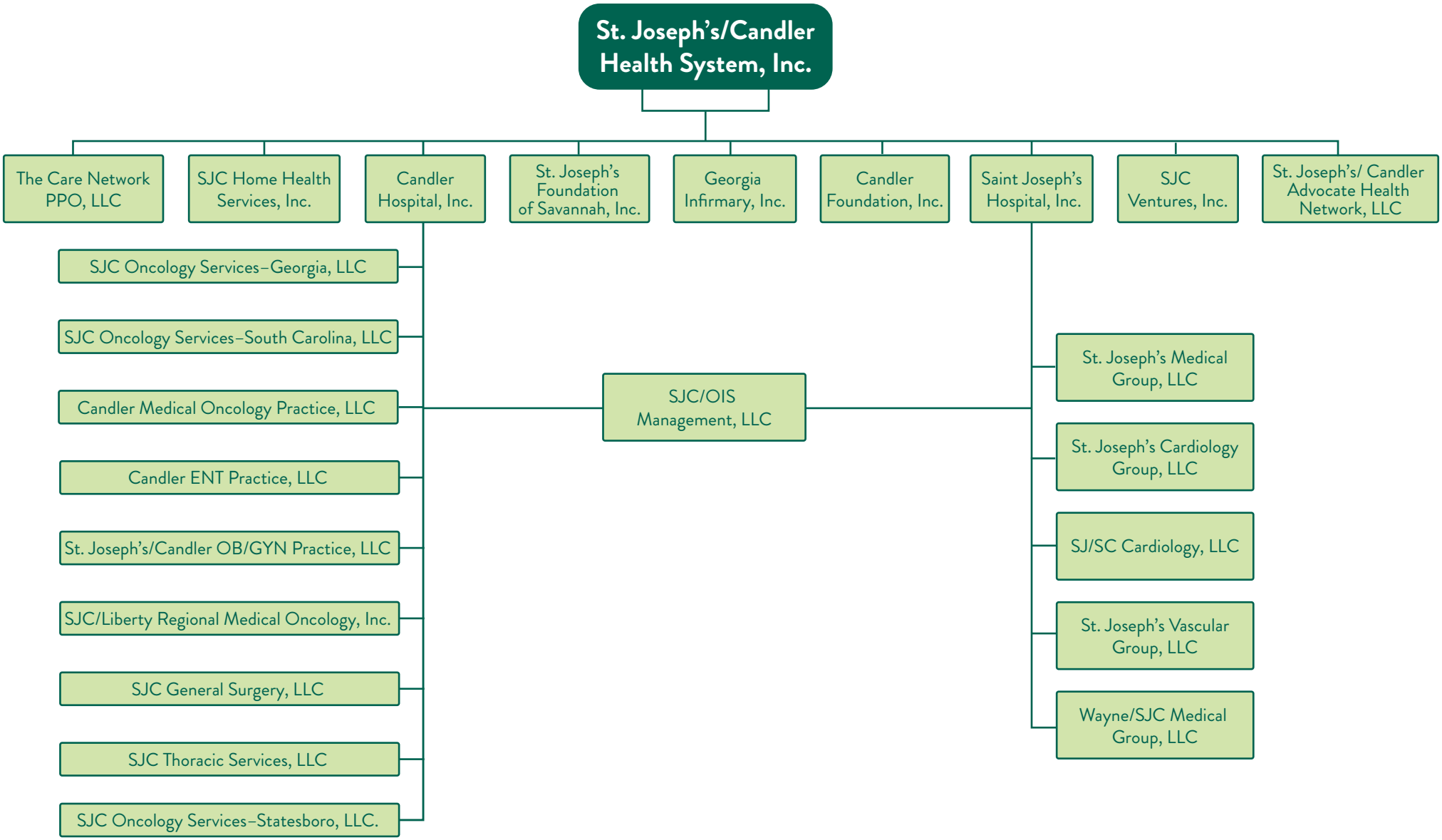
Notes:

a. Fiscal Year End _____.
b. List of net assets of the hospital, its parent company, its subsidiaries, and any foundation owned or controlled by the hospital or its parent company as of the close of the most recently completed fiscal year.
c. Restrictions shall include any restrictions on assets to the extent required to be reported under GAAP (*e.g.,* unrestricted and restricted net assets)
d. (*) Indicate whether temporarily or permanently restricted to the extent required by generally accepted accounting principles.
e. (**) Indicate whether any unrestricted assets are Board designated.
f. (***) The Hospital's interest in its Foundation shall be deducted from the value of the Foundation's Net Assets.

St. Joseph's/Candler does not have any "going concern" issues.

Dated Organizational Chart

Legal Chart of Corporate Structure



Compensation/Benefits Report
CY 2021

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 & CEO	441,775	131,520	-	7,032	-	24,388
2.	VP/CFO	230,676	57,448	-	-	8,190	24,253
3.	Chief Operating Officer	225,340	56,701	-	-	8,190	15,769
4.	Medical Director, Oncology	205,863	-	-	-	-	18,405
5.	VP/Chief Information Officer	147,650	29,841	-	-	8,190	15,098
6.	VP/Patient Care Service	144,606	28,955	-	-	8,190	30,416
7.	VP/Human Resources	130,538	26,604	-	-	8,190	16,090
8.	VP/Business Development	121,912	24,910	-	-	8,190	11,719
9.	VP/Revenue Cycle	90,044	17,616	-	-	-	5,825
10.	VP/Medical Affairs	92,266	13,768	-	-	5,078	11,004

Notes:

a. Reporting Period is Calendar Year 2021 .

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 & CEO	610,070	181,622	-	9,711	-	33,679
2.	VP/CFO	318,553	79,333	-	-	11,310	33,493
3.	Chief Operating Officer	311,184	78,302	-	-	11,310	21,776
4.	Medical Director, Oncology	284,287	-	-	-	-	25,417
5.	VP/Chief Information Officer	203,897	41,208	-	-	11,310	20,850
6.	VP/Patient Care Service	199,694	39,985	-	-	11,310	42,003
7.	VP/Human Resources	180,266	36,740	-	-	11,310	22,219
8.	VP/Business Development	168,355	34,399	-	-	11,310	16,183
9.	VP/Revenue Cycle	124,347	24,328	-	-	-	8,044
10.	VP/Medical Affairs	127,416	19,012	-	-	7,012	15,197

Notes:

a. Reporting Period is Calendar Year 2021 .

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

November 7, 2020

Accreditation is customarily valid for up to 36 months.

David H. Perrott

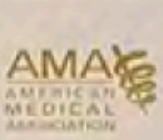
David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #6725
Print/Reprint Date: 02/12/2021

Mark Chassin

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.



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

November 21, 2020

Accreditation is customarily valid for up to 36 months.

David H. Perrott

David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #6726
Print/Reprint Date 02/22/2021

Mark Chassin

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

Home Care Accreditation Program

November 7, 2020

Accreditation is customarily valid for up to 36 months.

David H. Perrott
David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #6725
Print/Reprint Date: 02/12/2021

Mark Chassin
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

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	–	1st statement
Day 30	–	2nd statement
Day 60	–	3rd 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:

Account Balance	Maximum Number of Monthly Payments Allowed
$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 Infirmary, 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

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.

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

				INCOME LEVEL			
		Indigent	**Charity**	**Category A**	**Category B**	**Category D**	
Family Size	**Poverty Guidelines**	**125%**	**200%**	**250%**	**300%**	**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	25750	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

	Adjustment % for Patients with Insurance						
	Indigent/Charity	**Category A**	**Category B**	**Category C**	**Category D**	**Category E**	**Category F**
Billed Charges	**<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

	Adjustment % for Uninsured Patients						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
Billed Charges	**<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

	Adjustment % for Patients with Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
Billed Charges	<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

	Adjustment % for Patients without Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
Billed Charges	**<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

FN40111 (04/20

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 U*ninsured* 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

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	–	1st statement
Day 30	–	2nd statement
Day 60	–	3rd 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:

Account Balance	Maximum Number of Monthly Payments Allowed
$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 Infirmary, 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

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.

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

				INCOME LEVEL			
		Indigent	**Charity**	**Category A**	**Category B**	**Category D**	
Family Size	**Poverty Guidelines**	**125%**	**200%**	**250%**	**300%**	**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	25750	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

	Adjustment % for Patients with Insurance						
	Indigent/Charity	**Category A**	**Category B**	**Category C**	**Category D**	**Category E**	**Category F**
Billed Charges	**<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

	Adjustment % for Uninsured Patients						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
Billed Charges	**<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

	Adjustment % for Patients with Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
Billed Charges	<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

	Adjustment % for Patients without Insurance						
	Indigent/ Charity	Category A	Category B	Category C	Category D	Category E	Category F
Billed Charges	**<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

FN40111 (04/20

Hospital Financial Survey FY 2020 for St. Joseph's Hospital and Candler Hospital

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2020 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP621

Facility Name: St. 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

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2020 only.
Do not use a different report period.

Please indicate your hospital fiscal year.
From: 7/1/2019 To:6/30/2020

Please indicate your cost report year.
From: 07/01/2019 To:06/30/2020

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's trauma center designation changed, 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: Tami Jeffers

Contact Title: Sr. Reimbursement Analyst

Phone: 912-819-7578

Fax: 912-819-8664

E-mail: jeffersta@sjchs.org

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	633,490,567
Total Inpatient Admissions accounting for Inpatient Revenue	10,599
Outpatient Gross Patient Revenue	527,356,209
Total Outpatient Visits accounting for Outpatient Revenue	150,334
Medicare Contractual Adjustments	592,071,914
Medicaid Contractual Adjustments	55,516,772
Other Contractual Adjustments:	187,373,041
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	11,258,468
Gross Indigent Care:	6,767,527
Gross Charity Care:	60,713,492
Uncompensated Indigent Care (net):	6,767,527
Uncompensated Charity Care (net):	60,713,492
Other Free Care:	472,883
Other Revenue/Gains:	4,017,639
Total Expenses:	237,531,021

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 Type	Other Free Care Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	0
Employee Discounts	0
	0
Total	**0**

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 2020? (Check box if yes.) ☑

2. Effective Date

What was the effective date of the policy or policies in effect during 2020?

07/22/2019

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.?

Director of Patient Financial Services

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.)?

450%

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 2020? (Check box if yes.) ☐

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	4,568,191	29,630,194	34,198,385
Outpatient	2,199,336	31,083,298	33,282,634
Total	**6,767,527**	**60,713,492**	**67,481,019**

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 Funds)	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	4,568,191	29,630,194	34,198,385
Outpatient	2,199,336	31,083,298	33,282,634
Total	**6,767,527**	**60,713,492**	**67,481,019**

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	36,985	14	27,675
Appling	2	52,539	0	0	0	0	29	136,280
Bacon	0	0	0	0	0	0	5	8,266
Baker	0	0	0	0	0	0	1	995
Bartow	0	0	0	0	0	0	2	4,154
Berrien	0	0	0	0	0	0	1	440
Bibb	0	0	0	0	0	0	12	44,561
Bleckley	0	0	0	0	0	0	2	10,335
Brantley	0	0	0	0	1	1,364	3	4,794
Brooks	0	0	0	0	0	0	1	270
Bryan	12	466,564	66	218,417	126	2,568,506	1,092	3,068,790
Bulloch	2	87,999	2	5,357	19	284,236	113	499,353
Burke	0	0	0	0	0	0	2	3,179
Camden	0	0	0	0	1	19,683	3	12,592
Candler	0	0	10	34,634	10	278,893	23	44,057
Catoosa	0	0	0	0	1	32,115	0	0
Chatham	66	2,249,729	297	1,143,210	683	16,697,337	8,076	20,938,275
Cherokee	0	0	0	0	1	4,013	4	18,325
Clarke	0	0	0	0	0	0	4	7,938
Clayton	0	0	0	0	0	0	6	60,952
Cobb	0	0	0	0	0	0	10	34,337
Coffee	1	1,971	1	400	4	102,803	6	9,940
Colquitt	0	0	0	0	0	0	3	3,273
Columbia	0	0	0	0	0	0	4	6,252
Cook	0	0	0	0	0	0	1	3
Coweta	0	0	0	0	1	14,017	1	2,032
DeKalb	0	0	1	2,533	0	0	13	23,292
Dodge	0	0	0	0	0	0	5	18,384
Dooly	0	0	0	0	0	0	0	0
Dougherty	0	0	0	0	0	0	5	6,480
Douglas	0	0	0	0	0	0	3	4,400
Effingham	8	196,594	26	137,643	65	1,409,467	471	1,162,340

Elbert	0	0	0	0	0	0	2	17,552
Emanuel	1	256,234	1	1,537	1	2,781	15	74,821
Evans	3	144,809	8	69,386	5	48,373	32	87,472
Fayette	0	0	0	0	0	0	0	0
Florida	1	34,642	1	29,054	7	246,343	94	312,387
Fulton	0	0	0	0	0	0	18	61,552
Glynn	0	0	2	44,120	4	515,990	37	144,475
Gordon	0	0	0	0	0	0	1	2,332
Gwinnett	0	0	0	0	0	0	10	18,856
Hall	0	0	0	0	0	0	1	4,448
Hancock	0	0	0	0	0	0	3	44,876
Harris	0	0	0	0	0	0	1	1,767
Henry	0	0	0	0	0	0	4	99,453
Houston	0	0	0	0	0	0	4	9,804
Irwin	0	0	0	0	0	0	1	1,389
Jackson	0	0	0	0	0	0	2	4,796
Jasper	0	0	0	0	0	0	1	530
Jeff Davis	0	0	0	0	0	0	12	33,081
Jefferson	0	0	0	0	0	0	6	6,357
Jenkins	0	0	0	0	2	139,872	5	11,734
Johnson	1	1,143	0	0	0	0	0	0
Jones	0	0	0	0	0	0	1	518
Lanier	0	0	0	0	0	0	1	782
Laurens	0	0	0	0	0	0	5	10,067
Liberty	18	544,323	43	271,409	94	2,590,802	616	1,643,516
Lincoln	0	0	0	0	0	0	1	1,319
Long	2	51,898	3	26,327	14	197,816	103	155,086
Lowndes	0	0	0	0	0	0	5	16,237
Madison	0	0	0	0	0	0	1	1,602
McIntosh	3	53,677	3	20,709	9	98,134	48	152,817
Mitchell	0	0	0	0	0	0	4	8,607
Monroe	0	0	0	0	0	0	1	1,714
Montgomery	0	0	0	0	0	0	7	16,803
Morgan	0	0	0	0	0	0	1	2,487
Muscogee	0	0	0	0	1	49,790	1	13,362
Other Out of State	2	121,506	1	2,045	33	1,647,952	209	602,605
Paulding	0	0	0	0	0	0	1	962
Peach	0	0	0	0	0	0	4	16,318
Pierce	0	0	9	91,149	3	74,674	29	42,516
Polk	0	0	0	0	1	42,609	0	0
Putnam	0	0	0	0	0	0	2	3,027
Richmond	0	0	0	0	0	0	4	13,370
Rockdale	0	0	0	0	0	0	2	4,870
Screven	1	15,362	1	11,422	6	505,439	25	109,707

South Carolina	3	220,780	4	32,631	36	785,072	156	357,209
Spalding	0	0	0	0	0	0	1	2,623
Stephens	0	0	0	0	0	0	1	518
Sumter	0	0	0	0	0	0	1	993
Talbot	0	0	0	0	0	0	1	1,329
Tattnall	0	0	2	2,227	18	256,553	52	173,295
Telfair	1	38,097	0	0	0	0	1	1,118
Tennessee	0	0	0	0	1	1,010	25	50,567
Toombs	0	0	0	0	4	35,762	19	61,138
Treutlen	0	0	4	12,129	1	19,812	1	1,389
Upson	0	0	0	0	0	0	2	4,044
Walker	0	0	0	0	0	0	1	928
Walton	0	0	0	0	1	40,369	0	0
Ware	0	0	0	0	2	32,370	19	31,899
Warren	0	0	0	0	0	0	2	8,358
Wayne	1	30,324	9	42,997	27	849,252	204	465,308
Wheeler	0	0	0	0	0	0	1	1,595
Whitfield	0	0	0	0	0	0	1	1,576
Wilkinson	0	0	0	0	0	0	1	1,473
Total	**128**	**4,568,191**	**494**	**2,199,336**	**1,185**	**29,630,194**	**11,724**	**31,083,298**

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 2020? (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 2020.

	Patient Category	SFY 2018 7/1/17-6/30/18	SFY2020 7/1/18-6/30/19	SFY2020 7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	6,767,527	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	60,713,492	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 2018 7/1/17-6/30/18	SFY2020 7/1/18-6/30/19	SFY2020 7/1/19-6/30/20
0	8,609	0

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

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 incaccurate 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.

Signature of Chief Executive: Paul P. Hinchey

Date: 7/26/2021

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: 7/26/2021

Title: Chief Financial Officer

Comments:

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Part A : General Information

UID: HOSP626

1. Identification

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: 000000327A

Medicare Provider Number: 110024

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2020 only.
Do not use a different report period

Please indicate your Hospital Fiscal Year

From: 7/1/2019 **To:** 6/30/2020

Please indicate your Cost Report Year

From: 07/01/2019 **To:** 06/30/2020

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: Tami Jeffers

Contact Title: Sr. Reimbursement Analyst

Phone: 912-819-7578

Fax: 912-819-8664

Email: jeffersta@sjchs.org

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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	396,569,403
Total Inpatient Admissions accounting for Inpatient Revenue	10,392
Outpatient Gross Patient Revenue	1,060,829,255
Total Outpatient Visits accounting for Outpatient Revenue	301,304
Medicare Contractual Adjustments	610,346,488
Medicaid Contractual Adjustments	114,436,131
Other Contractual Adjustments:	305,915,486
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	18,353,887
Gross Indigent Care:	7,524,804
Gross Charity Care:	78,893,388
Uncompensated Indigent Care (net):	7,524,804
Uncompensated Charity Care (net):	78,893,388
Other Free Care:	684,949
Other Revenue/Gains:	12,840,237
Total Expenses:	298,066,114

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	
Admin Discounts	684,949
Employee Discounts	
Total	**684,949**

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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 2020? *(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 2020?

07/22/2019

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.?

Director of Patient Financial Services

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.)?

450%

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 2020? *(Check box if yes.)* ☐

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Part E : Part E: Indigent And Charity Care

1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	3,656,992	24,960,790	28,617,782
Outpatient	3,867,812	53,932,598	57,800,410
Total	**7,524,804**	**78,893,388**	**86,418,192**

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	3,656,992	24,960,790	28,617,782
Outpatient	3,867,812	53,932,598	57,800,410
Total	**7,524,804**	**78,893,388**	**86,418,192**

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Part F : Patient Origin

Download CSV | Upload CSV

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	
Appling	0	0	2	12,690	7	286,823	35	257,021	-
Atkinson	0	0	10	76,240	1	49,024	5	46,770	-
Alabama	0	0	0	0	1	29,724	20	93,957	-
Bacon	0	0	0	0	0	0	3	15,270	-
Baldwin	0	0	0	0	0	0	3	7,463	-
Barrow	0	0	0	0	0	0	1	12,203	-
Bartow	0	0	0	0	0	0	1	2,047	-
Berrien	0	0	0	0	0	0	1	518	-
Bibb	0	0	0	0	0	0	9	9,679	-
Brantley	1	40,085	0	0	4	73,207	32	114,189	-
Bryan	5	201,678	38	109,773	50	755,580	1,006	1,656,888	-
Bulloch	4	168,163	6	55,951	16	386,436	337	784,143	-
Burke	0	0	0	0	0	0	6	14,642	-
Calhoun	0	0	0	0	0	0	1	390	-
Camden	0	0	3	66,063	0	0	6	18,876	-
Candler	0	0	9	29,917	3	5,730	62	125,588	-
Carroll	0	0	0	0	0	0	1	1,034	-
Chatham	77	2,354,361	637	2,378,299	943	17,265,747	19,144	41,155,919	-
Chattahoochee	0	0	0	0	0	0	1	776	-
Cherokee	0	0	0	0	0	0	5	22,701	-
Clarke	0	0	0	0	0	0	3	5,248	-
Clayton	0	0	1	900	2	34,136	11	25,495	-
Cobb	0	0	1	1,897	1	1,650	15	38,361	-
Coffee	0	0	1	20,099	15	356,042	57	351,795	-
Columbia	0	0	0	0	0	0	4	10,636	-
Coweta	0	0	0	0	0	0	2	2,963	-

Crisp	0	0	0	0	0	0	1	518	-
DeKalb	0	0	1	1,443	3	52,136	16	45,955	-
Dodge	0	0	0	0	0	0	3	9,901	-
Dougherty	0	0	0	0	1	19,527	6	7,712	-
Douglas	0	0	0	0	0	0	4	6,279	-
Twiggs	0	0	0	0	0	0	1	1,189	-
Walton	0	0	0	0	0	0	1	4,725	-
Ware	0	0	1	17,263	6	372,550	32	73,970	-
Warren	0	0	0	0	1	5,749	4	9,675	-
Washington	0	0	0	0	0	0	2	1,791	-
Wayne	0	0	3	24,253	10	370,089	136	491,391	-
Wheeler	0	0	0	0	0	0	5	5,012	-
White	0	0	0	0	0	0	1	1,967	-
Wilkinson	0	0	0	0	0	0	2	2,871	-
Worth	0	0	0	0	0	0	0	0	-
Early	0	0	0	0	0	0	3	11,699	-
Effingham	3	114,315	57	168,379	57	799,188	1,220	2,059,535	-
Emanuel	0	0	0	0	2	61,597	81	109,518	-
Evans	1	9,041	10	8,550	6	257,313	80	108,458	-
Fannin	0	0	0	0	0	0	1	1,004	-
Florida	0	0	2	4,038	8	140,509	141	324,444	-
Fulton	0	0	1	2,517	1	7,768	26	41,637	-
Glynn	0	0	1	3,239	4	464,907	109	373,423	-
Gwinnett	2	92,150	2	23,846	1	23,245	17	18,302	-
Habersham	0	0	0	0	0	0	1	80	-
Hall	0	0	0	0	0	0	2	2,757	-
Haralson	0	0	0	0	0	0	2	2,689	-
Henry	0	0	0	0	1	13,792	8	26,377	-
Houston	0	0	0	0	0	0	3	8,086	-
Jeff Davis	1	34,957	2	22,774	1	127,421	7	28,055	-
Jenkins	0	0	0	0	0	0	12	14,748	-
Johnson	0	0	6	2,824	0	0	12	1,147	-
Lamar	0	0	0	0	0	0	1	3,851	-
Laurens	0	0	0	0	0	0	6	36,222	-
Liberty	1	89,752	39	192,822	34	678,762	618	913,074	-
Long	2	50,224	31	123,451	2	628	58	148,905	-
Lowndes	0	0	0	0	0	0	1	2,442	-
McIntosh	0	0	4	53,527	8	129,011	127	209,086	-
Mitchell	0	0	0	0	0	0	1	3,280	-
Montgomery	0	0	6	18,352	3	50,983	21	48,714	-
Morgan	0	0	0	0	0	0	1	586	-
Muscogee	0	0	0	0	0	0	5	13,031	-
North Carolina	0	0	0	0	2	63,021	40	146,501	-
Newton	0	0	0	0	0	0	2	2,947	-
Other Out of Stat	1	4,813	5	4,369	20	619,018	236	629,802	-
Paulding	0	0	0	0	0	0	1	8,487	-
Peach	1	19,149	0	0	0	0	2	4,261	-
Pickens	0	0	0	0	0	0	1	1,737	-
Pierce	0	0	1	31,082	1	1,408	50	44,160	-
Richmond	0	0	0	0	0	0	7	17,031	-
South Carolina	1	437,274	57	146,020	26	1,040,677	1,332	2,114,377	-
Screven	0	0	5	14,781	8	192,682	123	295,712	-

Spalding	0	0	0	0	0	0	4	14,424	-
Stephens	0	0	0	0	0	0	1	518	-
Sumter	0	0	0	0	0	0	3	12,199	-
Tattnall	1	41,030	44	207,139	6	101,489	219	519,192	-
Telfair	0	0	0	0	1	57,438	6	8,137	-
Thomas	0	0	0	0	0	0	2	3,892	-
Tennessee	0	0	1	6,254	1	9,648	12	21,056	-
Toombs	0	0	1	35,268	1	39,789	32	133,484	-
Troup	0	0	0	0	0	0	3	6,003	-
Treutlen	0	0	0	0	1	16,346	0	0	-
Greene	0	0	2	3,175	0	0	0	0	-
McDuffie	0	0	1	617	0	0	0	0	-
Total	**101**	**3,656,992**	**991**	**3,867,812**	**1,259**	**24,960,790**	**25,625**	**53,932,598**	

Add a row

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Indigent Care Trust Fund Addendum

1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2020? *(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 2020.

	Patient Category	SFY2019 7/1/18-6/30/19	SFY2020 7/1/19-6/30/20	SFY2021 7/1/20-6/30/21
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	7,524,804	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	78,893,388	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.

SFY2019 7/1/18-6/30/19	SFY2020 7/1/19-6/30/20	SFY2021 7/1/20-6/30/21
0	14,115	0

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2020 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	396,569,403										
Outpatient Gross Patient Revenue	1,060,829,255										
Per Part C, 1. Financial Table		610,346,486	114,436,131	305,915,466	0	18,353,687			684,949		
Per Part E, 1. Indigent and Charity Care							7,524,804	78,893,388			
Totals per HFS	1,457,398,658	610,346,486	114,436,131	305,915,466	0	18,353,687	7,524,804	78,893,388	684,949	1,136,156,133	321,243,525
									(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	9,244,278									7,649,220	
> Hospice	0									0	
> Freestanding Ambulatory Surg. Centers	0									0	
> Other Non-Hospital Wellness Center	238,324									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										-743,907	
Other Reconciling Items:											
> Other Recon. Items Provider Fee Tax	0.0									3884160.0	
> Other Recon. Items Provider Fee Tax Revenu	0									-538,444	
> Other Recon. Items Ref Lab	20,094,727									17,442,306	
> Other Recon. Items na	0									0	
Total Reconciling Items	29,577,329									27,673,358	1,903,974
Total Per Form	1,486,975,987									1,163,828,488	323,147,499
Total Per Financial Statements	1486975987.0										323,147,499
Unreconciled Difference *(Must be Zero)*	0										0

(A) Due to specific differences in the presentation of data on the HFS, Bad Debt per Financials may differ from the amount reported on the HFS-proper (Part C).
(B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.

Next Section

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2020 Hospital Financial Survey

Parts A-B | Part C | Part D | Part E | Part F | ICTF Addendum | Reconciliation Addendum | Signature Page

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: 07/26/2021

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: 07/26/2021

Title: Chief Financial Officer

Comments:

Submit Survey

ASC Surveys Filed by Hospital
(Not applicable)

Imaging Center Surveys Filed by Hospital (Not applicable)