

***2022 Tax Returns***

**Tax Period Ended July 31, 2023**

**Phoebe Putney Memorial Hospital,  
Inc.  
P.O. Box 3770  
Albany, GA 31706-3770**

**Draffin & Tucker LLP**  
**PO Box 71309**  
**Albany, GA 31708-1309**  
**229-883-7878**

June 17, 2024

**CONFIDENTIAL**

Phoebe Putney Memorial Hospital,  
Inc.  
P.O. Box 3770  
Albany, GA 31706-3770

Dear Brian:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Draffin & Tucker LLP

## Filing Instructions

**Phoebe Putney Memorial Hospital,  
Inc.**

**Exempt Organization Tax Return**

**Taxable Year Ended July 31, 2023**

**Date Due:** June 17, 2024

**Remittance:** None is required. Your Form 990 for the tax year ended 7/31/23 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Draffin & Tucker LLP  
PO Box 71309  
Albany, GA 31708-1309

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form <b>990-T</b>	<b>Business Income Activity Summary</b>	<b>2022</b>
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Name Phoebe Putney Memorial Hospital,	Taxpayer Identification Number 58-1928247
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**Business Activity Income (and allocation of Prior-2018 NOL)**

A. Total Pre-2018 Net Operating Losses Carried Forward .....	A. <u>1,085,759</u>
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities .....	B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 .....	C. <u>67,151</u>
D. Pre-2018 Applied (Sum of B and C) .....	D. <u>67,151</u>
E. Pre-2018 Remaining (Line A minus Line D) .....	E. <u>1,018,608</u>
F. Pre-2018 Net Operating Losses Expiring this Year .....	F. _____
G. Pre-2018 Net Operating Losses Carried Forward .....	G. <u>1,018,608</u>

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. Reference Lab .....	621500	1. <u>67,151</u>	
2. Cancer Center Boutique .....	561499		
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. All other revenue .....			
16. Total taxable income .....		16. <u>67,151</u>	

**Business Activity Losses**

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities .....		5. _____
6. Totals .....		6. _____

Form **8879-TE**

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 8/01, 2022, and ending 7/31, 2023

**2022**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

Phoebe Putney Memorial Hospital,  
Inc.

EIN or SSN

58-1928247

Name and title of officer or person subject to tax Brian Church  
PPHS CFO/CAO

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>728,624,466</u>
<input type="checkbox"/> 2a Form 990-EZ check here	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<input type="checkbox"/> 3a Form 1120-POL check here	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<input type="checkbox"/> 4a Form 990-PF check here	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<input type="checkbox"/> 5a Form 8868 check here	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<input type="checkbox"/> 6a Form 990-T check here	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<input type="checkbox"/> 7a Form 4720 check here	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<input type="checkbox"/> 8a Form 5227 check here	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<input type="checkbox"/> 9a Form 5330 check here	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<input type="checkbox"/> 10a Form 8038-CP check here	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Draffin & Tucker LLP to enter my PIN 28247 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 06/03/24

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67118711111

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 06/03/24

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **8879-TE**

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No 1545-0047

For calendar year 2022, or fiscal year beginning 8/01, 2022, and ending 7/31, 2023

**2022**

Department of the Treasury  
Internal Revenue Service

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Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

Phoebe Putney Memorial Hospital,  
Inc.

EIN or SSN

58-1928247

Name and title of officer or person subject to tax Brian Church  
PPHS CFO/CAO

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input type="checkbox"/>	<b>1a Form 990</b> check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<input type="checkbox"/>	<b>2a Form 990-EZ</b> check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<input type="checkbox"/>	<b>3a Form 1120-POL</b> check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<input type="checkbox"/>	<b>4a Form 990-PF</b> check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<input type="checkbox"/>	<b>5a Form 8868</b> check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<input checked="" type="checkbox"/>	<b>6a Form 990-T</b> check here	<input checked="" type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<input type="checkbox"/>	<b>7a Form 4720</b> check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<input type="checkbox"/>	<b>8a Form 5227</b> check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<input type="checkbox"/>	<b>9a Form 5330</b> check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<input type="checkbox"/>	<b>10a Form 8038-CP</b> check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Draffin & Tucker LLP to enter my PIN 28247 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date 06/03/24

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67118711111

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_

Date 06/03/24

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.  
DAA

Form **8879-TE** (2022)

Form **990**

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

OMB No. 1545-0047  
**2022**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A For the 2022 calendar year, or tax year beginning 08/01/22, and ending 07/31/23**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Phoebe Putney Memorial Hospital, Inc.	<b>D</b> Employer identification number 58-1928247
	Doing business as	<b>E</b> Telephone number 229-312-1000
	Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 3770	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Albany GA 31706-3770	<b>G</b> Gross receipts \$ 730,693,314
<b>F</b> Name and address of principal officer: Scott Steiner P.O. Box 3770 Albany GA 31706-3770		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number
<b>J</b> Website: <a href="http://www.phoebhealth.com">www.phoebhealth.com</a>		<b>L</b> Year of formation: 1990 <b>M</b> State of legal domicile: GA
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: We empower every member of the Phoebe Family to safeguard the health of our communities - embracing a culture that delivers great patient experiences, innovative treatments, and access to superior care.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	3569
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	230
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	272,330
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	19,952,315	9,455,419
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	620,959,968	682,947,703
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	474,914	3,002,108
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,644,609	33,219,236
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,232,032	1,632,711
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	185,649,489	207,725,867
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	558,763,481	502,215,145
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	745,645,002	711,573,723
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-71,613,196	17,050,743	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	634,280,386	747,553,725
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	444,519,041	512,779,572
		189,761,345	234,774,153

**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.

<b>Sign Here</b>	Signature of officer <i>Brian Church</i>	Date 06/14/2024
	Type or print name and title Brian Church PPHS CFO/CAO	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Stephen D. Harrell	Preparer's signature <i>Stephen D. Harrell</i>
	Firm's name Draffin & Tucker LLP	Date 6/14/24
	Firm's address PO Box 71309 Albany, GA 31708-1309	Check <input checked="" type="checkbox"/> if self-employed PTIN P01554887 Firm's EIN 58-0914992 Phone no. 229-883-7878

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

Input box for Part III check

1 Briefly describe the organization's mission:

We empower every member of the Phoebe Family to safeguard the health of our communities - embracing a culture that delivers great patient experiences, innovative treatments, and access to superior care.

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

Yes No checkboxes

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

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

Yes No checkboxes

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 \$ 568,195,905 including grants of \$ 1,632,711 ) (Revenue \$ 706,897,817 ) Phoebe Putney Memorial Hospital is a not-for-profit hospital with 691 licensed beds and had patient days of 113,609 in the current year. Intensive care, neonatal intensive care, nursery, rehab, and psychiatry services are included in the services provided. The hospital also operates a home health agency and a 12 bed hospice. Other: 16,759 inpatient admissions, 1,891 births, 59,896 emergency visits, and 808,594 clinic visits. See Schedule H, Part VI, Additional Information, which includes detailed discussions on all charitable and community activities of the hospital.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) 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 568,195,905



**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	3569		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Scott Steiner PPHS CEO/Pres	25.00 31.00	X		X				0	1,185,685	270,693
(2) Joe Austin Past PPMH CEO (9/22)	40.00 0.00			X				0	1,097,950	36,394
(3) Brian Church PPHS CFO/CAO	25.00 31.00			X				0	843,332	178,095
(4) James E. Black Med Dir - Emerg Svcs	25.00 25.00					X		0	864,573	24,577
(5) Dawn Benson SVP General Counsel	25.00 28.00				X			0	579,794	75,262
(6) Thomas Sullivan SVP North Campus	25.00 25.00			X				0	561,918	92,190
(7) Evelyn M. Olenick SVP CNO	25.00 25.00				X			385,527	0	83,354
(8) William M. Sewell III Medical Dir-W&C Svcs	50.00 0.00					X		429,328	0	37,718
(9) Jane Gray PPMH Interim COO	25.00 25.00			X				0	371,904	63,712
(10) Derek Heard, MD Board Member/Phys.	1.00 41.00	X						0	363,767	35,497
(11) Jesse Diaz VP Info Systems	50.00 0.00				X			284,267	0	41,809

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Melvin Chaney PPMH Chief Physicist	40.00 0.00					X		256,577	0	0
(13) Kim Whitley PPMH VP Logist/Care	40.00 0.00					X		234,552	0	16,126
(14) Deborah Angerami PPMH CEO	50.00 0.00			X				0	208,532	29,571
(15) Jeffery Flowers Former PPMH COO(4/22)	0.00 0.00						X	0	138,968	11,407
(16) Lemuel Edwards Board Member(01/23)	1.00 0.00	X						0	0	0
(17) Karen Iler Vice Chair	1.00 0.00	X		X				0	0	0
(18) Pamela Jackson Board Member	1.00 0.00	X						0	0	0
(19) Marvin Laster Chair	1.00 0.00	X		X				0	0	0
<b>1b Subtotal</b>								1,590,251	6,216,423	996,405
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,590,251	6,216,423	996,405

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 261

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Medical Solutions, LLC Des Moines IA 50331-0737	PO Box 310737 Medical Svcs	116,948,536
Health Carousel, LLC Cincinnati OH 45271-4216	P O Box 714216 Hlth Staffing	7,615,059
Page Southerland Page, LLP Dallas TX 75201	1800 Main St, Suite 123 Architects	4,570,607
Radiation Oncology Associates, PC Albany GA 31701-1955	425 3rd Avenue, Suite 50 Medical Svcs	2,761,605
Healthcare Workforce Logistics Minneapolis MN 55486	PO Box 860573 Contract Staff	2,444,317

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

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	269,813				
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,105,303				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,080,303				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,839,820				
	<b>h Total.</b> Add lines 1a-1f		9,455,419				
<b>Program Service Revenue</b>	<b>2a</b> Patient Service Revenue	Business Code	623000	682,675,373	682,675,373		
	<b>b</b> Retail Sales		561499	195,647		195,647	
	<b>c</b> Reference Lab		621500	76,683		76,683	
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			682,947,703			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,290,628		3,290,628	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	<b>6a</b>	2,603,115			
		(ii) Personal	<b>6b</b>	1,087,569			
			<b>6c</b>	1,515,546			
	<b>d</b> Net rental income or (loss)			1,515,546		1,515,546	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>7a</b>		223,532		
		(ii) Other	<b>7b</b>		512,052		
			<b>7c</b>		-288,520		
	<b>d</b> Net gain or (loss)			-288,520		-288,520	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>8a</b>				
			<b>8b</b>				
			<b>8c</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>9a</b>					
<b>b</b> Less: direct expenses		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>	529,492				
		<b>10b</b>	469,227				
	<b>c</b> Net income or (loss) from sales of inventory			60,265		60,265	
<b>Miscellaneous Revenue</b>	<b>11a</b> 340B Drug Program	Business Code	621990	17,565,926	17,565,926		
	<b>b</b> Employee Pharmacy Revenue		621990	4,575,845		4,575,845	
	<b>c</b> Purchase Discounts		621990	4,283,725	4,283,725		
	<b>d</b> All other revenue		621990	5,217,929	2,076,456	3,141,473	
	<b>e Total.</b> Add lines 11a-11d			31,643,425			
<b>12 Total revenue.</b> See instructions			728,624,466	706,601,480	272,330	12,295,237	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,394,294	1,394,294		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	238,417	238,417		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	468,881		468,881	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	163,833,393	133,323,626	30,509,767	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,780,725	3,076,754	703,971	
<b>9</b> Other employee benefits	27,629,124	22,223,488	5,405,636	
<b>10</b> Payroll taxes	12,013,744	10,017,998	1,995,746	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	4,029,999	1,387,959	2,642,040	
<b>b</b> Legal	-4,554,731		-4,554,731	
<b>c</b> Accounting	360,000		360,000	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	165,909,487	125,881,828	40,027,659	
<b>12</b> Advertising and promotion	180,497	64,060	116,437	
<b>13</b> Office expenses	19,435,997	16,935,059	2,500,938	
<b>14</b> Information technology	11,346,494	1,832,011	9,514,483	
<b>15</b> Royalties				
<b>16</b> Occupancy	9,196,285	4,210,059	4,986,226	
<b>17</b> Travel	1,168,135	802,677	365,458	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	11,267,989	5,158,485	6,109,504	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	30,161,974	13,808,152	16,353,822	
<b>23</b> Insurance	11,682,241	64,364	11,617,877	
<b>24</b> 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.)				
<b>a</b> Medical Supplies	144,958,542	144,957,426	1,116	
<b>b</b> Clinic Loss (See Sch O)	77,031,983	66,201,286	10,830,697	
<b>c</b> Repairs & Maintenance	9,657,902	7,194,960	2,462,942	
<b>d</b> Provider Tax	7,815,799	7,815,799		
<b>e</b> All other expenses	2,566,552	1,607,203	959,349	
<b>25</b> Total functional expenses. Add lines 1 through 24e	711,573,723	568,195,905	143,377,818	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	15,585	<b>1</b>	15,585
	<b>2</b> Savings and temporary cash investments .....	69,003,050	<b>2</b>	80,957,991
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	85,636,943	<b>4</b>	90,960,542
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	2,082,791	<b>7</b>	982,704
	<b>8</b> Inventories for sale or use .....	20,295,461	<b>8</b>	19,518,165
	<b>9</b> Prepaid expenses and deferred charges .....	11,851,371	<b>9</b>	12,274,426
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 868,768,000		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 553,315,481	299,368,649	<b>10c</b> 315,452,519
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	78,334,855
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	124,777,806	<b>14</b>	124,777,806
	<b>15</b> Other assets. See Part IV, line 11 .....	21,248,730	<b>15</b>	24,279,132
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	634,280,386	<b>16</b>	747,553,725	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	65,774,600	<b>17</b>	64,156,674
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	4,171,465
	<b>20</b> Tax-exempt bond liabilities .....	249,410,042	<b>20</b>	340,276,902
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	8,687,327	<b>23</b>	8,307,687
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	120,647,072	<b>25</b>	95,866,844
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	444,519,041	<b>26</b>	512,779,572
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	178,938,675	<b>27</b>	222,215,078
	<b>28</b> Net assets with donor restrictions .....	10,822,670	<b>28</b>	12,559,075
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	189,761,345	<b>32</b>	234,774,153
<b>33</b> Total liabilities and net assets/fund balances .....	634,280,386	<b>33</b>	747,553,725	

<b>Part XI Reconciliation of Net Assets</b>		Check if Schedule O contains a response or note to any line in this Part XI <input checked="" type="checkbox"/>	
<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	728,624,466
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	711,573,723
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,050,743
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	189,761,345
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,975,197
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	25,986,868
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	234,774,153

<b>Part XII Financial Statements and Reporting</b>		Check if Schedule O contains a response or note to any line in this Part XII <input type="checkbox"/>		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>			X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	X		
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	X		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>3a</b>	X		
<b>b</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	<b>3b</b>	X		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) John Buckley Davis, M.D. ..... Board Member	1.00 ..... 0.00	X						0	0	0
(21) William J. McAfee, M.D. ..... Board Member	1.00 ..... 0.00	X						0	0	0
(22) Jeretha Peters ..... Board Member	1.00 ..... 0.00	X						0	0	0
(23) Jenny Yin Savelle ..... Board Member	1.00 ..... 0.00	X						0	0	0
(24) Jay Sharpe ..... Board Member	1.00 ..... 1.00	X						0	0	0
(25) James Webb ..... Board Member	1.00 ..... 0.00	X						0	0	0
(26) Joe West ..... Board Member	1.00 ..... 0.00	X						0	0	0
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

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

**Section B. Independent Contractors**

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

(A) 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)

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, 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); 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2022.** 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—2021.** 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 on 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.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer lines 2a and 2b below.</i>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b> (continued)				
<b>Section D – Distributions</b>				<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets			<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.			<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.			<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6			<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount			<b>10</b>
<b>Section E – Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b>	Distributable amount for 2022 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2022			
<b>a</b>	From 2017 .....			
<b>b</b>	From 2018 .....			
<b>c</b>	From 2019 .....			
<b>d</b>	From 2020 .....			
<b>e</b>	From 2021 .....			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2022 distributable amount			
<b>i</b>	Carryover from 2017 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2022 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2022 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b>	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2018 .....			
<b>b</b>	Excess from 2019 .....			
<b>c</b>	Excess from 2020 .....			
<b>d</b>	Excess from 2021 .....			
<b>e</b>	Excess from 2022 .....			



**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization Phoebe Putney Memorial Hospital, Inc.	Employer identification number 58-1928247
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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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Phoebe Putney Memorial Hospital,

58-1928247

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Phoebe Foundation, Inc PO Box 3770 Albany GA 31706-3770	\$ 269,813	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Dougherty County School System 200 Pine Avenue Albany GA 31701-2531	\$ 290,962	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GA Department of Community Health 2 Peachtree St. N.W. 34th Floor Atlanta GA 30303-3159	\$ 1,871,218	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GA Board for Physician Workforce 2 Peachtree Street NW 36th Floor Atlanta GA 30303-3141	\$ 1,875,518	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Augusta University 1120 15th Street Augusta GA 30912-0004	\$ 68,724	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	GA Dept of Early Care & Learning 2 MLK Jr Dr SE #754 Atlanta GA 30334-9000	\$ 847,130	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Phoebe Putney Memorial Hospital,	Employer identification number 58-1928247
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Albany State University 504 College Drive Albany GA 31705-2717	\$ 97,140	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	American Cancer Society 250 Williams Street NW Atlanta GA 30303-1032	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Caris MPI 4610 44TH AVE Phoenix AZ 85040-4010	\$ 41,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Agendia 22 Morgan Irvine CA 92610	\$ 17,870	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Morehouse School of Medicine 720 Westview Dr SW Atlanta GA 30310-1458	\$ 766,962	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	J Roland Wetherbee Trust PO Box 11647 Birmingham AL 35202-1647	\$ 226,332	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Georgia Center for Oncology Research and Education 999 Peachtree St. NE Suite 400 Atlanta GA 30309-4426	\$ 6,705	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Caresource PO Box 8738 Dayton OH 45401-8738	\$ 191,227	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Adtalem Global Education 500 W Monroe St. Chicago IL 60661-3759	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Daniel and Nancy Martin 239 Byron Ridge Drive Albany GA 31721-9526	\$ 2,839,820	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	Georgia Trauma Commission 248 W Jefferson Street Madison GA 30650-1055	\$ 29,248	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Phoebe Putney Memorial Hospital,

Employer identification number

58-1928247

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	Gloves and supplies	\$ 2,839,820	12/20/22
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



**SCHEDULE C  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 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 E-Z.

Schedule C (Form 990) 2022

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		72,074
<b>j</b> Total. Add lines 1c through 1i			72,074
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**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

Part II-B, Line 1i

The organization pays membership dues to a national healthcare organization. A portion of those dues is allocated to lobbying activities in which the national healthcare organization participate.

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

A series of horizontal dotted lines providing space for supplemental information.

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

2022

Open to Public Inspection

Name of the organization

Phoebe Putney Memorial Hospital, Inc.

Employer identification number

58-1928247

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 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?, 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (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 .....
- 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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....	11,215,592	9,948,647	13,642,333	10,429,328	9,042,871
<b>b</b> Contributions .....	2,593,637	2,708,414	2,163,548	5,805,319	2,790,371
<b>c</b> Net investment earnings, gains, and losses .....	2,310	590	2,051	134,081	117,282
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	857,231	1,442,059	5,859,285	2,726,395	1,521,196
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	12,954,307	11,215,592	9,948,647	13,642,333	10,429,328

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 3.05 %
  - b** Permanent endowment 15.62 %
  - c** Term endowment 81.33 %
- 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 |
|--|-----|----|
| <b>(i)</b> Unrelated organizations ..... |     | X  |
| <b>(ii)</b> Related organizations .....  |     | X  |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		11,947,395		11,947,395
<b>b</b> Buildings .....		364,233,777	201,623,053	162,610,724
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		454,782,833	351,692,428	103,090,405
<b>e</b> Other .....		37,803,995		37,803,995
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				315,452,519

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (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 Related Party	68,170,379
(3) Accrued Pension Cost	23,338,922
(4) Interest Rate Swaps	3,459,580
(5) Third party settlements	3,121,479
(6) Bond issue costs	-2,223,516
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....	95,866,844

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	732,018,151
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	1,975,197	
	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	1,975,197
3	Subtract line 2e from line 1		3	730,042,954
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	-1,418,488	
	c Add lines 4a and 4b		4c	-1,418,488
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	728,624,466

**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	712,930,519
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	1,556,796	
	e Add lines 2a through 2d		2e	1,556,796
3	Subtract line 2e from line 1		3	711,373,723
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	200,000	
	c Add lines 4a and 4b		4c	200,000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	711,573,723

**Part XIII Supplemental Information.**

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

**Part V, Line 4 - Intended Uses for Endowment Funds**

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

**Part X - FIN 48 Footnote**

The Corporation is a not-for-profit corporation that has been recognized as tax-exempt pursuant to section 501(c)(3) of the Internal Revenue Code. The Corporation applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be



**Part XIII Supplemental Information** (continued)

sustained. Based on that evaluation, the Corporation only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses. Based on the results of management's evaluation, no liability is recognized in the accompanying balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of July 31, 2023 or 2022 or for the years then ended. The Corporation's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

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

Rental expenses	\$ -1,087,569
Cost of Goods Sold	\$ -469,227
Capital contributions	\$ 138,308

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

Rental Expenses	\$ 1,087,569
Gift Shop COGS	\$ 469,227

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

Assistance to Phoebe Foundation	\$ 200,000
---------------------------------	------------

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

Phoebe Putney Memorial Hospital,  
Inc.

Employer identification number

58-1928247

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			46,070,422		46,070,422	6.46
<b>b</b> Medicaid (from Worksheet 3, column a)			48,247,943	34,935,786	13,312,157	1.87
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			48,399,237	85,135,883	0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			142,717,602	120,071,669	59,382,579	8.33
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,968,251		1,968,251	0.28
<b>f</b> Health professions education (from Worksheet 5)			1,901,151		1,901,151	0.27
<b>g</b> Subsidized health services (from Worksheet 6)			32,528,224	25,230,565	7,297,659	1.02
<b>h</b> Research (from Worksheet 7)					0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			775,907		775,907	0.11
<b>j Total.</b> Other Benefits			37,173,533	25,230,565	11,942,968	1.68
<b>k Total.</b> Add lines 7d and 7j			179,891,135	145,302,234	71,325,547	10.01

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing					0	0.00
<b>2</b> Economic development			3,000		3,000	0.00
<b>3</b> Community support					0	0.00
<b>4</b> Environmental improvements					0	0.00
<b>5</b> Leadership development and training for community members					0	0.00
<b>6</b> Coalition building			4,855		4,855	0.00
<b>7</b> Community health improvement advocacy					0	0.00
<b>8</b> Workforce development			487,437		487,437	0.07
<b>9</b> Other					0	0.00
<b>10 Total</b>			495,292		495,292	0.07

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

		Yes	No
<b>Section A. Bad Debt Expense</b>			
<b>1</b>	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? <b>1</b>	X	
<b>2</b>	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
	<b>2</b> 27,818,931		
<b>3</b>	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		
<b>3</b>			
<b>4</b>	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.		
<b>Section B. Medicare</b>			
<b>5</b>	Enter total revenue received from Medicare (including DSH and IME)		
	<b>5</b> 270,180,215		
<b>6</b>	Enter Medicare allowable costs of care relating to payments on line 5		
	<b>6</b> 331,650,640		
<b>7</b>	Subtract line 6 from line 5. This is the surplus (or shortfall)		
	<b>7</b> -61,470,425		
<b>8</b>	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
<b>Section C. Collection Practices</b>			
<b>9a</b>	Did the organization have a written debt collection policy during the tax year?	X	
<b>9b</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	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

1 Phoebe Putney Memorial Hospital Inc  
 P.O. Box 3770  
 Albany GA 31706-3770  
 www.phoebehealth.com  
 047-682

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

**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: Phoebe Putney Memorial Hospital Inc

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
<b>3</b>	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 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: <u>22</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
<b>6b</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 .....	X	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.phoebhealth.com</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): .....		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>22</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b>	If "Yes," (list url): <u>www.phoebhealth.com</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		X
<b>11</b>	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.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b>	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? <b>\$</b>		

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<input checked="" type="checkbox"/>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	<input checked="" type="checkbox"/>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<input checked="" type="checkbox"/>	
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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	<input checked="" type="checkbox"/>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.phoebehealth.com</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.phoebehealth.com</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.phoebehealth.com</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No
<b>17</b> 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? .....	X	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? .....	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> 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 Phoebe Putney Memorial Hospital Inc

**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.

**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.

	Yes	No
<b>23</b>		X
<b>24</b>		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.

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

Phoebe Putney Memorial Hospital (PPMH) conducted a Community Health Needs Assessment (CHNA) in compliance with the provisions of the Patient Protection and Affordable Care Act (ACA). That law requires all non-profit hospitals in the United States to conduct a CHNA every three years to identify health priorities and adopt an implementation strategy to meet the identified community health needs. The assessment process requires hospitals to gather and utilize input from individuals who represent a broad interest of the community served, including those with special knowledge or expertise in public health. This work resulted in identifying four priorities that were approved by the PPMH Board of Directors at their meeting on July 6th, 2022. Those priorities are:

1. Birth outcomes and reproductive responsibility
2. Cancer prevention and treatment
3. Diabetes management and prevention
4. Mental health, alcohol & drug use and violence and injury prevention

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

To ensure the perspectives of community members were considered, input was collected from all Service Area counties of Phoebe Putney. Primary data used in this assessment consisted of an online community survey, focus group, and key informant interviews. The findings from this data expanded upon information gathered from the secondary data analysis to inform this Community Health Needs Assessment.

Community input was collected via an online community survey available

**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.

in English and Spanish, as well as paper copies available, from May 2022 through June 2022. The survey consisted of 56 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to healthcare services, as well as social and economic determinants of health. The survey was shared via health systems' websites, social media, email distribution, and other local community partners. Paper copies were also distributed at several community outreach events and directly to patients at Phoebe Health System via QR code or Care Coordination Team Members. A total of 428 responses were collected - the community health survey had 238 respondents from Dougherty, Lee, Worth, Terrell and Mitchell Counties.

The project team developed a focus group guide made up of a series of questions and prompts about the health and well-being of residents in the Phoebe Putney Health System Service Area. All participants volunteered. Participants were asked to speak to barriers and assets to their health and access to healthcare. A total of 15 participants took part in the key leader focus group, which each lasted approximately 45-60 minutes. Facilitators implemented techniques to ensure that everyone was able to participate in the discussions.

HCI consultants conducted key informant interviews to collect community input. Interviewees who were asked to participate were recognized as having expertise in public health, special knowledge of community health needs, and/ or represented the broad interest of the community served by the hospitals and health departments, and/or could speak to the needs of medically underserved or vulnerable populations. A total of 18 key informant interviews were conducted during April 2022-May

**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.

2022

Secondary data are health indicator data that have been collected by other sources, such as national and state level government entities, and made available for analysis.

Facility 1, Phoebe Putney Memorial Hospital Inc - Part V, Line 6b

Phoebe Putney Health System commissioned Conduent Healthy

Communities Institute (HCI) to support report preparation for its 2022

CHNA

Facility 1, Phoebe Putney Memorial Hospital Inc - Part V, Line 11

The CHNA resulted in the identification of four priorities that were approved by the PPMH Board of Directors at their meeting on July 6th, 2022.

Those priorities are:

1. Birth outcomes and reproductive responsibility

2. Cancer prevention and treatment

3. Diabetes management and prevention

4. Mental health, alcohol & drug use and violence and injury

prevention

A detailed discussion of each significant health need can be found beginning on page 43 of the 2022 CHNA.

The following significant health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. However, Phoebe Putney Health System will not focus directly on these topics in their Implementation Strategy/Improvement Plans. The Board determined to focus on the 4 areas named above where the health system could have the best

**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.

impact for the resources available.

1) Healthcare access and quality

2) Heart disease and stroke

3) Nutrition and healthy eating

4) Weight status

Several of the non-prioritized needs are related to the three primary priority areas, and implementation of activities under those priorities will have an indirect impact on many of these needs. Key themes from community input are included where relevant for each non-prioritized health need along with the secondary data score and warning indicators.

Facility 1, Phoebe Putney Memorial Hospital Inc - Part V, Line 20e  
Written notice of the availability of financial assistance is included on hospital patient statements, and on written communications sent by contracted third party collection agencies. These agencies may refer accounts for reporting to major credit bureaus, after a series of statements and letters are sent throughout multiple collection cycles.



**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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

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

<u>Form 990, Part IX, Line 25</u>	<u>\$711,573,723</u>
<u>Add: Expenses reported in Part VIII</u>	<u>1,556,797</u>
<u>Denominator for Column (F)</u>	<u>\$713,130,520</u>

Part I, Line 7 - Costing Methodology Explanation

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

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

Part III, Line 2 - Bad Debt Expense Methodology

The bad debt expense (or price concession) amount represents the difference between amounts billed and the estimated consideration PPMH expects to receive from patients, which are determined based on historical collection

**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 (for example, 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.

experience, current market conditions, and other factors.

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

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

See footnote 2 pages 16-21 on the accompanying audited financial statements for the discussion of implicit price concessions, bad debt expense, and uninsured patients.

Part III, Line 8 - Medicare Explanation

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

Part III, Line 9b - Collection Practices Explanation

The organization provides care to patients who meet certain criteria under its financial assistance policy

**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 (for example, 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.

without charge or at amounts less than its established rates. The organization writes off patient accounts receivable balances for patients qualifying for charity care or financial assistance and does not make further collection efforts.

Part VI, Line 2 - Needs Assessment

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

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



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The organization regularly conducts focus groups in the community to understand issues affecting its patients, and has created programs in response to health disparities prevalent in the area.

The organization, which funds nurses in schools throughout Dougherty County, also collects health needs information from nurses, who provide direct care to students and staff and who collaborate with other agencies to develop health awareness and disease prevention programs.

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

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

The organization completed the latest Community Health Needs Assessment and Implementation Strategy Plan in 2022. A complete copy of the community health needs assessment, community priorities, and implementation plan can be found at -

[https://www.phoebehealth.com/media/file/CHNA/CHNA\\_PPMH2022.pdf](https://www.phoebehealth.com/media/file/CHNA/CHNA_PPMH2022.pdf)

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Part VI, Line 3 - Patient Education of Eligibility for Assistance

The board has clearly written financial assistance policy that is available on the organization's web site and through the Business Office. Signs are prominently posted on the availability of free and charity care. Patient education on the organization's financial assistance program is conducted during pre-registration, through floor visits by business office representatives for patients that stress concern in meeting the financial obligations for their services, through the customer service department, and the Financial Assistance Department. Brochures are prominently displayed at each registration booth. The Business Office continuously provides updated material to physician offices for issuance to their patients that highlight the financial assistance program and policies. The patient statements highlight the organization's financial assistance program and encourage patients to call for financial assistance.

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Part VI, Line 4 - Community Information

The organization's primary service area includes Dougherty, Lee, Mitchell,

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Terrell and Worth counties. The largest county is Dougherty County, with a population of 84,844 in 2021. The smallest county is Terrell County with a population of 8,964 in 2021. Lee County is the only growing county in the primary service area. Primary service area population consists of 53% African American, 42% Caucasian, 3% Hispanic/Latino, and 2% all others.

Part VI, Line 5 - Promotion of Community Health

The organization and all its volunteer boards are composed of community members with diverse professional and community service backgrounds, as well as physician members. In all facilities, emergency centers are operated 24/7 and open to all persons, regardless of ability to pay. The boards maintain open medical staff policies with privileges available to all qualifying physicians. The board has clearly written indigent and charity care policies that are available on the organization web site and through the Business Office. Signs are prominently posted on the availability of free and charity care. The organization also utilizes surplus funds to improve the quality of patient care, expand facilities, and advance medical training, education and research.

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Part VI, Line 6 - Affiliated Health Care System

Phoebe Putney Health System, Inc. (PPHS) is the not-for-profit parent company of Phoebe Putney Memorial Hospital, Inc., a not-for-profit entity, Phoebe Putney Health Ventures, Inc., a for-profit corporation, Phoebe Physician Group, Inc., a not-for-profit corporation, Phoebe Worth Medical Center, Inc., a not-for-profit entity, Phoebe Sumter Medical Center, Inc., a not-for-profit entity, Phoebe Putney Indemnity, Ltd., a wholly-owned subsidiary, and Phoebe Foundation, Inc., a not-for-profit entity. Phoebe Putney Memorial Hospital, Inc. (PPMH), located in Albany, Georgia, is an acute care hospital, which operates satellite clinics in the surrounding counties. It provides inpatient, outpatient and emergency care services for residents of Southwest Georgia. Admitting physicians are primarily practitioners in the local area.

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

Phoebe Worth Medical Center, Inc. (PWMC), located in Sylvester, Georgia, is a 25 bed rural critical access hospital. It provides inpatient, outpatient,

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and emergency care services for residents of Worth County, Georgia.

Phoebe Sumter Medical Center, Inc. (PSMC), located in Americus, Georgia, is a 76 bed acute care hospital. It provides inpatient, outpatient and emergency care services for residents of Sumter County, Georgia.

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

Phoebe Putney Indemnity, Ltd. (PPI) was incorporated on November 14, 2018 as an exempted company under the Companies Law of the Cayman Islands. PPI is a wholly-owned subsidiary of Phoebe Putney Health System, Inc.

established to provide general liability, professional liability, personal injury liability, advertising injury liability, contractual liability, and auto physical damage coverage to Phoebe Putney Health System, Inc.

Phoebe Foundation, Inc. was established to raise funds of any kind or character to be used exclusively for charitable, medical, educational and scientific purposes at or in connection with PPMH or the Hospital Authority of Albany-Dougherty County, Georgia. The Foundation also may raise funds for any organization for which PPHS is the sole member.

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

Georgia

Additional Information

Service to the Community

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

PPMH operates as a charitable organization consistent with the requirements of Internal Revenue Code Section 501(c)(3) and the "community benefit standard" of IRS Revenue Ruling 69-545. PPMH takes seriously its responsibility as the community's safety net hospital and

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has a strong record of meeting and exceeding the charitable care and the organizational and operational standards required for federal tax-exempt status. PPMH demonstrates a continued and expanding commitment to meeting its mission and serving the citizens by providing community benefits. A community benefit is a planned, managed, organized, and measured approach to meeting identified community health needs, requiring a partnership between the healthcare organization and the community to benefit residents through programs and services that improve health status and quality of life.

PPMH improves the health and well-being of Southwest Georgia through clinical services, education, research and partnerships that build health capacity in the community. PPMH provides community benefits for every citizen in its service area as well as for the medically underserved. PPMH conducts community needs assessments and pays close attention to the needs of low income and other vulnerable persons and the community at large. PPMH often works with community groups to identify needs, strengthen existing community programs and plan newly needed services. It provides a wide-

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ranging array of community benefit services designed to improve community health and the health of individuals and to increase access to health care, in addition to providing free and discounted services to people who are uninsured and underinsured. PPMH's excellence in community benefit programs was recognized by the prestigious Foster McGaw Prize awarded to PPMH in 2003 for its broad-based outreach in building collaboratives that make measurable improvements in health status, expand access to care and build community capacity, so that patients receive care closest to their own neighborhoods. Drawing on a dynamic and flexible structure, the community benefit programs are designed to respond to assessed needs and are focused on upstream prevention.

As Southwest Georgia's leading provider of cost-effective, patient-centered health care, PPMH is also the region's largest employer with more than 3,200 members of PPMH Family caring for patients. PPMH participates in the Medicare and Medicaid programs and is one of the leading providers of Medicaid services in Georgia.



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

	Charges Foregone	Estimated Unreimbursed Cost
Medicare	\$836,000,000	\$276,000,000
Medicaid	230,000,000	76,000,000
Indigent/Charity	154,000,000	51,000,000
	\$1,220,000,000	\$403,000,000

Indigent/Charity Care by County

PPMH provided care to a total of 18,293 Indigent/Charity patients during fiscal year 2023. These patients came from numerous counties throughout Georgia and surrounding states. The following table summarizes the amounts of charges foregone and estimates the losses incurred by PPMH by county.

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County	Charges	Estimated
	Foregone	Unreimbursed Cost
Dougherty	\$83,000,000	\$27,000,000
Lee	14,000,000	5,000,000
Worth	10,000,000	3,000,000
Terrell	7,000,000	2,000,000
Mitchell	6,000,000	2,000,000
Sumter	6,000,000	2,000,000
Randolph	3,000,000	1,000,000
Baker	2,000,000	1,000,000
Calhoun	2,000,000	1,000,000
Colquitt	2,000,000	1,000,000
Crisp	2,000,000	1,000,000
Other Georgia	13,000,000	4,000,000
Out of State	4,000,000	1,000,000
<b>Total</b>	<b>\$154,000,000</b>	<b>\$51,000,000</b>

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The following is a summary of the community benefit activities and health improvement services offered by PPMH and illustrates the activities and donations during fiscal year 2023.

I. Community Health Improvement Services

A. Community Health Education

PPMH provided health education services that reached 9,611 individuals in 2023 at a cost of \$295,178. These services included the following free classes and seminars:

- Teen Pregnancy Prevention Education
- Teenage Parenting Classes (Network of Trust)
- CPR Training to Teachers
- Safe Sitter Classes
- Asthma & Epi-Pen Education
- Health Education at Summer Camps
- Breast Cancer Prevention Education
- Shop Talk discussions related to Prostate Cancer and Diabetes

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- Various Cancer prevention lectures and presentations

- Presentations and Stakeholders meetings to address the Opioid Crisis

- A Men's and Women's Health Conference

- Albany Pink/Run-Walk

#### Men and Women's Health Conferences

The men's and women's conferences attracted a total of 569 participants. In June, the Men's Conference attracted 200 participants. The 2023 Men's Health Fair was a screen event that provided prostate cancer screening, blood pressure and glucose check, education on health wellness, and an information presentation with health events. The Women's Conference was held in October 2022 with a focus on breast, lung, and colorectal cancer. The total cost to the organization for both events was \$22,928.

#### Network of Trust

This is a nationally recognized program aimed at teen mothers to provide parenting skills, attempt to reduce repeat pregnancies, and complete high school. This program also includes a teen father program along with other

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teen programs. Internal evaluations show teens participating in the program are less likely to repeat a pregnancy prior to graduation. Network of Trust enrolled 19 teen parents (with zero repeat pregnancies) during the 2022/2023 school year at a cost of \$259,405. Program results demonstrate teens that graduated from the two-semester program are less likely to have a second pregnancy prior to age 21. Four of five Network of Trust seniors graduated in 2023. Network of Trust and the school nurse program provided teen pregnancy prevention programming, asthma and epi-pen education and conducted health education at summer camps.

### B. Community Based Clinical Services

#### Flu Shots

PPMH provides free flu shots to volunteers, students and homeless shelters. In 2023, PPMH administered 54 flu shots at an unreimbursed cost of \$1,169.

#### Mammography

PPMH provided 200 mammograms to the uninsured this year at a cost of \$28,000.

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### School Nurse Program

The Corporation places nurses in nineteen schools in its Primary Service Area with a goal of creating access to care for students and staff, assessing the health care status of each population represented, and effectively establishing referrals for all health care needs. Nurses conducted CPR training, Safe Sitter classes, teen pregnancy prevention education, asthma and epi-pen education and health education summer camps. During the 2022/2023 school year, the school nurse program covered approximately 12,103 student lives. This program operated at a cost of \$431,791 in 2023.

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### Nurse Family Partnership

The Nurse Family Partnership (NFP) is an evidence-based community health program that serves first time mothers who face major barriers to accessing resources and supports those who are in need to achieve the greatest health and wellness outcomes. To enroll in NFP, the applicant must be a woman who:  
 Is pregnant with her first child; Is pregnant 28 weeks or less; Is eligible

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for Medicaid or WIC; and within the Corporation's primary service area.

Moms enrolled in NFP benefit by getting the care and support they need in order to have a healthy pregnancy. The program is a home visitation program which enables families to develop a close relationship with the nurse who becomes a trusted resource they can rely on for advice on everything from safely caring for their child to taking steps to provide a stable, secure future for their new family. The nurse remains with the family until the child's 2nd birthday. In 2023, the NFP provided services to 60 first time mothers at a cost of \$233,333.

Taking Time for Teens

Taking Time for Teens (T3) is a collaboration between Morehouse School of Medicine and Phoebe Putney Network of Trust Targeted population was youth aged 16-19 in Public Health District 8-2. Counties serviced with this program include: Dougherty, Lee, Worth, Terrell, Calhoun, Colquitt, Mitchell, Baker, Miller, Seminole and Early. The purpose of the funded project was to strengthen social and health systems to improve optimal adolescent health, reduce sexual risk behavior that leads to teen

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pregnancy, and increase positive youth behaviors known to protect against  
teen pregnancy. Through this program, 3,333 students were reached by  
implementing pre-approved Evidence Based Programs (EBPs) such as Love  
Notes, Too Good For Drugs, My Plan A, and SPORT Prevention Plus Wellness.  
In addition to providing health education to the students, each county  
formed a Youth Leadership Council (YLC) group. YLC is a team of students  
selected to serve as leaders in community or school projects.

### C. Health Care Support Services

Although PPMH anticipates possible reimbursement from various funding  
sources in FY2023, PPMH wanted to highlight these life-saving benefits to  
the community.

#### The Light House

The Light House housing in Albany, GA provides a comforting and supportive  
haven for cancer patients and their families, offering a welcoming and  
nurturing environment during their challenging journey towards healing and  
recovery. It is designed to be a home away from home. The Light House



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affords each guest comfort, privacy, and state of the art accommodations for them and one family member. It's conveniently located across the street from the Phoebe Cancer Center and includes six bedrooms, each with a wheelchair accessible restroom and shower. There's a commons area, a large kitchen, two quiet rooms, a veranda, sunroom and screened-in porch. The Light House provides a comfortable home-like setting where qualified patients can relax between treatments or spend the night to avoid having to travel back and forth to their home. It's a place where patients and families find solace and a caring environment during their most difficult times. The Light House was built on love and faith by the philanthropy giving from the community, survivors, and local business owners. In , the Corporation spent \$22,835 on Light House facility maintenance.

The Phoebe Wellness Center

The Phoebe Wellness and Survivorship Center is a beacon of hope and support for Cancer patients, survivors and thrivers. It offers a comprehensive range of services, programs, and resources aimed at empowering survivors to thrive beyond treatment and their cancer journey. This center provides a

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holistic approach to physical, emotional, and mental well-being, helping survivors regain their strength, find a sense of community, and embrace life after cancer. The Wellness Center offers a diverse array of services including educational programs, fitness classes, counseling referrals, and support groups, all tailored to meet the unique needs of survivors. It serves as a sanctuary for survivors to heal, connect, share similar experiences, and rediscover a fulfilling and vibrant life, post cancer, after diagnosis, treatment and throughout survivorship and surveillance. In 2023, the Corporation spent \$17,930 on the Phoebe Wellness and Survivorship Center.

Government Sponsored Eligibility Applications to the Poor and Needy PPMH contracts for eligibility on behalf of the poor and needy that may be eligible for Medicaid. In some cases, it can take up to two years to be deemed eligible. In 2023 PPMH paid \$876,550 to process these applications with 884 receiving Medicaid benefits.

Financial Assistance Policy (FAP)

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PPMH will extend free or discounted care to eligible individuals for all urgent, emergent, or otherwise medically necessary services. Patients whose household income is at or below 200% of the Federal Poverty Guidelines are eligible for free care. Patients whose household income is between 201% and 400% of the Federal Poverty Guidelines qualify for discounted charges based on a sliding fee schedule in the FAP. Phoebe will not charge eligible individuals more for emergency or other medically necessary care than the Amount Generally Billed (AGB) to individuals who have insurance coverage, and is compliant with the requirements for a not-for-profit charitable corporation in accordance with Internal Revenue Service Regulation §1.501(r).

## II. Health Professions Education

PPMH recognizes that to continuously improve the Corporation's long-term value to our community and our customers, to encourage life-long learning among employees and to achieve a world-class employer status, it is in PPMH's best interest to provide opportunities that will assist eligible employees in pursuing formal, healthcare related educational opportunities.

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PPMH also provides non-employees financial support in pursuing healthcare related degrees. In fiscal year 2023, 1,126 students received clinical instruction from PPMH's facilities at a total cost of \$1,901,151.

#### Nursing Students

In fiscal year 2023, PPMH provided \$1,365,372 in clinical supervision and training to 852 nursing students. In 2021, the nursing clinical team added three full time employees for Academic Clinic Instructors to assist college nursing program supervisors and provided Simulation Lab instruction to all the nursing students.

#### Other Students

During fall 2022 and spring 2023, the Simulation Center trained medical residents in emergency response and labor and delivery measures. The medical residents attend training in the Simulation Center each quarter.

#### Simulation & Innovation Center

PPMH's technologically advanced Simulation & Innovation Center is the

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leading provider of nurse training and development in Southwest Georgia.

The Simulation & Innovation Center features a state-of-the-art skills lab and simulators for labor & delivery, NICU, pediatrics, medsurg, surgery, trauma and critical care. Students participate in full patient codes on life-like mannequins that respond to a variety of conditions. What nurses experience in the Simulation & Innovation Center will mirror what one would experience on the floor. In 2023, the Simulation & Innovation Center provided various training to 9,013 participants.

#### Other Health Professional Education

PPMH provided an additional \$535,779 in clinical supervision and training to pharmacy, pharmacy techs, and other allied health professionals providing clinical opportunities for 274 students.

### III. Subsidized Health Services

#### A. Other Subsidized Services

##### Inmate Care

PPMH provides care to persons in jail for Dougherty County. In 2023 the

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Corporation provided \$923,036 of unreimbursed medical and drug treatment to 477 inmates.

Indigent Drug Pharmacy

Indigent Drug Pharmacy provides medication upon discharge to patients that are either indigent or uninsured. In 2023, the pharmacy dispensed 3,250 prescriptions to patients at a cost of \$123,971.

IV. Financial and In-Kind Support

In 2023, PPMH provided \$537,463 in cash donations and in-kind support to non-profit organizations in Southwest Georgia. Listed are some highlights:

-Contributed \$85,863 in Forgone Rent to local non-profits

-Gave \$149,550 to Horizons Community Solutions to support cancer screenings

- Donated 4 properties with a market value of \$216,400 to Habitat for Humanity

- Purchased Zoll Defibrillator for EMS at a cost of \$26,928

-Flint River Fresh received a donation of \$25,550 to address food

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scarcity

- Gave \$30,716 to the United Way of Southwest Georgia

#### V. Community Building Activities

##### A. Economic Development

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

##### B. Workforce Development

The Southwest Georgia Region along with the nation is facing a crisis with a shortage of frontline healthcare staff. In an effort to address this shortage, Phoebe Putney has been an innovative leader in partnering with local academic institutions to develop program specific initiatives to address our workforce pipeline needs. Phoebe reached agreements with five institutions of higher learning and one career academy to support Phoebe's nursing and healthcare career infrastructure, with a total investment of \$487,437. Through various investments with our academic partners, Phoebe

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has enabled the nursing programs to increase student enrollment by providing funding for full and/or part-time faculty for each of the nursing programs. The additional funding of three full-time clinical educators located in the Simulation & Innovation Center has enabled nursing program partners to expand the hands-on clinical experience for students. The institutions of partnership are Albany Technical College, Albany State University, Andrew College, and 4C Academy.

Simulation & Innovation Center

The Corporation's \$5.3 million dollar Simulation Plan became operational in 2021. It was built to train workers in a variety of healthcare roles and duplicates hospital environments exactly, including patient and operating rooms, intensive care units, and the emergency center. The following are some training highlights for 2023:

a. Workforce Development:

Through various investments with our academic partners, PPMH has enabled the nursing programs to increase student enrollment by providing funding



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for full and/or part-time faculty for each of the nursing programs, as well as for three full time clinical faculty who are located in the Simulation & Innovation Center.

b. ASU Summer Health and STEM Camp:

This camp will provide experiential learning opportunities to high school students in the areas of biology, chemistry/physics and biomedical/healthcare fields. Students will engage in scientific experimentation and demonstrations with ASU faculty in the aforementioned areas. Additionally, students will meet with keynote motivational speakers and personnel at PPMH for a tour of medical facilities.

c. SOWEGA-AHEC Pathway to Medicine:

SOWEGA-AHEC, in collaboration with AAPHC and the Phoebe Family Medicine Residency Program, created the Pathway to Med School Program to address the critical need for primary care physicians in Southwest Georgia. Knowing that students from rural communities are more likely to return to a rural area to practice and understanding the need to increase the pipeline of

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rural students enrolled in Georgia medical schools, it was determined that students from the 38-county region needed to become more competitive in the application process. This year, the Sim-Lab hosted 11 Pathways to Medicine Students and 15 UGA PharmD. In addition, they hosted 15 9th and 10th grade students interested in healthcare.

To determine how to make the students more competitive, AHEC polled the admissions committees from each of the medical schools in Georgia to determine what, beyond MCAT scores and GPA would increase their chances of being accepted. The overwhelming consensus was a much needed and significant structured clinical shadowing and medical research experience. The Albany based Pathway to Med School Program was structured accordingly as a 4-week residential experience to include 50 hours of clinical shadowing in a primary care setting and 75 hours of community-based research to include data collection, interpretation, and presentation. Southwest Georgia is a medically underserved area (MUA) and by supporting the efforts of local aspiring medical students at the pre-med academic level, we can improve access to healthcare in our communities.

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d. 4C Academy:

The Simulation Center hosted the faculty from 4C to provide insight on training the center provides. Forty-five students attended hands-on training in the Simulation Center to motivate them to seek/attain a healthcare profession.

e. Young Doctors and Health Professions Program:

The Young Doctors and Health Professions Program is a STEM program designed to expose participants in grades 5-8 to the field of healthcare, while enhancing their competence in mathematics, science, and problem-solving. This group was hosted in the Simulation Center to receive an introduction to various medical devices and supply. They participated in hands on skills (such as listening to heart tones and respiration) to educate them on medical skills and careers. With the addition of the Phoebe Health Science Pathway which begins in 9th grade, the Simulation team has made a concerted effort to reach middle school students to increase their interest in a healthcare career.

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f. UGA PharmD/ASU/AHEC Camp:

The UGA School of Pharmacy, Albany State University, and SOWEGA AHEC  
partnered to host a free healthcare career explorations overnight camp for  
middle school students from Southwest Georgia in order to raise awareness  
about the area's breadth of training, education, and job opportunities in  
the following areas: Nursing, Health Sciences (Dental Hygiene, Sonography,  
Occupational Therapy, Radiology, etc.), Human Performance, Pharmacy,  
Pharmaceutical Sciences, Medicine, and more. The participants came to the  
Simulation Center and observed a cardiac arrest simulation, as well as  
participated in hands on skills and training to increase their knowledge  
and interest in the nursing profession.

g. Turner Job Corp CNA Students:

Students from Turner Job Corp spent time in the Simulation Center learning  
about health career opportunities at Phoebe and to participate in hands on  
training with the skills mannequins. Although there is a definite need  
within our organization for CNAs, we also sought to inform them of funding  
available for employees to return to school to further their education.

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Many students were not aware that the hospital hires CNAs and were interested in job opportunities as well as in the funding provided to Phoebe employees.

**h. Colony Bank Leadership Academy:**

The Colony Bank Leadership Academy aims to encourage high school juniors to recognize their own potential and develop their leadership skills. As part of the curricula, this group attended a day in the Simulation Center to participate in hands on skills (such as listening to heart tones and respirations) to educate them on medical skills and careers in hopes of encouraging them to seek a career in healthcare.

**i. Junior Leadership Lee:**

Junior Leadership Lee County draws together rising high school sophomores, juniors, and seniors who are deeply committed to our future and empowers them with the essential knowledge about every element of our community - from government, healthcare, and education to news, history, and charity. As part of the curricula, this group attended a day in the Simulation

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Center to participate in hands on skills (such as listening to heart tones and respirations) to educate them on medical skills and careers in hopes of encouraging them to seek a career in healthcare. Dr. Tracy Suber facilitated their session regarding communication.

j. Mini-Simulation User Network (SUN) Conference:

The Simulation Center hosted a free Mini-SUN Conference, sponsored by Laerdal, for 50 nurse educators from around the state of Georgia. The agenda covered critical issues in simulation-based training and education - all of which related to producing better and higher quality learning output to shape the best healthcare workforce possible. There was special emphasis on Healthcare and Obstetric Emergencies, EMS, Virtual Simulation, and Health Equity.

k. Boys & Girls Club of Albany:

The mission of the Boys & Girls Club is to provide a safe environment for kids to grow and thrive, deliver engaging programs focused on academics, health and leadership, and offer trained staff who guide, coach, and

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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 (for example, 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.

motivate kids to be successful. The Boys & Girls Club of Albany visited the Simulation Center to learn more about healthcare careers and participate in hands on training.

### C. Coalition Building

In honor of Martin Luther King, Jr. Day, 33 Phoebe employees participated in the January 15, 2023 MLK Day of Service. Phoebe allowed staff to volunteer and remain on the clock for the day of service, located at the 5th Avenue community garden. Phoebe has monetarily supported the community garden since its inception. The volunteer cost of the MLK Day of Service was \$4,855.

PPMH incurred \$10,126 in dedicated staff to operate the community benefit programs. PPMH also provided \$49,005 in data management and community dashboard that displays over 180 community health indicators on our website:

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

**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 (for example, 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.

Summary	2023
<b>Community Health Improvement Services:</b>	
Community Health Education	\$ 295,178
Community Based Clinical Services	696,627
Healthcare Support Services	917,315
Total community health improvement services	1,909,120
<b>Health Professions Education:</b>	
Nurses/nursing students	1,365,372
Other health professional education	535,779
Total health professions education	1,901,151
<b>Subsidized Health Services:</b>	
Other subsidized health services	1,047,007
Total subsidized health services	1,047,007
<b>Financial and In-Kind Support:</b>	
Cash donations	238,444



**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 (for example, 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.

In-kind donations	537,463
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Total financial and in-kind support	775,907
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Community Building Activities:	
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Workforce development	487,437
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Economic development	3,000
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Coalition building	4,855
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Total community building activities	495,292
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Community Benefit Operations:	
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Dedicated staff and other resources	59,131
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Total community benefit operations	59,131
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Other:	
--------	--

Traditional charity care - estimated unreimbursed	
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cost of charity services	51,000,000
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Unpaid cost of Medicare services - estimated	
--	--

unreimbursed cost of Medicare services	276,000,000
--	-------------

**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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

<u>Unpaid cost of Medicaid services - estimated</u>	
<u>unreimbursed cost of Medicaid services</u>	<u>76,000,000</u>
<u>Total other</u>	<u>403,000,000</u>
<hr/>	
<u>Total summary</u>	<u>\$ 409,187,608</u>

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Hospital Authority of Albany P.O. Box 3770 Albany GA 31703-3770	58-6001516	GOV	70,000				General Support
(2)	Horizons Community Solutions 810 13th Ave. Suite 105 Albany GA 31701-2512	82-0567901	501c3	149,550				General Support
(3)	Phoebe Foundation P.O. Box 3770 Albany GA 31706-3770	58-1847104	501c3	375,694				General Support
(4)	Flint River Fresh 125 Pine Ave Ste 150 Albany GA 31701	82-3202212	501c3	16,250				General Support
(5)	Albany State University 504 College Dr Albany GA 31705	58-6001995	GOV	269,992				General Support
(6)	Albany Technical College Foundation 1704 S. Slappey Blvd Albany GA 31701	58-1772686	GOV	197,045		FMV	Recruiting	General Support
(7)	Dougherty County School System P.O. Box 1470 Albany GA 31701	58-6000231	GOV	15,000				General Support
(8)	Flint Riverquarium 117 Pine Avenue Albany GA 31707	02-0687836	GOV	10,000				General Support
(9)	Lee County EMS 934 US Hwy 19 S Leesburg GA 31763	58-6000854	GOV		26,928	FMV	Medical Equip	General Support

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **9**
- 3 Enter total number of other organizations listed in the line 1 table **0**

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

Schedule I (Form 990) (2022)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Habitat for Humanity 2815 Old Dawson Road Albany GA 31707	58-1705293	501c3		216,400	FMV	Property	General Support
(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 ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Educational Assistance	66	238,417			
2					
3					
4					
5					
6					
7					

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

See Schedule I Supplemental Information Worksheet

<b>SCHEDULE I (Form 990)</b>	<b>Supplemental Information</b>	<b>2022</b>
For calendar year 2022, or tax year beginning 08/01/22, and ending 07/31/23		

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds  
 Contributions are made only to tax exempt entities. Board approval is required for major contributions and a follow-up with the tax exempt entity is required for monitoring the use of the funds.

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Phoebe Putney Memorial Hospital,  
Inc.

Employer identification number

58-1928247

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**Only section 501(c)(3), 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Scott Steiner	(i) 0	(ii) 0	(iii) 0	0	0	0	0
1 PPHS CEO/Pres	(ii) 879,828	285,000	20,857	236,675	34,018	1,456,378	0
Joe Austin	(i) 0	(ii) 0	(iii) 0	0	0	0	0
2 Past PPMH CEO (9/22)	(ii) 377,686	85,164	635,100	8,550	27,844	1,134,344	181,267
Brian Church	(i) 0	(ii) 0	(iii) 0	0	0	0	0
3 PPHS CFO/CAO	(ii) 624,591	198,679	20,062	140,122	37,973	1,021,427	0
James E. Black	(i) 0	(ii) 0	(iii) 0	0	0	0	0
4 Med Dir - Emerg Svcs	(ii) 433,842	52,500	378,231	8,550	16,027	889,150	0
Dawn Benson	(i) 0	(ii) 0	(iii) 0	0	0	0	0
5 SVP General Counsel	(ii) 425,246	66,712	87,836	75,262	0	655,056	46,052
Thomas Sullivan	(i) 0	(ii) 0	(iii) 0	0	0	0	0
6 SVP North Campus	(ii) 293,382	38,350	230,186	54,570	37,620	654,108	179,688
Evelyn M. Olenick	(i) 276,912	(ii) 38,706	(iii) 69,909	54,204	29,150	468,881	29,672
7 SVP CNO	(ii) 0	0	0	0	0	0	0
William M. Sewell III	(i) 382,279	(ii) 44,324	(iii) 2,725	8,550	29,168	467,046	0
8 Medical Dir-W&C Svcs	(ii) 0	0	0	0	0	0	0
Jane Gray	(i) 0	(ii) 0	(iii) 0	0	0	0	0
9 PPMH Interim COO	(ii) 324,208	43,842	3,854	50,597	13,115	435,616	0
Derek Heard, MD	(i) 0	(ii) 0	(iii) 0	0	0	0	0
10 Board Member/Phys.	(ii) 270,972	71,984	20,811	4,762	30,735	399,264	0
Jesse Diaz	(i) 251,629	(ii) 29,407	(iii) 3,231	7,842	33,967	326,076	0
11 VP Info Systems	(ii) 0	0	0	0	0	0	0
Melvin Chaney	(i) 249,988	(ii) 5,000	(iii) 1,589	0	0	256,577	0
12 PPMH Chief Physicist	(ii) 0	0	0	0	0	0	0
Kim Whitley	(i) 182,006	(ii) 24,231	(iii) 28,315	0	16,126	250,678	0
13 PPMH VP Logist/Care	(ii) 0	0	0	0	0	0	0
Deborah Angerami	(i) 0	(ii) 0	(iii) 0	0	0	0	0
14 PPMH CEO	(ii) 128,145	80,200	187	27,231	2,340	238,103	0
Jeffery Flowers	(i) 0	(ii) 0	(iii) 0	0	0	0	0
15 Former PPMH COO(4/22)	(ii) 101,528	0	37,440	0	11,407	150,375	0
16	(i) 0	(ii) 0	(iii) 0	0	0	0	0



**Part III Supplemental Information**

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

Part I, Line 3 - Related Org Methods Used for Compensation Explanation

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

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

	Severance	Nonqualified	Equity-based
Scott Steiner	0	228,125	0
Joe Austin	165,960	0	0
Brian Church	0	131,572	0
Dawn Benson	0	66,712	0
Thomas Sullivan	0	46,020	0
Evelyn M. Olenick	0	46,447	0
Jane Gray	0	43,842	0
Deborah Angerami	0	25,846	0

**Part III Supplemental Information**

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

Part III - Other Additional Information

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

Deferred Compensation Plan 457(b):

The Deferred Compensation Plan is an additional retirement plan offered through Phoebe Putney. The 457(b) plan is an eligible deferred compensation plan that allows one to defer additional dollars towards retirement.

Highlights Include:

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

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

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

PPHS relies on an independent compensation committee, independent compensation consultant, surveys, well documented methods and board

**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.

approval to establish total compensation of the CEO and executive officers.

Certain board approved employees are eligible to participate in a SERP that provides certain defined annual pay credits that are subject to a substantial risk of forfeiture. The purpose of the SERP is to provide a long-term incentive and retirement benefit for affected executives consistent with the benefit available to employees not impacted by IRS compensation limits on defined benefit plans. The amounts reported as supplemental executive retirement compensation for eligible employees in Schedule J represent credited, but not vested, benefits, and the amounts are available in future periods to the employee subject to continuing employment. PPHS maintains ownership of the funds allocated to each participant until vesting and payment.

For a participant in the SERP prior to 1/1/2017 (a "grandfathered participant"), with pay credits for plan years beginning prior to 1/1/2020, the initial vesting date will occur on the date the participant attains five years of participation under the plan. After the initial vesting date, a grandfathered participant shall have a new vesting date once every 5 years. These additional vesting dates will occur on the 5th anniversary

**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.

of each vesting date after the initial vesting date. On each vesting date, a grandfathered participant will become 100% vested in an amount equal to the participant's account balance reduced by any pay credits credited to the account for the 2 most recent plan years. Grandfathered participants with pay credits for plan years beginning on or after 1/1/2020, each year's annual pay credit plus subsequent earnings and/or losses will vest after 5 years of continuous employment. Each contribution is subject to a separate and independent 5 year continuous employment requirement.

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

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

**Part III Supplemental Information**

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

is included in Part II, Column B(iii). Therefore, Part II, Column B(iii) includes prior year SERP deferrals previously reported in Part II, Column C. Any distribution amount included in Part II, Column B(iii) that was previously reported in prior periods as deferred compensation in Part II, Column C is disclosed in Part II, Column F.

Schedule J, Part II, Column B(ii)

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

Compensation Process for Top Official as Determined by PPHS

The organization's formal process for determining total compensation for the CEO is intended to provide reasonable compensation for accomplishing the organization's mission, achieve its strategic goals, to recognize performance, and to operate in keeping with the organization's obligations as a tax-exempt charitable organization.

The Executive Compensation Committee of the PPHS's Board of Directors conducts an annual review of the compensation of the CEO. The

**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.

Committee retains a qualified independent compensation consultant to conduct competitive market analysis of the market ranges of base, incentive and total cash compensation. The information the committee may consider can include but is not limited to the performance of an individual, the performance of the organization, an individual's length of service, credentials and experience, the elements of total compensation and salary history, the organization's compensation targets, and comparability data, including the data prepared by the independent consultant and reviewed with the committee.

The committee incorporates a formal performance appraisal process in the CEO compensation review. It utilizes a multi-perspective approach and performance measures which are linked to the organization's long-term strategic plan and achievement of annual system objectives. The CEO is not present when the committee discusses and establishes his compensation.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> Hosp Auth of Albany-Do Co, GA 2012	45-0825965	012170EC6	12/13/12	114,306,593	See Part VI		X		X		X
<b>B</b> Hosp Auth of Albany-Do Co, GA 2022	45-0825965		12/01/22	151,765,000	See Part VI		X		X		X
<b>C</b> Hosp Auth of Albany-Do Co, GA 2022	45-0825965		12/22/22	97,805,000	See Part VI		X		X		X
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired .....	21,570,000							
<b>2</b> Amount of bonds legally defeased .....								
<b>3</b> Total proceeds of issue .....	114,306,593		152,191,899		97,805,000			
<b>4</b> Gross proceeds in reserve funds .....								
<b>5</b> Capitalized interest from proceeds .....					7,362,908			
<b>6</b> Proceeds in refunding escrows .....								
<b>7</b> Issuance costs from proceeds .....	906,593		426,899		442,092			
<b>8</b> Credit enhancement from proceeds .....								
<b>9</b> Working capital expenditures from proceeds .....								
<b>10</b> Capital expenditures from proceeds .....	113,400,000				90,000,000			
<b>11</b> Other spent proceeds .....			151,765,000					
<b>12</b> Other unspent proceeds .....								
<b>13</b> Year of substantial completion .....	2012		2012					
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> 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		
<b>15</b> 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		
<b>16</b> Has the final allocation of proceeds been made? .....	X		X			X		
<b>17</b> 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.

**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 .....	0.50 %		0.16 %					
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 .....	0.50 %		0.16 %					
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			



**Part IV Arbitrage** (continued)

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

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation 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  
 Hosp Auth of Albany-Do Co, GA 2012  
 Acquire, construct, and install projects

Hosp Auth of Albany-Do Co, GA 2022A  
 Reissuance of prior bonds

Hosp Auth of Albany-Do Co, GA 2022B  
 Acquire, construct, and install projects

Schedule K - Date Rebate Computation Performed  
 Hosp Auth of Albany-Do Co, GA 2012 06/13/13  
 Hosp Auth of Albany-Do Co, GA 2022A 08/02/15

Schedule K - Additional Information  
 Hosp Auth of Albany-Do Co, GA 2012  
 Rebate computation:  
 Since the bond proceeds have been spent, a spending exception was met, and the debt service fund was operated on a bona fide basis, no further rebate computations are necessary.

Hosp Auth of Albany-Do Co, GA 2022A

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

Rebate computation:

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

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open To Public  
Inspection**

Name of the organization

Inc.

Employer identification number

58-1928247

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	3	2,839,820	Appraisal
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M - Supplemental Information

The Hospital received a non-cash donation of three different items, consisting of the following:

- 182,000 100-count boxes of medical exam gloves
- 5,000 100-count boxes of Versa-Shield exam gloves
- 240 cases of pure 100 disinfectant cleaner

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

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

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization	Phoebe Putney Memorial Hospital, Inc.	Employer identification number	58-1928247
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Form 990 - Additional Information

Form 990, Part IX, Line 24b

Subsidy to physician clinics for losses associated with low-income patients.

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

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

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

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

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

The member shall have the following responsibilities:

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

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

The independent accounting firm that prepares the Form 990 (based upon information provided by the organization) provides a complete copy of the

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

Schedule O (Form 990) 2022

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

return with applicable schedules to be reviewed by management. Management performs a detailed review which consists of reviewing the financial data, the narratives disclosed, and other facts presented on the return. Upon review, the Form 990 is then forwarded to the Finance Committee for their review, to gain their comments and approval. Upon approval from the Finance Committee, the Form 990 and related schedules are provided to all board members for review and feedback. Once the Form 990 is reviewed by all applicable parties, a copy of the final version is provided to all members of the governing body prior to filing with the Internal Revenue Service.

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

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

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

The organization makes available to the public its conflict of interest and audited financial statements on the organization's website, by providing copies upon request, and by inspection at the administrative offices of the organization.

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

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

Description	Tot/Prog Service	Mgt & General	Fundraising
Contract Staffing Fees	\$ 78,402,154	\$ 2,496,088	\$ 0
Intercompany Allocated Cost	\$ 30,901,492	\$ 25,495,099	\$ 0
Other Patient Related Serv	\$ 11,155,458	\$ 1,518,337	\$ 0
Contract Service Fees	\$ 4,876,107	\$ 3,737,220	\$ 0
Consultant Fees	\$ 232,355	\$ 3,615,294	\$ 0
Professional Fees	\$ 314,262	\$ 0	\$ 0
Collection Fees	\$ 0	\$ 3,165,621	\$ 0
Total	\$ 125,881,828	\$ 40,027,659	\$ 0

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

Net actuarial gain	\$ 20,971,536
Amortization of net loss	\$ 2,488,458
Change in Interest in net assets of Phoebe Fnd	\$ 2,526,874
Total	\$ 25,986,868

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Phoebe Putney Health System, Inc. P.O. Box 3770 58-2001014 Albany GA 31706-3770	Healthcare	GA	501C3	12c	N/A		X
(2) Phoebe Foundation, Inc. P.O. Box 3770 58-1847104 Albany GA 31706-3770	Foundation	GA	501C3	12a	PPHS		X
(3) Phoebe Physician Group, Inc. P.O. Box 3770 26-3792403 Albany GA 31706-3770	Healthcare	GA	501C3	10	PPHS		X
(4) Phoebe Worth Medical Center, Inc. P.O. Box 545 38-3647394 Sylvester GA 31791-0545	Healthcare	GA	501C3	3	PPHS		X
(5) Phoebe Sumter Medical Center, Inc. 126 Highway 280 West 26-3975185 Americus GA 31719-8645	Healthcare	GA	501C3	3	PPHS		X

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

Schedule R (Form 990) 2022



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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

Phoebe Putney Memorial Hospital,  
Inc.

Employer identification number

58-1928247

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)	X	
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)	X	
<b>s</b> Other transfer of cash or property from related organization(s)		X

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

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

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

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

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



## Filing Instructions

**Phoebe Putney Memorial Hospital,  
Inc.**

**Exempt Organization Business Tax Return**

**Taxable Year Ended July 31, 2023**

**Date Due:** June 17, 2024

**Remittance:** None is required. Your Form 990-T for the tax year ended 7/31/23 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Draffin & Tucker LLP  
PO Box 71309  
Albany, GA 31708-1309

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **990-T**

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

OMB No. 1545-0047

**2022**

For calendar year 2022 or other tax year beginning 08/01/22, and ending 07/31/23.

Go to [www.irs.gov/Form990T](http://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).

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

Department of the Treasury  
Internal Revenue Service

- 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.)  
**Phoebe Putney Memorial Hospital, Inc.**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**P.O. Box 3770**

City or town, state or province, country, and ZIP or foreign postal code  
**Albany GA 31706-3770**

**D Employer identification number**  
58-1928247

**E Group exemption number**  
(see instructions)

**F**  Check box if an amended return.

- C Book value of all assets at end of year 747,553,725
- G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university
- 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) 2
- K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of Brian Church, PPHS CFO/CA Telephone number 229-312-4068

**Part I Total Unrelated Business Taxable Income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	67,151
2	Reserved	2	
3	Add lines 1 and 2	3	67,151
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	67,151
6	Deduction for net operating loss. See instructions	6	67,151
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
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: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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.

Form **990-T** (2022)

**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		
<b>e Total credits.</b> Add lines 1a through 1d			<b>1e</b>
2 Subtract line 1e from Part II, line 7			<b>2</b>
3 Other amounts due. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)			<b>3</b>
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here			<b>4</b> 0
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)			<b>5</b>
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	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: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total	6g		
7 <b>Total payments.</b> Add lines 6a through 6g			<b>7</b>
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			<b>8</b>
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			<b>9</b> 0
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			<b>10</b>
11 Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <span style="float:right"><b>Refunded</b></span>			<b>11</b>

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

1 At any time during the 2022 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	<b>Yes</b>		<b>No</b>	
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 \$				
4 Enter available pre-2018 NOL carryovers here \$ -1,085,759 Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.				
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.				
Business Activity Code	Available post-2017 NOL carryover			
561499	\$			1,63,854
	\$			
	\$			
	\$			
6a Did the organization change its method of accounting? (see instructions)				X
b If 6a 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 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						May the IRS discuss this return with the preparer shown below (see instructions)?		
		06/14/2024	PPHS CFO/CAO				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature		Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN			
	Stephen E Harrell			6/14/24		P01554887			
	Firm's name	Firm's EIN		Phone no.					
	Draffin & Tucker LLC		58-0914992		229-883-7878				
	Firm's address								
	PO Box 71309								
	Albany, GA 31708-1309								



**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> Name of the organization Phoebe Putney Memorial Hospital,	<b>B</b> Employer identification number 58-1928247
<b>C</b> Unrelated business activity code (see instructions) 621500	<b>D</b> Sequence: 1 of 2

**E** Describe the unrelated trade or business Reference Lab

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <u>76,683</u>			
<b>b</b> Less returns and allowances <u>                    </u> <b>c</b> Balance	<b>1c</b> 76,683		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 76,683		76,683
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 76,683		76,683

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	1	2	3	4	5	6	7	8a	8b	9	10	11	12	13	14	15	16	17	18
<b>1</b> Compensation of officers, directors, and trustees (Part X)																			
<b>2</b> Salaries and wages																			1,725
<b>3</b> Repairs and maintenance																			
<b>4</b> Bad debts																			
<b>5</b> Interest (attach statement). See instructions																			
<b>6</b> Taxes and licenses																			
<b>7</b> Depreciation (attach Form 4562). See instructions																			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return																			0
<b>9</b> Depletion																			
<b>10</b> Contributions to deferred compensation plans																			
<b>11</b> Employee benefit programs																			
<b>12</b> Excess exempt expenses (Part VIII)																			
<b>13</b> Excess readership costs (Part IX)																			
<b>14</b> Other deductions (attach statement) <u>See Statement 1</u>																			7,807
<b>15 Total deductions.</b> Add lines 1 through 14																			9,532
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)																			67,151
<b>17</b> Deduction for net operating loss. See instructions																			
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16																			67,151

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for line 9.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income with 4 columns (A, B, C, D) and 5 rows. Row 2: Rent received or accrued (a, b, c). Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income with 4 columns (A, B, C, D) and 11 rows. Row 2: Gross income from or allocable to debt-financed property. Row 3: Deductions directly connected with or allocable to debt-financed property (a, b, c). Row 4: Amount of average acquisition debt. Row 5: Average adjusted basis. Row 6: Division of line 4 by line 5. Row 7: Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt 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)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Totals** .....

**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)				
		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)

**Totals** .....

**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) .....	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
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 .....	<b>7</b>

**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**

Enter amounts for each periodical listed above in the corresponding column.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross advertising income .....				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) .....				
<b>3</b> Direct advertising costs by periodical .....				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) .....				
<b>4</b> 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 .....				
<b>5</b> Readership costs .....				
<b>6</b> Circulation income .....				
<b>7</b> 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 .....				
<b>8</b> 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 .....				
<b>a</b> 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)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			

**Part XI Supplemental Information (see instructions)**

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**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> Name of the organization <u>Phoebe Putney Memorial Hospital,</u>	<b>B</b> Employer identification number <u>58-1928247</u>
<b>C</b> Unrelated business activity code (see instructions) <u>561499</u>	<b>D</b> Sequence: <u>2</u> of <u>2</u>

**E** Describe the unrelated trade or business Cancer Center Boutique

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <u>195,647</u>			
<b>b</b> Less returns and allowances <u>                    </u> <b>c</b> Balance	<b>1c</b> 195,647		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 195,647		195,647
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 195,647		195,647

<b>Part II</b> Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income		(A) Income	(B) Expenses	(C) Net
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>			
<b>2</b> Salaries and wages	<b>2</b>			43,722
<b>3</b> Repairs and maintenance	<b>3</b>			163
<b>4</b> Bad debts	<b>4</b>			
<b>5</b> Interest (attach statement). See instructions	<b>5</b>			
<b>6</b> Taxes and licenses	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>			<b>8b</b> 0
<b>9</b> Depletion	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans	<b>10</b>			
<b>11</b> Employee benefit programs	<b>11</b>			3,275
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>			
<b>13</b> Excess readership costs (Part IX)	<b>13</b>			
<b>14</b> Other deductions (attach statement) <u>See Statement 2</u>	<b>14</b>			136,975
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>			184,135
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>			11,512
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>			11,512
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>			0

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for line 9.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income with 5 main rows. Row 2 is a grid with columns A, B, C, D for different types of rent received. Row 3 is total rents, row 4 is deductions, row 5 is total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income with 11 main rows. Row 2 is gross income, row 3 is deductions, row 4 is average acquisition debt, row 5 is average adjusted basis, row 6 is percentage calculation, row 7 is reportable gross income, row 8 is total gross income, row 9 is allocable deductions, row 10 is total allocable deductions, row 11 is total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt 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)					

**Nonexempt Controlled Organizations**

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

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Totals**

**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)				

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)

**Totals**

**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)	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	<b>4</b>
5 Gross income from activity that is not unrelated business income	<b>5</b>
6 Expenses attributable to income entered on line 5	<b>6</b>
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	<b>7</b>

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 [ ]

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and rows for: 2 Gross advertising income, 3 Direct advertising costs by periodical, 4 Advertising gain (loss), 5 Readership costs, 6 Circulation income, 7 Excess readership costs, 8 Excess readership costs allowed as a deduction, and 8a Total for line 8.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes rows (1) through (4) and a Total row.

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.



Form <b>990-T</b>	<b>Schedule A Loss Carryover Calculation</b>	<b>2022</b>
Description <b>Cancer Center Boutique</b>		

Name <b>Phoebe Putney Memorial Hospital,</b>	Taxpayer Identification Number <b>58-1928247</b>
---	---

Unincorporated Business Income Tax Code: **561499** Activity: **All other business support servi**

Each activity may carryforward losses after 2018

1 Activity income .....	<b>1</b>	<b>195,647</b>
2 Activity deductions .....	<b>2</b>	<b>184,135</b>
3 Activities income or loss, after deductions .....	<b>3</b>	<b>11,512</b>
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....	<b>4</b>	<b>163,854</b>
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. ....	<b>5</b>	<b>11,512</b>
6 Take the lesser of Line 4 or Line 5. <b>Enter here and on Line 17 of Form 990-T, Sch A, Part II</b> .....	<b>6</b>	<b>11,512</b>
7 Remaining losses to be carried forward to 2023 (Subtract Line 6 from line 4) .....	<b>7</b>	<b>152,342</b>
8 If line 3 is less than zero, enter that amount here as a positive number .....	<b>8</b>	<b>0</b>
9 Total loss carried forward to 2023 (Add lines 7 and 8) .....	<b>9</b>	<b>152,342</b>

Electronic Filing includes the report of additional amounts for this activity

<b>E1</b> Post-2017 loss amounts from 2021, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) .....	<b>E1</b>	<b>163,854</b>
<b>E2</b> Prior year activity losses included on Schedule A, Line 17 .....	<b>E2</b>	<b>11,512</b>

68200PPMH Phoebe Putney Memorial Hospital,  
58-1928247  
FYE: 7/31/2023

## Federal Statements

### Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
Cancer Center Boutique	561499	\$ 163,854
Total		\$ <u>163,854</u>

## Federal Statements

### Reference Lab

#### Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions

<u>Deduction Description</u>	<u>Deduction Amount</u>
Supplies - Reference Lab	\$ 2,611
Direct Dept Cost - Lab	2,075
Indirect Dept Cost - Lab	<u>3,121</u>
Total	<u>\$ 7,807</u>

## Federal Statements

### Cancer Center Boutique

#### Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

<u>Deduction Description</u>	<u>Deduction Amount</u>
DME - Cancer Ctr Boutique	\$ 86,892
Direct Dept Costs - CCB	10,817
Indirect Dept Costs - CCB	39,266
Total	<u>\$ 136,975</u>

Form **990/**  
**990-PF****Electronic Filing - PDF Attachment Report****2022**

For calendar year 2022, or tax year beginning 08/01/22 , and ending 07/31/23

Name

Phoebe Putney Memorial Hospital,  
Inc.

Taxpayer Identification Number

58-1928247

Title	Attachment Source	Proforma
MANUALLY ATTACHED TO RETURN Audited Financial Statements	G:\Data\Client Data\Stephen Harrell\PPMH 2023 FS (UNSECUNo RED).pdf	

## Filing Instructions

### Phoebe Putney Memorial Hospital, Inc.

### Form 600-T - Exempt Unrelated Business Return

### Taxable Year Ended July 31, 2023

**Date Due:** June 17, 2024

**Remittance:** None is required. Your Form 600-T for the tax year ended 7/31/23 shows no balance due.

**Mail To:** Georgia Department of Revenue  
Processing Center  
P.O. Box 740397  
Atlanta, GA 30374-0397

A signed copy of your exempt organization's 990/990EZ or 990PF must be mailed to the following department:

Georgia Department of Revenue  
Processing Center  
P.O. Box 740395  
Atlanta, GA 30374-0395

**Signature:** An officer representing the organization must sign and date Form 600-T.

**Georgia Form 600-T** (Rev. 08/02/21)  
 Exempt Organization  
 Unrelated Business Income Tax Return



**Mailing Address:**  
 Georgia Department of Revenue  
 Processing Center  
 PO Box 740397  
 Atlanta, Georgia 30374-0397

Page 1

Amended  Amended due to IRS Audit  Address Change  UET Annualization Exception attached

For the taxable year beginning <u>08/01</u> , 2022 and ending <u>07/31</u> , 2023					
Name of Organization		Name of Fiduciary		Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)	
Phoebe Putney Memorial Ho		Phoebe Putney Memorial Ho			
Number and Street		Number and Street		58-1928247	
P.O. Box 3770		P.O. Box 3770			
City or Town		City or Town		NAICS Code	Date of current exemption letter.
Albany		Albany			
State	Zip Code	State	Zip Code	621500	501(c)(3)
GA	31706-3770	GA	31706-3770		
<b>Georgia Unrelated Business Taxable Income</b>				<b>SCHEDULE 1</b>	
1. Unrelated business taxable income from Federal Form 990-T (attach copy) .....				1.	
2. Additions .....				2.	67,151
3. Total (add Line 1 and Line 2) .....				3.	67,151
4. Subtractions .....				4.	67,151
5. Adjusted unrelated business taxable income (Line 3 less Line 4) .....				5.	
6. Income allocated everywhere .....				6.	
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6) .....				7.	
8. Apportionment ratio (Attach Computation Schedule) .....				8.	1.000000
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8) .....				9.	
10. Income allocated to Georgia (Attach Schedule) .....				10.	
11. Total of Lines 9 and 10 .....				11.	
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation) .....				12.	
13. Georgia unrelated business taxable income (Line 11 less Line 12) .....				13.	



Name PHOEBE PUTNEY MEMORIAL HOSPITAL,

FEIN 58-1928247

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX	SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	1.
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.
3. Less: Payments	3.
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.
5. Schedule 3B Refundable tax credits	5.
6. Balance of tax due OR overpayment	6.
7. Interest due (See Instructions)	7.
8. Underestimated tax penalty	8.
9. Other penalties due (See Instructions)	9.
10. Balance of tax, interest and penalties due with return	10.
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on 20 <u>23</u>  Estimated Tax ▶ _____ Refunded ▶ _____	

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION:

(We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature of Officer

Signature of Individual or Firm Preparing Return

PPHS CFO/CAO

Title

06/14/2024

Date

P01554887

Employee ID or Social Security Number



Form <b>GA-600T</b>	<b>Georgia State Adjustments Worksheet</b>	<b>2022</b>
For calendar year 2022, or tax year beginning 08/01/22 , and ending 07/31/23		

Name PHOEBE PUTNEY MEMORIAL HOSPITAL, INC. (Corporation) Name	Taxpayer Identification Number  58-1928247
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**ADDITIONS TO FEDERAL TAXABLE INCOME**

1. State and municipal bond interest (other than Georgia or political subdivision thereof) .....	1.	
2. Net income or net profits taxes imposed by taxing jurisdictions other than Georgia .....	2.	
3. Expense attributable to tax exempt income .....	3.	
4. Net operating loss deducted on Federal return .....	4.	67,151
5. Intangible expenses and related interest cost .....	5.	
6. Captive REIT expenses and costs .....	6.	
7. Other Additions .....	7.	
8. TOTAL - Enter also on LINE 2 on Form 600-T .....	8.	67,151

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME**

1. Interest on obligations of United States (must be reduced by direct and indirect interest expense) .....	1.	
2. Exception to intangible expenses and related interest cost (from IT-Addback) .....	2.	
3. Exception to captive REIT expenses and costs (from IT-REIT) .....	3.	
4. Other Subtractions .....	4.	67,151
5. TOTAL - Enter also on LINE 4 on Form 600-T .....	5.	67,151

**APPORTIONMENT OF INCOME**

	A. WITHIN GEORGIA	B. EVERYWHERE	C. DO NOT ROUND COL (A)/ COL (B) COMPUTE TO SIX DECIMALS
1. Gross receipts from business .....	1.		
2. Georgia Ratio (Divide Column A by Column B) .....	2.		

**COMPUTATION OF GEORGIA NET INCOME**

1. Net business income from Federal Form 990-T .....	1.	
2. Georgia Ratio (Column C from apportionment schedule) .....	2.	
3. Net business income apportioned to Georgia (Line 1 x Line 2) .....	3.	