

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

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

|  |   |   |  |
|--|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Phoebe Sumter Medical Center, Inc.                                       |   | <b>D</b> Employer identification number<br>26-3975185  |
|  | Doing business as   |   | <b>E</b> Telephone number<br>229-924-6011  |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>126 Hwy 280 West |   |  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>Americus GA 31719-8645        |   | <b>G</b> Gross receipts \$ 113,173,886   |
| <b>F</b> Name and address of principal officer:<br>Carlyle Walton<br>126 Hwy 280 West<br>Americus GA 31719-8645  |   |   |  |
| <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(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions. |
| <b>J</b> Website: <u>www.phoebhealth.com</u>   |   |   | <b>H(c)</b> Group exemption number   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   | <b>L</b> Year of formation: <u>2009</u> | <b>M</b> State of legal domicile: <u>GA</u>  |

| Part I Summary                     |  |   |   |
|------------------------------------|--|---|---|
| <b>Activities &amp; Governance</b> | 1  | Briefly describe the organization's mission or most significant activities:<br>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  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |
|                                    | 3  | Number of voting members of the governing body (Part VI, line 1a)   | 3   10  |
|                                    | 4  | Number of independent voting members of the governing body (Part VI, line 1b)   | 4   6   |
|                                    | 5  | Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | 5   635   |
|                                    | 6  | Total number of volunteers (estimate if necessary)  | 6   42  |
|                                    | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12  | 7a   0  |
| 7b                                 | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b   0  |   |
| <b>Revenue</b>                     | 8  | Contributions and grants (Part VIII, line 1h)   | Prior Year: 11,145,355   Current Year: 1,775,892                  |
|                                    | 9  | Program service revenue (Part VIII, line 2g)  | 96,885,710   100,957,941  |
|                                    | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 1,771,054   2,169,058   |
|                                    | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 5,345,458   6,383,322   |
|                                    | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 115,147,577   111,286,213   |
| <b>Expenses</b>                    | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 206,600   253,877   |
|                                    | 14   | Benefits paid to or for members (Part IX, column (A), line 4)   | 0   |
|                                    | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 32,107,245   32,741,471   |
|                                    | 16a  | Professional fundraising fees (Part IX, column (A), line 11e)   | 0   |
|                                    | b  | Total fundraising expenses (Part IX, column (D), line 25)   | 0   |
|                                    | 17   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 70,968,765   69,590,619   |
|                                    | 18   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 103,282,610   102,585,967   |
| <b>Net Assets or Fund Balances</b> | 19   | Revenue less expenses. Subtract line 18 from line 12  | 11,864,967   8,700,246  |
|                                    | 20   | Total assets (Part X, line 16)  | Beginning of Current Year: 160,506,223   End of Year: 172,310,863 |
|                                    | 21   | Total liabilities (Part X, line 26)   | 14,693,921   15,686,613   |
|                                    | 22   | Net assets or fund balances. Subtract line 21 from line 20  | 145,812,302   156,624,250   |

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

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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

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

4a (Code: ) (Expenses \$ 82,127,250 including grants of \$ 253,877 ) (Revenue \$ 105,381,381 )

To be the leading provider of quality, cost effective, patient-centered health care services to residents of the community, regardless of ability to pay, PSMC pursues its mission through a patient-centered environment of care reflecting high standards and promoting a balance of professional preparation and service, continuous improvement based on our core values of safety, community, compassion, service and commitment.

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 82,127,250

**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)

Table with 3 columns: Question ID, Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, bond issues, and controlled entities.

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 [ ]

Table with 3 columns: Question ID, Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

| <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> 635  |            |    |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | X          |    |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |            | X  |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>   |            |    |
| <b>4a</b>   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |            | X  |
| <b>b</b>  | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | X  |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            | X  |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |            |    |
| <b>6a</b>   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |            | X  |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |            |    |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |            | X  |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |            |    |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |            | X  |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |    |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |            | X  |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |            | X  |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |    |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            |    |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |            |    |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   |            |    |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |            |    |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>  | Gross income from members or shareholders  | <b>11a</b> |    |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |    |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>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?<br><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?   |            | X  |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>   | <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?<br>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?<br>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?<br>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<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
| <b>1a</b> | 10   |     |    |
| <b>1b</b> | 6  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   | X   |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | X   |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.  |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe 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>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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>15a</b> | The organization's CEO, Executive Director, or top management official   |     | X  |
| <b>15b</b> | Other officers or key employees of the organization<br>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>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed 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 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)<br>Name and title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) Scott Steiner<br>Bd Mbr PPHS CEO/Pres        | 1.00<br>55.00  | X   |                       | X       |              |                              |        | 0   | 1,185,685  | 270,693   |
| (2) Brian Church<br>Bd Mbr/PPHS CFO/CAO          | 1.00<br>55.00  | X   |                       | X       |              |                              |        | 0   | 843,332  | 178,095   |
| (3) John Crisp<br>Board Member                   | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (4) Sandra Daniel, PhD, RN<br>Vice Chair         | 1.00<br>0.00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (5) John Fennessy, MD<br>Board Member/Phys.      | 1.00<br>40.00  | X   |                       |         |              |                              |        | 0   | 1,557,880  | 46,523  |
| (6) G. Bardin Hooks, Jr.<br>Board Member         | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) Edward F. Jackson, Jr.<br>Board Member       | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) Alton Marcus, Sr.<br>Board Member            | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) Fredrick McLaughlin, Ed.D.<br>Chair          | 1.00<br>0.00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (10) Sandra Lee Zornes, M.D.<br>Board Member     | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) Dale Lawson, M.D.<br>Board Mem/Phys (12/22) | 1.00<br>0.00   | X   |                       |         |              |                              |        | 94,380  | 216,237  | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (12) Tarang Vic Patel<br>Board Member(12/22)                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (13) Joe Austin<br>PPMH CEO                                    | 0.00<br>40.00   |   |                       |         |              | X                            |        | 0   | 1,097,950  | 36,394  |
| (14) Michelle Doggett<br>Controller PSMC                       | 50.00<br>0.00   |   |                       | X       |              |                              |        | 132,782   | 0  | 35,970  |
| (15) Carlyle Walton<br>CEO PSMC                                | 50.00<br>0.00   |   |                       | X       |              |                              |        | 0   | 143,597  | 21,632  |
| (16) Susan Bruns<br>CNO PSMC                                   | 50.00<br>0.00   |   |                       | X       |              |                              |        | 0   | 213,072  | 25,477  |
| (17) Dawn Benson<br>SVP- General Counsel                       | 1.00<br>52.00   |   |                       |         | X            |                              |        | 0   | 579,794  | 75,262  |
| (18) Tomomi Colquitt<br>RN                                     | 50.00<br>0.00   |   |                       |         |              | X                            |        | 185,215   | 0  | 2,457   |
| (19) Darryl Hawkins<br>Director of Pharmacy                    | 40.00<br>0.00   |   |                       |         |              | X                            |        | 158,908   | 0  | 41,008  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 571,285   | 5,837,547  | 733,511   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 523,242   |  | 33,152  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 1,094,527   | 5,837,547  | 766,663   |

**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 **39**

|  | 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>  | X   |    |
| <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> | X   |    |
| <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>                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                         | (B)<br>Description of services                       | (C)<br>Compensation |
|--|--|---------------------|
| Medical Solutions LLC<br>Des Moines IA 50331             | PO BOX 310737<br>Contract Staff                      | 7,761,953           |
| Health Carousel, LLC<br>Cincinnati OH 45271-4216         | P O Box 714216<br>Contract Staff                     | 2,104,159           |
| Innovative Therapy Concepts LLC<br>Hawkinsville GA 31036 | 2 Mashburn St, Suite 102<br>Therapy                  | 1,463,502           |
| Powell Contract Services, LLC<br>Sylvester GA 31791      | PO Box 84<br>Construction                            | 1,250,493           |
| Sentry Anesthesia Management LLC<br>Irving TX 75038      | 6225 N State Highway 161, Ste 200<br>Anesthesia Svcs | 888,565             |

**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 **13**



**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue                                | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|---|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>       | <b>1a</b> Federated campaigns  | <b>1a</b>   |  |                                      |   |  |
|   | <b>b</b> Membership dues   | <b>1b</b>   |  |                                      |   |  |
|   | <b>c</b> Fundraising events  | <b>1c</b>   |  |                                      |   |  |
|   | <b>d</b> Related organizations   | <b>1d</b>   | 108,876                                      |                                      |   |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>   | 258,376                                      |                                      |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above                                      | <b>1f</b>   | 1,408,640                                    |                                      |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f   | <b>1g</b>   | \$   |                                      |   |  |
|   | <b>h Total.</b> Add lines 1a-1f  |   | 1,775,892                                    |                                      |   |  |
| <b>Program Service Revenue</b>                                      | <b>2a</b> Program Service Revenue  | Business Code<br>623000                             | 100,957,941                                  | 100,957,941                          |   |  |
|   | <b>b</b>   |   |  |                                      |   |  |
|   | <b>c</b>   |   |  |                                      |   |  |
|   | <b>d</b>   |   |  |                                      |   |  |
|   | <b>e</b>   |   |  |                                      |   |  |
|   | <b>f</b> All other program service revenue   |   |  |                                      |   |  |
|   | <b>g Total.</b> Add lines 2a-2f  |   | 100,957,941                                  |                                      |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  |   | 1,824,761                                    |                                      | 1,824,761   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |   |  |                                      |   |  |
|   | <b>5</b> Royalties   |   |  |                                      |   |  |
|   | <b>6a</b> Gross rents  | (i) Real  | 1,003,407                                    |                                      |   |  |
|   |  | (ii) Personal                                       |  |                                      |   |  |
|   |  | <b>6b</b> Less: rental expenses                     | 25,306                                       |                                      |   |  |
|   | <b>c</b> Rental inc. or (loss)   | 978,101   |  |                                      |   |  |
|   | <b>d</b> Net rental income or (loss)   |   | 978,101                                      |                                      | 978,101   |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities                                      | 2,206,664                                    |                                      |   |  |
|   |  | (ii) Other  |  |                                      |   |  |
|   |  | <b>7b</b> Less: cost or other basis and sales exps. | 1,862,367                                    |                                      |   |  |
|   | <b>c</b> Gain or (loss)  | 344,297   |  |                                      |   |  |
|   | <b>d</b> Net gain or (loss)  |   | 344,297                                      |                                      | 344,297   |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |  |                                      |   |  |
|   |  | <b>8b</b> Less: direct expenses                     |  |                                      |   |  |
| <b>c</b> Net income or (loss) from fundraising events               |  |   |  |                                      |   |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 | <b>9a</b>  |   |  |                                      |   |  |
|   | <b>9b</b> Less: direct expenses  |   |  |                                      |   |  |
| <b>c</b> Net income or (loss) from gaming activities                |  |   |  |                                      |   |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances    | <b>10a</b>   |   |  |                                      |   |  |
|   | <b>10b</b> Less: cost of goods sold  |   |  |                                      |   |  |
| <b>c</b> Net income or (loss) from sales of inventory               |  |   |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>  | <b>11a</b> 340B Program  | Business Code<br>621990                             | 2,671,493                                    | 2,671,493                            |   |  |
|   | <b>b</b> Migrant Health Revenue  | 621990  | 1,425,938                                    | 1,425,938                            |   |  |
|   | <b>c</b> Employee Pharmacy Revenue   | 621990  | 548,450                                      |                                      | 548,450   |  |
|   | <b>d</b> All other revenue   | 621990  | 759,340                                      | 326,009                              | 433,331   |  |
|   | <b>e Total.</b> Add lines 11a-11d  |   | 5,405,221                                    |                                      |   |  |
| <b>12 Total revenue.</b> See instructions                           |  | 111,286,213   | 105,381,381                                  | 0                                    | 4,128,940   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 208,918               | 208,918                         |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 44,959                | 44,959                          |  |                             |
| <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  | 263,132               | 94,380                          | 168,752                                |                             |
| <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  | 26,297,101            | 22,822,924                      | 3,474,177                              |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 529,656               | 459,688                         | 69,968                                 |                             |
| <b>9</b> Other employee benefits   | 3,713,024             | 3,222,534                       | 490,490                                |                             |
| <b>10</b> Payroll taxes  | 1,938,558             | 1,654,268                       | 284,290                                |                             |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 339                   |                                 | 339                                    |                             |
| <b>c</b> Accounting  | 101,310               |                                 | 101,310                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 7  |                       |                                 |  |                             |
| <b>f</b> Investment management fees  | 169,206               |                                 | 169,206                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | 35,251,340            | 25,421,575                      | 9,829,765                              |                             |
| <b>12</b> Advertising and promotion  | 63,978                |                                 | 63,978                                 |                             |
| <b>13</b> Office expenses  | 2,655,754             | 2,275,978                       | 379,776                                |                             |
| <b>14</b> Information technology   | 498,199               | 267,009                         | 231,190                                |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 1,409,020             | 749,599                         | 659,421                                |                             |
| <b>17</b> Travel   | 99,271                | 76,118                          | 23,153                                 |                             |
| <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   | 40,692                | 40,438                          | 254                                    |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 3,928,949             | 2,090,201                       | 1,838,748                              |                             |
| <b>23</b> Insurance  | 1,523,763             |                                 | 1,523,763                              |                             |
| <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  | 19,787,078            | 19,787,078                      |  |                             |
| <b>b</b> Repairs & Maintenance   | 2,192,201             | 1,671,818                       | 520,383                                |                             |
| <b>c</b> Provider Tax  | 1,092,473             | 1,092,473                       |  |                             |
| <b>d</b> Miscellaneous   | 610,124               | 72,023                          | 538,101                                |                             |
| <b>e</b> All other expenses  | 166,922               | 75,269                          | 91,653                                 |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 102,585,967           | 82,127,250                      | 20,458,717                             | 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)               |             | (B)         |
|---|---|-------------------|-------------|-------------|
|   |   | Beginning of year |             | End of year |
| <b>Assets</b>   | 1 Cash—non-interest-bearing   | 43,060,905        | 1           | 48,726,202  |
|   | 2 Savings and temporary cash investments  |                   | 2           |             |
|   | 3 Pledges and grants receivable, net  |                   | 3           |             |
|   | 4 Accounts receivable, net  | 12,188,989        | 4           | 13,340,372  |
|   | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                   | 5           |             |
|   | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                   | 6           |             |
|   | 7 Notes and loans receivable, net   | 10,857            | 7           | 10,857      |
|   | 8 Inventories for sale or use   | 2,775,970         | 8           | 2,660,489   |
|   | 9 Prepaid expenses and deferred charges   | 318,035           | 9           | 277,094     |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 95,710,936    |             |             |
|   | b Less: accumulated depreciation  | 10b 42,349,321    | 10c         | 53,361,615  |
|   | 11 Investments—publicly traded securities   | 45,758,726        | 11          | 48,900,377  |
|   | 12 Investments—other securities. See Part IV, line 11   |                   | 12          |             |
|   | 13 Investments—program-related. See Part IV, line 11  |                   | 13          |             |
|   | 14 Intangible assets  |                   | 14          |             |
|   | 15 Other assets. See Part IV, line 11   | 7,446,697         | 15          | 5,033,857   |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) | 160,506,223   | 16                | 172,310,863 |             |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses  | 8,760,294         | 17          | 10,008,501  |
|   | 18 Grants payable   |                   | 18          |             |
|   | 19 Deferred revenue   |                   | 19          |             |
|   | 20 Tax-exempt bond liabilities  |                   | 20          |             |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D  |                   | 21          |             |
|   | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     |                   | 22          |             |
|   | 23 Secured mortgages and notes payable to unrelated third parties   | 783,888           | 23          | 745,708     |
|   | 24 Unsecured notes and loans payable to unrelated third parties   |                   | 24          |             |
|   | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 5,149,739         | 25          | 4,932,404   |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25  | 14,693,921        | 26          | 15,686,613  |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>  |                   |             |             |
|   | 27 Net assets without donor restrictions  | 141,812,302       | 27          | 152,624,250 |
|   | 28 Net assets with donor restrictions   | 4,000,000         | 28          | 4,000,000   |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>   |                   |             |             |
|   | 29 Capital stock or trust principal, or current funds   |                   | 29          |             |
|   | 30 Paid-in or capital surplus, or land, building, or equipment fund   |                   | 30          |             |
|   | 31 Retained earnings, endowment, accumulated income, or other funds   |                   | 31          |             |
|   | 32 Total net assets or fund balances  | 145,812,302       | 32          | 156,624,250 |
| 33 Total liabilities and net assets/fund balances                   | 160,506,223   | 33                | 172,310,863 |             |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 111,286,213 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 102,585,967 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 8,700,246   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 145,812,302 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 1,964,676   |
| <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>  | 147,026     |
| <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> | 156,624,250 |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>2c</b> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   | X   |    |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  | X   |    |

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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (20) Christy Hardin<br>Asst. Dir Pharmacy                      | 40.00<br>0.00   |   |                       |         |              | X                            |        | 158,079   | 0  | 4,631   |
| (21) Dianna Windham<br>RN                                      | 50.00<br>0.00   |   |                       |         |              | X                            |        | 173,497   | 0  | 22,890  |
| (22) Deborah McWilliams<br>RN                                  | 50.00<br>0.00   |   |                       |         |              | X                            |        | 191,666   | 0  | 5,631   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 523,242   |  | 33,152  |
| <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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

Name of the organization

Phoebe Sumter Medical Center, Inc.

Employer identification number

26-3975185

**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) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 14: Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2021 Schedule A, Part II, line 14 15 %

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<br>(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<br>(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)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2022</b> | <b>(iii)<br/>Distributable<br/>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 for the latest information.

OMB No. 1545-0047

2022

Name of the organization Phoebe Sumter Medical Center, Inc. Employer identification number 26-3975185

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

Name of organization

Employer identification number

Phoebe Sumter Medical Center, Inc.

26-3975185

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | .....<br>.....<br>.....           | \$ 258,376                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | .....<br>.....<br>.....           | \$ 108,876                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | .....<br>.....<br>.....           | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | .....<br>.....<br>.....           | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | .....<br>.....<br>.....           | \$ 45,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | .....<br>.....<br>.....           | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Phoebe Sumter Medical Center, Inc.

26-3975185

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | .....<br>.....<br>.....           | \$ ..... 35,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | .....<br>.....<br>.....           | \$ ..... 300,000.          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | .....<br>.....<br>.....           | \$ ..... 9,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | .....<br>.....<br>.....           | \$ ..... 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



Name of organization

Employer identification number

Phoebe Sumter Medical Center, Inc.

26-3975185

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         | .....<br>.....<br>.....           | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | .....<br>.....<br>.....           | \$ 200,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | .....<br>.....<br>.....           | \$ 75,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | .....<br>.....<br>.....           | \$ 8,500                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | .....<br>.....<br>.....           | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | .....<br>.....<br>.....           | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Phoebe Sumter Medical Center, Inc.

26-3975185

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         | .....<br>.....<br>.....           | \$ ..... 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | .....<br>.....<br>.....           | \$ ..... 7,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | .....<br>.....<br>.....           | \$ ..... 20,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | .....<br>.....<br>.....           | \$ ..... 7,999.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | .....<br>.....<br>.....           | \$ ..... 20,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | .....<br>.....<br>.....           | \$ ..... 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Phoebe Sumter Medical Center, Inc.

26-3975185

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | .....<br>.....<br>.....           | \$ ..... 55,500.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Phoebe Sumter Medical Center, Inc.

26-3975185

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | .....<br>.....<br>.....           | \$ ..... 70,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | .....<br>.....<br>.....           | \$ ..... 125,000.          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Phoebe Sumter Medical Center, Inc.

26-3975185

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 37         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         | .....<br>.....<br>.....           | \$ ..... 8,595.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         | .....<br>.....<br>.....           | \$ ..... 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         | .....<br>.....<br>.....           | \$ ..... 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Phoebe Sumter Medical Center, Inc.

26-3975185

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 43         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 44         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 45         |                                   | \$ 39,081                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 46         |                                   | \$ 35,531                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 47         |                                   | \$ 15,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 48         |                                   | \$ 25,388                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Phoebe Sumter Medical Center, Inc.

26-3975185

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 49         | .....<br>.....<br>.....           | \$ ..... 12,500.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 50         | .....<br>.....<br>.....           | \$ ..... 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

**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.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

|   |   |
|---|---|
| Name of organization<br><b>Phoebe Sumter Medical Center, Inc.</b> | Employer identification number<br><b>26-3975185</b> |
|---|---|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ..... \$ .....
- 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.

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

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

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

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

| Lobbying Expenditures During 4-Year Averaging Period             |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 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 |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| a Volunteers?  |     | X  |        |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | X  |        |
| c Media advertisements?  |     | X  |        |
| d Mailings to members, legislators, or the public?   |     | X  |        |
| e Publications, or published or broadcast statements?  |     | X  |        |
| f Grants to other organizations for lobbying purposes?   |     | X  |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | X  |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | X  |        |
| i Other activities?  | X   |    | 15,603 |
| j Total. Add lines 1c through 1i   |     |    | 15,603 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | X  |        |
| b If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

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

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

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

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

**Part IV Supplemental Information**

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

Schedule C, Part II-B, Line 1

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)*

Public Inspection Copy

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

Employer identification number

Phoebe Sumter Medical Center, Inc.

26-3975185

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

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

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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

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

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 4,000,000        | 4,000,000      | 4,000,000          | 4,000,000            | 4,000,000           |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 4,000,000        | 4,000,000      | 4,000,000          | 4,000,000            | 4,000,000           |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
  - b Permanent endowment %
  - c Term endowment 100.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 2,039,360                       |                              | 2,039,360      |
| b Buildings  |                                      | 56,749,049                      | 22,779,022                   | 33,970,027     |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 35,373,758                      | 19,570,299                   | 15,803,459     |
| e Other  |                                      | 1,548,769                       |                              | 1,548,769      |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 53,361,615     |

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**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) Related Party Payables  | 4,765,465      |
| (3) CARES Act refundable advance  | 166,939        |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 4,932,404      |

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         | 113,276,195 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |             |
|   | a Net unrealized gains (losses) on investments                                  | 2a | 1,964,676 |             |
|   | 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        | 1,964,676   |
| 3 | Subtract line 2e from line 1  |    | 3         | 111,311,519 |
| 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 | -25,306   |             |
|   | c Add lines 4a and 4b   |    | 4c        | -25,306     |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5         | 111,286,213 |

**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      | 102,611,273 |
| 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 | 25,306 |             |
|   | e Add lines 2a through 2d  |    | 2e     | 25,306      |
| 3 | Subtract line 2e from line 1   |    | 3      | 102,585,967 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |        |             |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |        |             |
|   | b Other (Describe in Part XIII.)   | 4b |        |             |
|   | c Add lines 4a and 4b  |    | 4c     |             |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5      | 102,585,967 |

**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**

During fiscal year 2007, Sumter Regional Hospital, as operated by the Authority, was destroyed in a tornado. The Americus-Sumter County Hospital Authority (Authority) entered into a lease and transfer agreement which included the construction of a new hospital facility. The Authority has received proceeds from the Federal Emergency Management Agency (FEMA) and the Georgia Emergency Management Agency (GEMA) for a portion of the construction costs of the new Hospital and intends to pursue further reimbursement from FEMA and GEMA to the fullest extent possible. It is anticipated, based on guidance received from an independent consultant, that the project audits are likely to be conducted by FEMA and GEMA once all outstanding claims are closed, which could result in demand(s) to

**Part XIII Supplemental Information** (continued)

recover a portion of the funds paid to the Authority.

Effective with an amendment to the lease and transfer agreement (Amendment) dated September 27, 2016, the Authority transferred approximately \$11,745,000 of receipts from FEMA and GEMA to the Hospital. The Amendment specifies that the FEMA and GEMA funds may be used for the following purposes:

..... First, to pay FEMA and GEMA all sums determined to be owed as a result of any audits.

..... Second, and only after adequate provision for the funding of the first bullet point, the funds can be used to fund physician development in the Hospital's service area.

..... Third, and only after adequate provision for the first two bullet points above, the funds can be used by the Hospital for any purposes permitted under the lease and transfer agreement.

Also in accordance with the Amendment, the Hospital agreed to establish a separate account to hold the sum of \$4,000,000 of the above funds until the conclusion of the expected FEMA and GEMA audits to ensure the immediate availability of funds to repay any amounts finally determined to be owed to FEMA and GEMA as a result of the audits. Should the \$4,000,000 not be sufficient to repay any amounts due to FEMA and GEMA, the Hospital agrees that it will pay in full and fully indemnify the Authority for all related sums finally determined to be owed to FEMA and GEMA.

The Amendment states that the adequate provision of both the FEMA and GEMA fund repayment and the adequate provision to fund physician development are to be determined at the sole discretion of the Hospital. Per a Hospital Board of Directors resolution dated November 1, 2016, the Hospital believes the \$4,000,000 is adequate provision for the repayment of the FEMA and GEMA



**Part XIII Supplemental Information** *(continued)*

funds. Also, based on the current and long-term physician development plan, coupled with the requirement that the Hospital chief executive officer report on the efforts and results of physician development at each Board of Directors meeting, and the requirement that the Hospital's Board of Directors approve the budget and strategic plan each year, the Hospital believes this constitutes adequate provision for the funding of physician development.

**Part X - FIN 48 Footnote**

The Hospital 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 Hospital applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the Hospital 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 and 2022 or for the years then ended. The Hospital's

**Part XIII Supplemental Information** (continued)

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      | \$ | -25,306 |
| Capital Contribution | \$ | 0       |

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

|                 |    |        |
|-----------------|----|--------|
| Rental Expenses | \$ | 25,306 |
|-----------------|----|--------|

**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 Sumter Medical Center, Inc.

Employer identification number

26-3975185

**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:<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><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:<br><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:<br><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**

| Financial Assistance and Means-Tested Government Programs  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1)   |   |                               | 4,928,808                           |                               | 4,928,808                         | 4.80                         |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |   |                               | 18,905,878                          | 17,868,652                    | 1,037,226                         | 1.01                         |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               |                                     |                               | 0                                 | 0.00                         |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs                          |   |                               | 23,834,686                          | 17,868,652                    | 5,966,034                         | 5.81                         |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) |   |                               | 77,864                              |                               | 77,864                            | 0.08                         |
| <b>f</b> Health professions education (from Worksheet 5)   |   |                               | 277,331                             |                               | 277,331                           | 0.27                         |
| <b>g</b> Subsidized health services (from Worksheet 6)   |   |                               | 11,902,514                          | 10,219,584                    | 1,682,930                         | 1.64                         |
| <b>h</b> Research (from Worksheet 7)   |   |                               |                                     |                               | 0                                 | 0.00                         |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |   |                               | 58,903                              |                               | 58,903                            | 0.06                         |
| <b>j Total.</b> Other Benefits   |   |                               | 12,316,612                          | 10,219,584                    | 2,097,028                         | 2.05                         |
| <b>k Total.</b> Add lines 7d and 7j  |   |                               | 36,151,298                          | 28,088,236                    | 8,063,062                         | 7.86                         |

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

|    | (a) Number of activities or programs (optional)           | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|----|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1  | Physical improvements and housing                         |                               |                                      |                               | 0                                  | 0.00                         |
| 2  | Economic development                                      |                               |                                      |                               | 0                                  | 0.00                         |
| 3  | Community support   |                               |                                      |                               | 0                                  | 0.00                         |
| 4  | Environmental improvements                                |                               |                                      |                               | 0                                  | 0.00                         |
| 5  | Leadership development and training for community members |                               |                                      |                               | 0                                  | 0.00                         |
| 6  | Coalition building  |                               |                                      |                               | 0                                  | 0.00                         |
| 7  | Community health improvement advocacy                     |                               |                                      |                               | 0                                  | 0.00                         |
| 8  | Workforce development                                     |                               | 210,668                              |                               | 210,668                            | 0.21                         |
| 9  | Other   |                               |                                      |                               | 0                                  | 0.00                         |
| 10 | <b>Total</b>  |                               | 210,668                              |                               | 210,668                            | 0.21                         |

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

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

|   |            |
|---|------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) <b>5</b>   | 12,670,695 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 <b>6</b>  | 13,726,634 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) <b>7</b>  | -1,055,939 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other |            |

**Section C. Collection Practices**

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

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1                  |   |  |  |   |
| 2                  |   |  |  |   |
| 3                  |   |  |  |   |
| 4                  |   |  |  |   |
| 5                  |   |  |  |   |
| 6                  |   |  |  |   |
| 7                  |   |  |  |   |
| 8                  |   |  |  |   |
| 9                  |   |  |  |   |
| 10                 |   |  |  |   |
| 11                 |   |  |  |   |
| 12                 |   |  |  |   |
| 13                 |   |  |  |   |

Part V Facility Information

Section A. Hospital Facilities

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

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

1 Phoebe Sumter Medical Center, Inc. 126 Highway 280 West Americus GA 31719 www.phoebehealth.com 129-663

Table with 10 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), and Facility reporting group.

X

X

X

Hospice, RHC

**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 Sumter Medical Center, Inc.

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

**Community Health Needs Assessment**

|   | Yes | No |
|---|-----|----|
| <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 Sumter Medical Center, 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? .....   | <b>X</b> |    |
| 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? .....   | <b>X</b> |    |
| <b>15</b> Explained the method for applying for financial assistance? .....  | <b>X</b> |    |
| 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? .....  | <b>X</b> |    |
| 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 Sumter Medical Center, 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 Sumter Medical Center, 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 Sumter Medical Center, Inc. - Part V, Line 3e

Eleven significant health needs are identified in the CHNA:

1) Mental health and mental disorders

2) Nutrition and healthy eating

3) Maternal and child health

4) Cancer

5) Quality of healthcare services

6) Weight status

7) Diabetes

8) Injury and violence

9) Access to affordable health care services

10) Heart disease and stroke

11) Alcohol and drug use

Facility 1, Phoebe Sumter Medical Center, Inc. - Part V, Line 5

To collect community input -

- 1 Focus Group was conducted with key community members to integrate their perspective and lived experience into the data; Mayors and City Managers were surveyed as well.

- 153 residents from Macon, Marion, Schley and Sumter County participated in the Community Survey. Survey was available in English and Spanish.

Secondary data, or numerical health indicators, from National, State, and Local sources were analyzed.

Facility 1, Phoebe Sumter Medical Center, Inc. - Part V, Line 11

The following 3 needs were ranked highest based on the CHNA results:

**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.

Maternal & Child Health, Nutrition and Healthy Eating, and Mental Health and Mental Disorders. Significant health needs were prioritized based on the scope and severity of each health issue, and the ability for positive impact on each health issue. Any needs not addressed as priorities were due to resource limitations and/or strategic fit.

Facility 1, Phoebe Sumter Medical Center, 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 V Facility Information** (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 2

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| 1 Phoebe Sumter Hospice<br>126 Hwy 280 West<br><br>Americus GA 31719          | Hospice                     |
| 2 Ellaville Primary Medicine<br>339 S. Broad Street<br><br>Ellaville GA 31806 | Rural Health Clinic         |
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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>\$102,585,967</u> |
|-----------------------------------|----------------------|

|  |               |
|--|---------------|
| <u>Add: expenses reported in Part VIII</u> | <u>25,306</u> |
|--|---------------|

|                                   |                      |
|-----------------------------------|----------------------|
| <u>Denominator for Column (f)</u> | <u>\$102,611,273</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 the Hospital expects to receive from patients, which are determined based on historical

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collection experience, current market conditions, and other factors.

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital 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 15-20 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

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

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Part III, Line 9b - Collection Practices Explanation

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

Part VI, Line 2 - Needs Assessment

Needs assessments have traditionally led to the creation of community-based  
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 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 hospital last conducted a community health needs assessment 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/Phoebe%20Sumter%20Medical%20Center/CHNA\\_PSMC2022.pdf](https://www.phoebehealth.com/media/file/Phoebe%20Sumter%20Medical%20Center/CHNA_PSMC2022.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 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, and through our customer service  
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 policy and encourages  
patients to call for financial assistance.

Part VI, Line 4 - Community Information

PSMC is located in Sumter County, Georgia. There are approximately  
28,864 residents of Sumter County with a racial mix of 53% African

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American, 39% Caucasian, and 8% other. Population projections for Sumter County show overall population growth of approximately 0.09% in the next few years. The Household Median Income for Sumter County averaged \$38,899 in 2022 dollars, and about 22.3% of individuals of the population were below the poverty line. In addition to Sumter County, PSMC has a service area that includes Marion, Macon, Dooly, Stewart, Webster, Schley and Taylor Counties. PSMC has a good relationship with these counties, and implemented a Regional Advisory Council in 2015 to better serve the needs of these communities and therefore practice a true Population Health methodology.

Part VI, Line 5 - Promotion of Community Health

The organization and its volunteer board is composed of community members with diverse professional and community service backgrounds, as well as physician members. The organization's emergency center is operated 24/7 and open to all persons, regardless of ability to pay. The board maintains open medical staff policies with privileges available to all qualifying physicians. The board has a clearly written financial

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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.

The organization has a multi-pronged approach to improving the health of  
the communities it serves: increasing access, building capacity, investing  
in "upstream" programs that get at the cause of disease and illness,  
building community partnerships, advocating change, and developing  
leadership. Surplus funds are reinvested in resources to improve the  
delivery of medical and health care services.

Primary care is first and creates a profound impact on the communities  
served. Primary care services are established in areas where residents are  
most likely to suffer from severe manpower shortages, high poverty levels  
and a lack of access to care.

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. (PPMH), a not-for-profit  
entity, Phoebe Putney Health Ventures, Inc. (PPHV), a for-profit

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corporation, Phoebe Physician Group, Inc. (PPG), a not-for-profit  
corporation, Phoebe Worth Medical Center, Inc. (PWMC), a not-for-profit  
entity, Phoebe Sumter Medical Center, Inc. (PSMC), a not-for-profit entity,  
Phoebe Putney Indemnity, Ltd. (PPI), a wholly-owned subsidiary, and Phoebe  
Foundation, Inc. (PF), a not-for-profit entity.

PPMH is 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.

PPHV engages in healthcare and related activities in furtherance of the  
exempt purposes of PPHS and PPMH.

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

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

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PPG was established to organize and operate medical practices exclusively for the benefit of PPMH, PWMC, and PSMC.

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 PPHS established to provide general liability, professional liability, personal injury liability, advertising injury liability, contractual liability, and auto physical damage coverage to PPHS.

PF 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 (Authority).

Phoebe Sumter Foundation, Inc. was established to raise funds to support PSMC. Phoebe Sumter Foundation, Inc.'s bylaws provide that the majority of all funds raised, except for funds acquired for the operation of the Foundation, be distributed to or be held for the benefit of the Hospital.

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

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Additional Information

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Phoebe Sumter Medical Center, Inc. (PSMC), formerly Sumter Regional Hospital, is a not-for-profit health care organization that exists to serve the community. PSMC opened in 1953 to serve the community by caring for the sick regardless of their ability to pay. As a not-for-profit hospital, PSMC 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.

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PSMC 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. PSMC takes seriously its responsibility as the community's safety net hospital and has a strong record of meeting and exceeding the charitable care and the organizational and operational standards required for federal tax-exempt status. PSMC

Schedule H (Form 990) 2022

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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.

PSMC improves the health and well being of Southwest Georgia through clinical services, education, research, and partnerships that build health capacity in the community. PSMC provides community benefits for all citizens, as well as for the medically underserved. PSMC conducts community needs assessments and pays close attention to the needs of low income and other vulnerable persons and the community at large. PSMC often works with community groups to identify needs, strengthen existing community programs, and plan newly needed services. It provides a wide-ranging array of community benefit services designed to improve community health and the health of individuals and to increase access to health care, in addition to providing free and discounted services to people who are

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uninsured and underinsured. Drawing on a dynamic and flexible structure,  
the community benefit programs are designed to respond to assessed needs  
and are focused on upstream prevention.

PSMC participates in the Medicare and Medicaid programs and is one of the  
leading providers of Medicaid services in Georgia.

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

|                  | Charges<br>Foregone | Estimated<br>Unreimbursed Cost |
|------------------|---------------------|--------------------------------|
| Medicare         | \$ 131,000,000      | \$ 37,000,000                  |
| Medicaid         | 51,000,000          | 14,000,000                     |
| Indigent/charity | 19,000,000          | 5,000,000                      |

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\$ 201,000,000      \$ 56,000,000

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

### I. Community Health Improvement Services

Healthy Sumter is a health and wellness campaign that is a collaborative effort co-convened by Phoebe Sumter and the One Sumter Economic Development Foundation. With more than 25 organizations and counting, Healthy Sumter is a simple brand, aligned with the Sumter County brand, under which efforts of many non-profits and agencies can be organized to raise public awareness.

Areas of focus fall under 3 categories: Healthy Minds (i.e. Mental Health Awareness, Literacy, etc.); Healthy Bodies (Colorectal Cancer Awareness, Overall Fitness, etc.); Healthy Community (Bike & Trail Access and other Transportation, Jobs Availability, Housing, Crime Prevention, etc.).

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During FY2023 the following health education activities reached approximately 1,020 individuals:

-Sumter Pink Walk

-Annual Heart Walk

-Middle Flint Senior Picnic

-Ties that Bind Luncheon

-Children's Mental Health Day

-Sumter County Health Department Health Fair

The Wellable App is an opportunity for local community members to track their physical activities as well as learn about and engaging in behaviors associated with a new holistic wellness topic each month. Participants also have an opportunity to earn points that can be redeemed for Healthy Sumter swag, such as water bottles, tumblers, and t-shirts.

Sumter County has a high rate of Food Insecurity, which is associated with chronic health problems in adults including diabetes, heart disease, high

**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.

blood pressure, obesity and mental health issues including major depression. Also, Sumter County has a high number of food deserts, meaning that residents in those respective areas have little or no access to fresh fruits and vegetables. With these facts in mind, the idea of creating community gardens in Sumter and surrounding areas came to pass.

Bags of fresh produce from our Community Gardens along with Flint River Fresh and Kononia Farms was distributed to over 1,410 individuals at a cost of \$25,310.

Phoebe Sumter hosted a children's health fair for 320 participants who were provided weight, BMI and blood pressure readings in addition to free COVID vaccines. Also provided at the event were games, a healthy lunch, fruit and vegetable boxes, as well as back-to-school supplies. The total cost for this event was \$6,000.

Phoebe Sumter provided 58 mammograms to uninsured women in 2023 for an estimated cost of \$8,120.

**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.

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## II. Health Care Support Services

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### Indigent Financial Assistance

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

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### Charity Financial Assistance

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Patients whose income level is between 126% - 400% of the Federal Poverty Levels will be classified as charity. These patients will be responsible for a percentage of the Hospital charges. This percentage will be based on calculations using the Federal Poverty Levels that are published in the "Federal Register" each year. If it is determined the patient responsibility will be an undue hardship on the patient/guarantor, these cases will be reviewed on an individual basis with the Phoebe Cares Supervisor for possible catastrophic charity based on sliding scale guidelines.

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### Catastrophic Financial Assistance

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**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.

Patients whose income exceeds 400% of the Federal Poverty Levels and whose hospital charges exceed 25% of their annual income, resulting in excessive hardship, are eligible for a discount up to 75% of the patient balance. The patient may pay the remaining balance over 24 months.

During Fiscal Year 2023, 402 patients were approved for financial assistance.

### III. Health Professions Education

#### Nursing Students

In 2023, Phoebe Sumter provided \$237,174 in clinical supervision and training to 142 nursing students.

#### Other Students

In 2023, Phoebe Sumter provided \$40,157 in clinical supervision of other healthcare students.

### IV. Financial and In-Kind Support

**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 2023, Phoebe Sumter provided \$58,903 for advertising and promotion of the Wellable app.

#### V. Community Benefit Operations

PSMC incurred \$38,434 in support staff costs to support its community benefit efforts.

#### VI. Workforce Development

Phoebe Sumter Medical Center recognizes the healthcare workers shortage and is taking steps to help alleviate that shortage. First, PSMC contributed funds to the Georgia Southwestern Foundation to support the reinstatement of the ASN program. Second, PSMC has contributed funding to the IGNITE College and Career Academy in support of the Health Sciences program. The IGNITE College and Career Academy has a work-based learning program in which high school students can work and receive high school credits. Phoebe Sumter is one of many local businesses that participate in this program encouraging students to prepare for work in the healthcare field. Finally, PSMC has contributed funds to One Sumter Economic Development to support



**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 Sumter Medical Center, Inc.

Employer identification number

26-3975185

**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) | Georgia Southwestern Foundation<br>800 Georgia Southwestern<br>Americus GA 31709-4379  | 58-1386358 | 501c3                           | 169,168                  |                                  |   |                                       | General Support                    |
| (2) | Ignite College and Career Academy<br>903 S Georgia Tech Pkwy<br>Americus GA 31709-8105 | 87-1839270 | 501c3                           | 37,500                   |                                  |   |                                       | College/Career Acade               |
| (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 ▶ 2
- 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)



**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 Scholarships                  | 10                       | 44,959                   |                                  |   |                                       |
| 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

Supplemental Information

SCHEDULE I (Form 990)

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

2022

Name of the organization

Phoebe Sumter Medical Center, Inc.

Employer identification number

26-3975185



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

The organization provides oversight and monitors the program based on utilization each budget year.

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 Tutition 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 Sumter Medical Center, Inc.

Employer identification number  
26-3975185

**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 Bd Mbr PPHS CEO/Pres  | (ii) 879,828   | 285,000                             | 20,857                              | 236,675  | 34,018                  | 1,456,378                       | 0   |
| Brian Church            | (i) 0  | (ii) 0                              | (iii) 0                             | 0  | 0                       | 0                               | 0   |
| 2 Bd Mbr/PPHS CFO/CAO   | (ii) 624,591   | 198,679                             | 20,062                              | 140,122  | 37,973                  | 1,021,427                       | 0   |
| John Fennessy, MD       | (i) 0  | (ii) 0                              | (iii) 0                             | 0  | 0                       | 0                               | 0   |
| 3 Board Member/Phys.    | (ii) 1,008,879   | 516,882                             | 32,119                              | 8,550  | 37,973                  | 1,604,403                       | 0   |
| Dale Lawson, M.D.       | (i) 0  | (ii) 0                              | (iii) 94,380                        | 0  | 0                       | 94,380                          | 0   |
| 4 Board Mem/Phys(12/22  | (ii) 0   | 0                                   | 216,237                             | 0  | 0                       | 216,237                         | 0   |
| Joe Austin              | (i) 0  | (ii) 0                              | (iii) 0                             | 0  | 0                       | 0                               | 0   |
| 5 PPMH CEO              | (ii) 377,686   | 85,164                              | 635,100                             | 8,550  | 27,844                  | 1,134,344                       | 181,267   |
| Michelle Doggett        | (i) 120,517  | (ii) 11,857                         | (iii) 408                           | 3,850  | 32,120                  | 168,752                         | 0   |
| 6 Controller PSMC       | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Carlyle Walton          | (i) 0  | (ii) 0                              | (iii) 0                             | 0  | 0                       | 0                               | 0   |
| 7 CEO PSMC              | (ii) 106,219   | 30,000                              | 7,378                               | 17,809   | 3,823                   | 165,229                         | 0   |
| Susan Bruns             | (i) 0  | (ii) 0                              | (iii) 0                             | 0  | 0                       | 0                               | 0   |
| 8 CNO PSMC              | (ii) 195,137   | 17,119                              | 816                                 | 4,565  | 20,912                  | 238,549                         | 0   |
| Dawn Benson             | (i) 0  | (ii) 0                              | (iii) 0                             | 0  | 0                       | 0                               | 0   |
| 9 SVP- General Counsel  | (ii) 425,246   | 66,712                              | 87,836                              | 75,262   | 0                       | 655,056                         | 46,052  |
| Tomomi Colquitt         | (i) 157,313  | (ii) 27,846                         | (iii) 56                            | 2,457  | 0                       | 187,672                         | 0   |
| 10 RN                   | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Darryl Hawkins          | (i) 157,361  | (ii) 600                            | (iii) 947                           | 5,073  | 35,935                  | 199,916                         | 0   |
| 11 Director of Pharmacy | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Christy Hardin          | (i) 157,294  | (ii) 600                            | (iii) 185                           | 4,631  | 0                       | 162,710                         | 0   |
| 12 Asst. Dir Pharmacy   | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Dianna Windham          | (i) 151,420  | (ii) 21,955                         | (iii) 122                           | 0  | 22,890                  | 196,387                         | 0   |
| 13 RN                   | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Deborah McWilliams      | (i) 165,001  | (ii) 26,478                         | (iii) 187                           | 5,631  | 0                       | 197,297                         | 0   |
| 14 RN                   | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|                         | (i) 0  | (ii) 0                              | (iii) 0                             | 0  | 0                       | 0                               | 0   |
| 15                      | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|                         | (i) 0  | (ii) 0                              | (iii) 0                             | 0  | 0                       | 0                               | 0   |
| 16                      | (ii) 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

**Part III Supplemental Information**

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

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

|                | Severance | Nonqualified | Equity-based |
|----------------|-----------|--------------|--------------|
| Scott Steiner  | 0         | 228,125      | 0            |
| Brian Church   | 0         | 131,572      | 0            |
| Joe Austin     | 165,960   | 0            | 0            |
| Carlyle Walton | 0         | 17,231       | 0            |
| Dawn Benson    | 0         | 66,712       | 0            |

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

**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.

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 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

**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.

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 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,

**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.

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 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



**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.

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 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

**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.

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 L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open To Public Inspection

Phoebe Sumter Medical Center, Inc.

Employer identification number

26-3975185

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

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

| (a) Name of interested person                        | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of org. revenues? |    |
|--|---|---------------------------|--------------------------------|-------------------------------|----|
|  |   |                           |                                | Yes                           | No |
| (1) Southern Pathology and Laboratory Control Entity |   | 158,233                   | Lab Director Fee               |                               | X  |
| (2)  |   |                           |                                |                               |    |
| (3)  |   |                           |                                |                               |    |
| (4)  |   |                           |                                |                               |    |
| (5)  |   |                           |                                |                               |    |
| (6)  |   |                           |                                |                               |    |
| (7)  |   |                           |                                |                               |    |
| (8)  |   |                           |                                |                               |    |
| (9)  |   |                           |                                |                               |    |
| (10)   |   |                           |                                |                               |    |

**Part V Supplemental Information.**

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

Schedule L, Part V - Additional Information

Sandra Zornes, M.D., a board member, owns Southern Pathology and Laboratory Services, P.C. The filing organization contracts with Southern Pathology and Laboratory Services, P.C. for Dr. Zornes' services as lab director.

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

Name of the organization

**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           | Employer identification number |
| Phoebe Sumter Medical Center, Inc. | 26-3975185                     |

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

The sole member of Phoebe Sumter Medical Center, 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, the sole member, shall appoint all directors of the filing organization.

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

The sole member, PPHS, 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 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

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

Schedule O (Form 990) 2022

|  |  |
|--|--|
| Name of the organization<br>Phoebe Sumter Medical Center, Inc. | Employer identification number<br>26-3975185 |
|--|--|

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 Sumter Medical Center, Inc. (PSMC) 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 PSMC 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 to 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.

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

Description

|          |         |               |             |
|----------|---------|---------------|-------------|
| Tot/Prog | Service | Mgt & General | Fundraising |
|----------|---------|---------------|-------------|

Physician Fees

|                                    |                                |
|------------------------------------|--------------------------------|
| Name of the organization           | Employer identification number |
| Phoebe Sumter Medical Center, Inc. | 26-3975185                     |

Public Inspection Copy

|                             |               |              |      |
|-----------------------------|---------------|--------------|------|
|                             | \$ 9,021,904  | \$ 1,448,105 | \$ 0 |
| Contract Labor              |               |              |      |
|                             | \$ 8,678,870  | \$ 624,672   | \$ 0 |
| Collection Fees             |               |              |      |
|                             | \$ 0          | \$ 328,906   | \$ 0 |
| Purchased Services          |               |              |      |
|                             | \$ 7,718,598  | \$ 6,386,929 | \$ 0 |
| Intercompany Allocated Cost |               |              |      |
|                             | \$ 2,203      | \$ 1,041,153 | \$ 0 |
| Total                       |               |              |      |
|                             | \$ 25,421,575 | \$ 9,829,765 | \$ 0 |

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

Interest in net assets of Sumter Foundation \$ 147,026

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Phoebe Sumter Medical Center, Inc.

Employer identification number

26-3975185

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

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

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) Phoebe Putney Health Systems, Inc.<br>P.O. Box 3770 58-2001014<br>Albany GA 31706-3770      | Healthcare              | GA   | 501c3                      | 12c   | N/A                              |  | X  |
| (2) Phoebe Physician Group, Inc.<br>P.O. Box 3770 26-3792403<br>Albany GA 31706-3770            | Healthcare              | GA   | 501c3                      | 10  | PPHS                             |  | X  |
| (3) Phoebe Sumter Foundation, Inc.<br>126 Highway 280 West 58-1607727<br>Americus GA 31719-8645 | Foundation              | GA   | 501c3                      | 12a   | PSMC                             | X  |    |
| (4) Phoebe Putney Memorial Hospital Inc<br>P.O. Box 3770 58-1928247<br>Albany GA 31706-3770     | Healthcare              | GA   | 501c3                      | 3   | PPHS                             |  | X  |
| (5) Phoebe Worth Medical Center, Inc.<br>P.O. Box 545 38-3647394<br>Sylvester GA 31791-0545     | 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)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Phoebe Sumter Medical Center, Inc.

Employer identification number

26-3975185

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

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

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

| (a)<br>Name, address, and EIN of related organization                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) Phoebe Foundation, Inc.<br>P.O. Box 3770 58-1847104<br>Albany GA 31706-3770             | Foundation              | GA   | 501c3                      | 12a   | PPHS                             |  | X  |
| (2) Phoebe Dorminy Medical Center, Inc.<br>P.O. Box 3770 45-2041878<br>Albany GA 31706-3770 | Healthcare              | GA   | 501c3                      | 3   | PPHS                             |  | X  |
| (3)<br>.....  |                         |  |                            |   |                                  |  |    |
| (4)<br>.....  |                         |  |                            |   |                                  |  |    |
| (5)<br>.....  |                         |  |                            |   |                                  |  |    |

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

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

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

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

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

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

|  | 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) Phoebe Sumter Foundation, Inc.  | c                             | 108,876                | Cash   |
| (2) Phoebe Sumter Foundation, Inc.  | m                             |                        | Value Undetermined                           |
| (3) Phoebe Sumter Foundation, Inc.  | n                             |                        | Value Undetermined                           |
| (4) Phoebe Sumter Foundation, Inc.  | o                             |                        | Value Undetermined                           |
| (5) Phoebe Sumter Foundation, Inc.  | p                             |                        | Value Undetermined                           |
| (6) Phoebe Sumter Foundation, Inc.  | q                             |                        | Value Undetermined                           |

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

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

|  | 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) Phoebe Sumter Foundation, Inc.  | e                             | 12,864                 | G/L detail                                   |
| (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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)<br>.....                           |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)<br>.....                           |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII**

**Supplemental Information.**

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

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