77630CAHOSP

2022 Tax Returns

Tax Period Ended June 30, 2023

Candler Hospital, Inc.
5353 Reynolds Street
Savannah, GA 31405-6015

77630CAHOSP

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

April 18, 2024

CONFIDENTIAL

Candler Hospital, Inc.
5353 Reynolds Street
Savannah, GA 31405-6015

Dear Joe:

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

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

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

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

Sincerely,

Draffin & Tucker LLP

77630CAHOSP

Filing Instructions

Candler Hospital, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2023

Date Due: May 15, 2024

Remittance: None is required. Your Form 990 for the tax year ended 6/30/23 shows no balance due.

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

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

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

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

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 20 23

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2022

Name of filer: Candler Hospital, Inc.

EIN or SSN: 58-0593388

Name and title of officer or person subject to tax: Allen R. Butcher
CFO

Part I Type of Return and Return Information

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

1a **Form 990** check here	[X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	507,834,757
2a **Form 990-EZ** check here	[ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a **Form 1120-POL** check here	[ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a **Form 990-PF** check here	[ ]	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a **Form 8868** check here	[ ]	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a **Form 990-T** check here	[ ]	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a **Form 4720** check here	[ ]	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a **Form 5227** check here	[ ]	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a **Form 5330** check here	[ ]	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a **Form 8038-CP** check here	[ ]	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

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

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

PIN: check one box only

[X] I authorize Draffin & Tucker LLP to enter my PIN 93388 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____ Date 04/18/24

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 67118711111

Do not enter all zeros

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

ERO's signature W Edward Hall Date 04/18/24

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

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 20 23

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2022

Name of filer: Candler Hospital, Inc.

EIN or SSN: 58-0593388

Name and title of officer or person subject to tax: Allen R. Butcher
CFO

Part I Type of Return and Return Information

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

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

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

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

PIN: check one box only

☒ I authorize Draffin & Tucker LLP to enter my PIN 93388 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____ Date 04/18/24

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 67118711111

Do not enter all zeros

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

ERO's signature W Edward Hall Date 04/18/24

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07/01/22 **, and ending** 06/30/23

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

C Name of organization
Candler Hospital, Inc.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
5353 Reynolds Street

City or town, state or province, country, and ZIP or foreign postal code
Savannah GA 31405-6015

D Employer identification number
58-0593388

E Telephone number
912-819-6162

G Gross receipts$ 507,834,757

F Name and address of principal officer:
Paul P. Hinchey
5353 Reynolds Street
Savannah GA 31405-6015

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

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

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

J Website: www.sjchs.org

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other | **L** Year of formation: 1934 | **M** State of legal domicile: GA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	1
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	2881
6	Total number of volunteers (estimate if necessary)	**6**	28
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,562,850
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,279,989	5,331,110
9	Program service revenue (Part VIII, line 2g)	449,188,429	483,080,744
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,141,050	8,996,930
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,579,344	10,425,973
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	469,188,812	507,834,757
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	137,934	243,933
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)	151,074,913	171,711,557
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)	278,546,751	300,693,093
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	429,759,598	472,648,583
19	Revenue less expenses. Subtract line 18 from line 12	39,429,214	35,186,174

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	302,538,878	315,972,378
21	Total liabilities (Part X, line 26)	30,205,219	29,150,638
22	Net assets or fund balances. Subtract line 21 from line 20	272,333,659	286,821,740

Part II Signature Block

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

Sign Here

Signature of officer — Date

Allen R. Butcher CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
William Edward Phillips	W Edward Phillips	4/18/24		P00451499

Firm's name: Draffin & Tucker LLP — Firm's EIN: 58-0914992
Firm's address: PO Box 71309 Albany, GA 31708-1309 — Phone no. 229-883-7878

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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 $ 391,342,613 including grants of $ 243,933) (Revenue $ 488,123,982)

See Schedule O

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

N/A

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

N/A

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

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

4e Total program service expenses 391,342,613

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 2881			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

Allen R. Butcher 5353 Reynolds Street
Savannah GA 31405-6015 912-819-6162

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Paul P. Hinchey	20.00									
President & CEO	22.00			X				658,294	438,863	28,190
(2) John Pablo	40.00									
Director-Oncology	0.00					X		955,480	0	23,366
(3) Sarah E. Gill	40.00									
Gynocologist	0.00					X		847,525	0	24,473
(4) Joshua T. McKenzie	40.00									
Radiation Oncologist	0.00					X		835,614	0	33,907
(5) John L. Mikell	40.00									
Radiation Oncologist	0.00					X		760,549	0	30,612
(6) Stephen J. Ramey	40.00									
Radiation Oncologist	0.00					X		607,478	0	33,673
(7) Kyle L. McCann	20.00									
COO	21.00			X				330,201	220,134	51,212
(8) Gregory J. Schaack(term 10/22)	21.00									
Trustee/CFO	25.00	X		X				269,827	179,884	25,677
(9) Nolan D. Hennessee	20.00									
VP	21.00				X			215,635	143,757	51,808
(10) Sherry A. Danello	20.00									
Trustee/VP	21.00	X		X				211,757	141,172	40,850
(11) Thomas S. Pound	20.00									
Chairman/VP	22.00	X		X				191,300	127,533	53,404

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Allen R. Butcher	21.00									
CFO	25.00			X				212,688	141,791	12,517
(13) Bradley Trower	20.00									
VP	21.00				X			178,619	119,079	45,759
(14) Patrick W. Wall	20.00									
VP	21.00				X			161,009	107,339	28,480
(15) Peter W. Nyamora	20.00									
VP	21.00				X			150,997	100,665	15,335
(16) Julia Mikell, MD	20.00									
Trustee/VP	21.00	X		X				135,423	90,282	32,198
(17) Sr. Margie Beatty, RSM(term 10/22)	20.00									
VP	22.00			X				129,930	86,620	20,500
(18) Mark Blakenship, MD	1.00									
Trustee	3.00	X		X				0	0	0
(19) Paul Drwiega, MD	0.00									
Trustee	0.00	X						0	0	0
1b Subtotal								6,852,326	1,897,119	551,961
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,852,326	1,897,119	551,961

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 167

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Summit Cancer Care, P.C. 225 Candler Drive, Suite 300 Savannah GA 31405	Oncology Svcs	8,156,895
South Coast Medical Group 1326 Eisenhower Drive Bldg 2 Savannah GA 31406	RVU Prod/Mgmt	7,295,859
American Anesthesia Associates 400 Mall Blvd Savannah GA 31406	Anesthesia	4,609,835
SC Cancer Specialists, PA 45 Hospital Center Commons Hilton Head Island SC 29926	Oncology Svcs	2,988,969
Andrew Tucker, MD, PC 5354 Reynolds Street, Ste 315 Savannah GA 31405	RVU Production	1,302,529

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 73

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,382,597				
	e Government grants (contributions)	1e	3,765,542				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	182,971				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			5,331,110			
Program Service Revenue		Business Code					
	2a Net Patient Revenue	624100		472,440,711	472,440,711		
	b Prescription Center Related	621500		7,566,028	7,566,028		
	c Reference Lab Related	624100		1,654,382	1,654,382		
	d Reference Lab Unrelated	713940		1,419,623		1,419,623	
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			483,080,744			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,996,930			8,996,930
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a	2,819,885				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c	2,819,885				
	d Net rental income or (loss)			2,819,885			2,819,885
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a Other Operating Revenue	621990		6,063,440	6,063,440		
	b Wellness Center	713940		812,016		812,016	
	c Children's House Employee	624410		399,421	399,421		
	d All other revenue	621400		331,211		331,211	
	e **Total.** Add lines 11a–11d			7,606,088			
	12 **Total revenue.** See instructions			507,834,757	488,123,982	2,562,850	11,816,815

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	243,933	243,933		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,042,972		3,042,972	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	140,341,406	109,875,134	30,466,272	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,846,285	1,399,484	446,801	
9 Other employee benefits	18,325,676	13,890,862	4,434,814	
10 Payroll taxes	8,155,218	6,181,655	1,973,563	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	94,435,744	75,034,903	19,400,841	
12 Advertising and promotion	141,480	141,480		
13 Office expenses	5,490,803	2,802,945	2,687,858	
14 Information technology	451,125	451,125		
15 Royalties				
16 Occupancy	7,719,890	3,860,498	3,859,392	
17 Travel	373,282	342,812	30,470	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	138,071	121,335	16,736	
20 Interest	6,804,522	6,796,250	8,272	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,990,312	15,804,824	185,488	
23 Insurance	5,665,239	464,084	5,201,155	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	156,103,064	146,632,340	9,470,724	
b Repairs & Maintenance	7,007,906	6,948,168	59,738	
c Dues	247,017	226,143	20,874	
d Recruiting	122,588	122,588		
e All other expenses	2,050	2,050		
25 Total functional expenses. Add lines 1 through 24e	472,648,583	391,342,613	81,305,970	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,134,690	1	2,165,697
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		54,217,194	4	62,762,567
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		12,174,091	8	10,041,136
	9	Prepaid expenses and deferred charges		2,107,106	9	2,018,350
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 355,498,640			
	b	Less: accumulated depreciation	10b 224,760,492	123,817,622	10c	130,738,148
	11	Investments—publicly traded securities		941,513	11	1,105,937
	12	Investments—other securities. See Part IV, line 11		1,238,470	12	2,066,545
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		48,323,352	14	48,323,352
	15	Other assets. See Part IV, line 11		58,584,840	15	56,750,646
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		302,538,878	16	315,972,378
Liabilities	17	Accounts payable and accrued expenses		21,056,914	17	24,734,925
	18	Grants payable			18	
	19	Deferred revenue		3,765,542	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		1,690,083	23	3,309,776
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		3,692,680	25	1,105,937
	26	**Total liabilities.** Add lines 17 through 25		30,205,219	26	29,150,638
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		263,631,191	27	278,059,251
	28	Net assets with donor restrictions		8,702,468	28	8,762,489
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		272,333,659	32	286,821,740
	33	Total liabilities and net assets/fund balances		302,538,878	33	315,972,378

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	507,834,757
2	Total expenses (must equal Part IX, column (A), line 25)	2	472,648,583
3	Revenue less expenses. Subtract line 2 from line 1	3	35,186,174
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	272,333,659
5	Net unrealized gains (losses) on investments	5	9,555,374
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-30,253,467
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	286,821,740

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Candler Hospital, Inc.

Employer identification number
58-0593388

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) **14** %

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- **a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described 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? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	**5**	
6	Other distributions (*describe in Part VI*). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	**8**	
9	Distributable amount for 2022 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	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.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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

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

Candler Hospital, Inc.

Employer identification number

58-0593388

Organization type (check one):

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

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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: Candler Hospital, Inc.

Employer identification number: 58-0593388

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Candler Foundation, Inc. 5353 Reynolds Street Savannah GA 31405-6015	$ 1,226,491	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	St. Joseph's Foundation, Inc. 5353 Reynolds Street Savannah GA 31405-6015	$ 156,106	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	Univ of GA College of Pharmacy R.C. Wilson Pharmacy Bldg Athens GA 30602-0001	$ 73,446	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	U.S. Department of Health & Human Sv 200 Independence Ave SW Washington DC 20201-0004	$ 3,765,542	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
Candler Hospital, Inc.	58-0593388

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

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

2 Political campaign activity expenditures. See instructions ..... $ .....

3 Volunteer hours for political campaign activities. See instructions .....

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

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

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

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

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2019	**(b)** 2020	**(c)** 2021	**(d)** 2022	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		85,920
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		21,692
j Total. Add lines 1c through 1i			107,612
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

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

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

Part IV Supplemental Information *(continued)*

the lobbying efforts by these associations.

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

Candler Hospital, Inc.

Employer identification number

58-0593388

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

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

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,702,468	8,520,265	7,991,964	8,028,205	8,061,502
b Contributions	1,417,729	1,273,611	1,052,865	1,260,766	1,416,770
c Net investment earnings, gains, and losses	119,057	-167,084	247,249	60,150	65,307
d Grants or scholarships					
e Other expenditures for facilities and programs	1,476,765	924,324	771,813	1,357,157	1,515,374
f Administrative expenses					
g End of year balance	8,762,489	8,702,468	8,520,265	7,991,964	8,028,205

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

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment 10.67 %
- **c** Term endowment 89.33 %

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

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

	Yes	No
(i) Unrelated organizations **3a(i)**		X
(ii) Related organizations **3a(ii)**	X	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**	X	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,318,905		17,318,905
b Buildings		197,960,194	126,227,506	71,732,688
c Leasehold improvements		4,757,818	3,973,073	784,745
d Equipment		129,388,523	94,559,913	34,828,610
e Other		6,073,200		6,073,200
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				130,738,148

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)	Due from related parties	32,069,983
(2)	Beneficial Interest in Foundation	11,510,860
(3)	Other Receivables	9,598,200
(4)	Third party settlements	3,571,603
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*		56,750,646

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Deferred Compensation Payable	1,105,937
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*		1,105,937

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

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

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

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

Part XIII Supplemental Information.

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

Part V, Line 4 - Intended Uses for Endowment Funds

Endowments include funds reserved for building and development, education and scholarships, diabetes funds and other healthcare related purposes. All endowments are held by Candler Foundation, Inc., a related and supporting organization.

Part X - FIN 48 Footnote

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

Part XIII Supplemental Information *(continued)*

single member LLC owned by System and is treated as a disregarded entity for tax purposes.

The System applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdiciations, those income tax positions would be sustained. Based on that evaluation, the System only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits if an income tax position are not recongized, 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 resulys of the management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Furtherer, no interest or penalties have been accrued or charged to expense as of June 30, 2023 and 2022 or for the years then ended. The System's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

SJCV, SJCMG, Properties and Health Services have generally incurred operating losses for tax purposes and have not recorded a current or deferred tax provision due to signficiant net operating loss (NOL) carryforwards which would be utilitzed to offset any potential tax liabilites generated from future taxable income. At June 30, 2023, NOL

Part XIII Supplemental Information *(continued)*

carryforwards expiring through 2041 amounted to approximately $83,781,000 and are available for the offset of future taxable income. No asset has been recognized related to this NOL carryforward due to continued operating losses.

Acronyms:

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

CH - Candler Hospital, Inc.

SJH - Saint Joseph's Hospital, Inc.

Home Health - SJC Home Health, Inc.

Infirmary - Georgia Infirmary, Inc.

Geechee - Geechee Reinsurance Company, LLC

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* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [ ] 200% [X] Other 250%	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 500%	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,987,340		18,987,340	4.02
b Medicaid (from Worksheet 3, column a)			46,222,319	34,306,984	11,915,335	2.52
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d **Total.** Financial Assistance and Means-Tested Government Programs			65,209,659	34,306,984	30,902,675	6.54
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,127,096	147,153	979,943	0.21
f Health professions education (from Worksheet 5)			2,255,936		2,255,936	0.48
g Subsidized health services (from Worksheet 6)			471,480	65,929	405,551	0.09
h Research (from Worksheet 7)			432,111		432,111	0.09
i Cash and in-kind contributions for community benefit (from Worksheet 8)			231,158		231,158	0.05
j **Total.** Other Benefits			4,517,781	213,082	4,304,699	0.91
k **Total.** Add lines 7d and 7j			69,727,440	34,520,066	35,207,374	7.45

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			70,803	3,907	66,896	0.01
3 Community support			35,255	3,579	31,676	0.01
4 Environmental improvements					0	0.00
5 Leadership development and training for community members			18,216		18,216	
6 Coalition building			1,904		1,904	
7 Community health improvement advocacy			36,424	3,907	32,517	0.01
8 Workforce development			133,469	11,392	122,077	0.03
9 Other			33,474		33,474	0.01
10 Total			329,545	22,785	306,760	0.06

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 26,656,864		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 13,328,432		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5 194,707,111		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 212,445,002		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -17,737,891		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			

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

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	SJC/OIS Management	O/P Imaging Services	25		50
2	The Listening Center	ENT Services	25		75
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 Candler Hospital, Inc. 5353 Reynolds Street Savannah GA 31405-6015 www.sjchs.org 025-532	X	X					X		SNF	

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: Candler Hospital, Inc.

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): www.sjchs.org			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): https://www.sjchs.org/why-sjchs/commun			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Candler Hospital, Inc.

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group Candler Hospital, Inc.

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a	☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b	☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c	☒ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d	☒ Made presumptive eligibility determinations (if not, describe in Section C)			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group Candler Hospital, Inc.

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☒	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐	The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	**23**		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	**24**		X

Part V Facility Information *(continued)*

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

Facility 1, Candler Hospital, Inc. - Part V, Line 3e

The health needs identified from the 2022 are described on page 42 of the CHNA.

Facility 1, Candler Hospital, Inc. - Part V, Line 5

St. Joseph's/Candler (SJ/C) utilized data from the Coastal Georgica Indicators Coalition (CGIC) that provides insight into community indicators and performance measurements for specific needs within the community. Partnerships with outside community organizations such as Chatham County Safety Net Council, Chatham County Health Department, local public libraries, and outreaches affiliated with St. Joseph's/Candler allowed for the distribution of surveys to the target population within the community. These partnerships also provided direct access to public health officials, government officials and community leaders with special expertise in combatting the health and social challenges of the community. These collaborative groups along with the city and county governments and many other organizations are members of the CGIC and participated in the development of the Chatham County Community Blue Print, a public process to identify and address complex community health and social service needs. Specifically, in conducting the Community Health Needs Assessment for 2022, SJ/C used Survey Monkey to distribute and analyze community response. Because of the COVID-19 pandemic and government mandated public gathering restrictions, St. Joseph's/Candler had limited ways to gather feedback within the community, which lead to the decision of providing paper surveys and QR codes to the digital survey link to collect more feedback within the community. Surveys were available in English and Spanish.

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, Candler Hospital, Inc. - Part V, Line 6a

Saint Joseph's Hospital, Inc.

11705 Mercy Boulevard

Savannah, GA 31419-1711

Saint Joseph's Hospital and Candler Hospital's joint Community Health Needs Assessment and Implementation Plan can be found on St. Joseph's/Candler's website at https://www.sjchs.org/docs/default-source/default-document-library/2022-chna.pdf?sfvrsn=434d62ee_2, respectively.

Facility 1, Candler Hospital, Inc. - Part V, Line 6b

The collaborating partners for 2022 included the Coastal Georgia Indicators Coalition (CGIC), Safety Net Planning Council, Chatham County Health Department, local public libraries, outreach programs and facilities within SJ/C and Chatham County School System.

Facility 1, Candler Hospital, Inc. - Part V, Line 11

Many health and social needs were identified again in the 2022 Community Health Needs Assessment. Despite the many challenges, Chatham County is fortunate to have a number of health and social service organizations who work collaborative to address the community's most pressing needs. The hospitals, health department, CGIC, CCSNPC, the United Way, municipal governments and schools of higher learning work individually and collaboratively to address the most significant health and social needs of the community. It would be impossible for any single organization to address all the identified needs. To that end, SJ/C, with the help of CGIC

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.

and CCSNPC reviewed the identified needs and prioritized which needs the hospitals would address, and which they would not address and why.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 Candler Hospital SNF 5353 Reynolds Street Savannah GA 31405-6015	SNF

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 6a - Related Organization Information

The Hospital's community benefit report is reported as part of the combined annual report prepared by St. Joseph's/Candler Health System, Inc.

Part I, Line 7g - Subsidized Health Services Explanation

SJ/C contributed $405,551 to this category. Subsidized health services include:

- Assisted Living Assistance
- Nursing Home Assistance
- Durable Medical Equipment and Supplies Home
- Outpatient Palliative Care
- Health ServicesoRenal Dialysis Services
- Mobile Mammography Outreach

Part I, Line 7 - Costing Methodology Explanation

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part II - Community Building Activities

St. Joseph's/Candler (SJ/C) believes that good health is more than freedom from disease. Good health includes worthy employment, good education, safe homes/neighborhoods and advocacy. Additionally, SJ/C is concerned with the whole person, which includes spiritual care.

SJ/C provided $273,286 for community building activities. Such activities included:

- Community Economic Development Boards
- Senior Advocacy and Assistance Program
- Educational Programs
- Tax Preparation Assistance (VITA)
- Empowerment Center
- Workforce Development Programs
- Project SEARCH

Part III, Line 2 - Bad Debt Expense Methodology

Amounts included on Part III line 2 represent the amount of charges

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.

considered uncollectible. Pursuant to ASU No. 2014-09 (Topic 606), the amount identified as bad debt on Schedule H, Part II, Line 2 primarily represents amounts estimated at the transaction date that are considered a price concession. The System determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the System's policy, and implicit price concessions provided to uninsured patients. Implicit price concessions represent the difference between amounts billed and the estimated consideration the System expects to receive from patients, which are determined based on historical collection experience, current market conditions, and other factors.

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

The figure on Part III line 3 represents management's estimate (approximately 50%) based on an analysis of self pay patients' ability to pay their outstanding account. This analysis includes reviewing the patient's credit history, income levels and overall collectibility of the

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

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account.

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

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

Part III, Line 8 - Medicare Explanation

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

Part III, Line 9b - Collection Practices Explanation

Patient financial counselors visit patients who have no insurance, limited coverage and Medicaid patients without supplemental insurance to discuss assistance and refer those patients to our Medicaid eligibility vendor who

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screens these patients for Medicaid and other federal, state or local programs for assistance. Customer service at the Hospital and at extended business office, which does self-pay billing and collection, inform patients about our financial assistance program and assist them in making an application. Billing statements provide a message and telephone number to call if the patient has difficulty making payment. For patients who qualify for charity care and full financial assistance, there is no financial obligation. For those who qualify for partial financial assistance, collection procedures follow the same process as all other patients who are responsible for unpaid balances. Those patients who have not made payment arrangements for their remaining balances are sent letters when they are past due 30, 60, and 90 days. If payment arrangements are still not made after 90 days, then those accounts are referred to collections. Before referral to a collection agency, any account $2,500 or larger is

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scored for ability to pay (using Experian), and if the patient qualifies for charity care or full financial assistance, the account is written off as presumptive eligibility and not referred to the agency.

Part VI, Line 2 - Needs Assessment

St. Joseph's/Candler Health System, Inc. continually conducts various types of assessments to determine the community's needs for health and personal support services. Our System collaborates with numerous not-for-profit agencies and programs to extend and strengthen our mission. Our programs are successful due in large part because of these collaborations. Some examples include: the Chatham County Safety Net, City of Savannah's Step-Up Poverty Reduction Initiative, Georgia Southern University, Savannah Technical College, Savannah Economic Development Authority, and many more. Many of our System co-workers are also involved at every level of the community through their work as System representatives on not-for-profit boards such as: American Heart Association, the United Way, MedBank, Inc., Wesley Community Center, and Safe Shelter of Savannah. St. Joseph's/Candler

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also solicits input on community needs from community leaders, professionals and members who participate on outreach advisory boards. SJ/C's African American Health Information & Resource Center, Good Samaritan Clinic, Smart Senior, St. Mary's Community Center and St. Mary's Health Center have individual advisory boards comprised of those persons who have special interest, skills, knowledge and enthusiasm about the program's unique services. Program forums at each outreach site also provide direct feedback from the clients who use their services. This ensures each site continues to provide a service the community needs and benefits from.

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

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outlets, etc. in defined zip codes. This information, combined with our extensive collaborations and our role as a leader in the community, provides us the means to understand and address the community's needs and ensures our outreach programs are focused on the populations who need our services the most.

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

Customer service personnel at the Hospitals and St. Joseph's/Candler's extended business office inform patients about our financial assistance program and assist them in making an application. For patients who have no insurance, limited coverage, and Medicaid patients without supplemental insurance, patient financial counselors discuss the financial assistance and various government benefits which may be available to them. Patient financial counselors also refer appropriate patients to a Medicaid eligibility vendor who screens them for Medicaid and other federal, state, or local programs for assistance. St. Joseph's/Candler posts financial assistance contact information on its website. Upon admission to the Hospital, patients are provided the "Guide to Your Hospital Bill", which

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informs them how to understand their bill, as well as a summary of the Hospital's financial assistance policy. In addition, the billing statements sent to patients provide contact information in the event the patient has difficulty paying the balance due.

Part VI, Line 4 - Community Information

St. Joseph's/Candler is located in Savannah, GA. Savannah is the state's oldest city and the county seat of Chatham County. Chatham County is located on the southeast coast of United States in Georgia. The total estimated population in 2023 was 300,050 people. There are an estimated 121,084 households with 76,503 families in Chatham County. Caucasians make up the majority of the population at 46.59% followed by Black/African Americans at 37.94%. The largest percentage of the population falls into the 25-34 year-old age group.

The median household income is $64,453. Approximately 65% of the population age 25+ has some college experience or some type of degree. Approximately 9.54% of families live below the poverty level.

Life expectancy is 77.6 years old. The leading causes of death include

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cancer, heart disease, and stroke. High blood pressure, arthritis and diabetes are among the top chronic diseases in the county. Breast and lung/bronchial cancers lead the number of cancer cases in the county.82% of all adults age 16-64 have health insurance.

Part VI, Line 5 - Promotion of Community Health

All of St. Joseph's/Candler's healthcare facilities, including its hospitals, further their exempt purposes by promoting the health in our community in a variety of ways.

SJ/C strives to promote health by making strong connections with the local community. One critical connection includes our governing bodies, which are primarily comprised of persons who are not employees, contractors (nor family members thereof), and who reside in St. Joseph's/Candler's primary service area.

The Hospitals' medical staffs are open to all qualified physicians in the region. For those physicians in the region who do not have privileges, St. Joseph's/Candler provides a process for admitting patients via the hospitalists or through other SJ/C privileged providers.

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Surplus funds are used to support various outreach efforts described in Schedule H and the Community Benefit Report. Surplus funds are used to provide operational support to our African American Health Information and Resource Center, St. Mary's Community Center, and our two free health clinics. Further, these funds help to improve patient care to provide medical education to patients and the community, to conduct research, and to implement new technology.

One of the ways SJ/C assists low income elderly and disabled citizens to remain in their own homes and avoid institutional nursing home care, is through the work of the Georgia Infirmary. The Georgia Infirmary provides direct service to the elderly and disabled and advocates at the state and national levels for programs that will serve the needs of these citizens. The Georgia Infirmary has provided services to such persons through an adult day care center since 1974.

Part VI, Line 6 - Affiliated Health Care System

St. Joseph's/Candler Health System, Inc. (System), a not-for-profit membership corporation, was formed in 1997 under a Joint Operating

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Agreement entered into between Candler Hospital, Inc. (CH), Saint Joseph's Hospital, Inc. (SJH) and their various respective affiliates, such that the System became the parent organization of CH, SJH and the affiliates. The Sisters of Mercy of the Americas, Inc. (SMA) is the sole member of the System.

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

CH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through the operation of a 384-bed acute care hospital in Savannah, Georgia. CH is the sole member of and operates SJC Oncology Services - Georgia, LLC in Savannah, Georgia, SJC Oncology Services - South Carolina, LLC in Hilton Head, South Carolina, Candler Medical Oncology Practice, LLC, Candler ENT Practice, LLC and SJ/SC Cardiology LLC, all of which are single member LLC's that provide advanced radiation oncology and other specialized services.

SJH is a not-for-profit corporation, of which the System is the sole member, established to provide comprehensive health care services through

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the operation of a 330-bed acute care hospital in Savannah, Georgia. SJH is the sole member of and operates St. Joseph's Medical Group, LLC, and St. Joseph's Cardiology Group, LLC, SJC Electrophysiology, LLC, and St. Joseph's Vascular Group, LLC, all of which are single member LLC's that provide specialized physician services.

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

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

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

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

SJC Medical Group, Inc. (SJCMG) is a for-profit corporation which owns, operates, and manages physician practices, in addition to performing billing services, of which SJCV is the sole shareholder. SJCMG maintains a controlling interest in Chatham Hospitalists, LLC.

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

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

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SJC/Wayne Medical Oncology, LLC and St. Joseph's/Candler Urgent Care Centers, LLC.

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

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

Georgia

Additional Information

Additional information related to Part 1 Line 7 -

Part I, Line 7a - Financial Assistance and Means Tested Government Programs

Eligibility for financial assistance to Uninsured and Insured patients with a self-pay balance is based upon FPG, income of the patient's household, personal assets, and the amount of medical debt owed to SJ/C for which the patient is liable.

Part I, Line 7e - Community Health Improvement Services and Community

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Benefit Operations -

This category includes programs that aim to improve health and health literacy within the community. The African American Health Information Resource Center provides exercise classes and health education classes to those in the community. SJ/C has partnered with a local high school to provide blood pressure screenings and flu vaccines to those at the school and the neighboring areas. This program utilizes students that are interested in pursuing a career in health care and offers exposure to the health care field, all while offering a much needed service. The Emergency Department Medical Home Program works with un/underinsured patients in the emergency department to provide health education, community resources, and follow up appointments to a primary care provider. Good Samaritan Clinic and St. Mary's Health Center provide medical care to uninsured individuals that might not otherwise have access to non-emergent medical attention. St. Mary's Community Center offers assistance applying for public benefits and free eye exams. Once the eye exams are completed, participants are given free or discounted glasses and referrals to ophthalmologists as needed. SJ/C offers a Smart Senior Program that is available to anyone in the

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community. Smart Senior Participants are provided with Medicare Counseling, computer training classes, health screenings, socialization events, and more. SJ/C contributed $979,943 to this category.

Line 7f - Health Professions Education

SJ/C provides internships to a wide array of health care students. The system works with local universities to provide internships for nursing students, pharmacy students, medical students, social work students, and many more. SJ/C contributed $2,255,936 to this category.

Line 7g - Subsidized Health Services

SJ/C contributed $405,551 to this category. Subsidized health services include:

-Assisted Living Assistance
-Nursing Home Assistance
-Durable Medical Equipment and Supplies Home Health Services
-Outpatient Palliative Care
-Renal Dialysis Services
-Mobile Mammography Outreach

Line 7h - Clinical Research

St. Joseph's/Candler participates in numerous clinical research studies and operates an internal Institutional Review Board (IRB). Contributions for FY

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22 were $432,111.

Line 7i - Financial and In-Kind Contributions

This category includes financial and/or in-kind contributions totaling $231,158, examples include:

- Angels of Mercy
- Medbank, Inc.
- Burial and Funeral Assistance
- Medical Missions
- Church/Religious Outreach
- Meeting Space
- Community Board Involvement
- Mercy Volunteers
- Food Assistance
- Prescription Drug Assistance
- Local Not-for-Profit Board Participation
- Second Harvest
- Local Not-for-Profit Sponsorships
- Support Groups

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (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.

- Misc. Patient Assistance and Supplies

- Wellness Center Donations

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

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

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	Mammography indigent prog	591	115,029			
2	Pharmacy Scholarship	23	128,904			
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

SCHEDULE I (Form 990)	Supplemental Information For calendar year 2022, or tax year beginning 07/01/22 , and ending 06/30/23	2022

Name of the organization	Employer identification number
Candler Hospital, Inc.	58-0593388

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

Mammography Assistance Program

Patients are screened for qualification by the Director of Telfair Pavilion and her eligibility screener. Once patients are approved, they are funneled into a master mammography services bill and sent to the Foundations Specialist. Foundation Executive Director reviews master bill according to mammography fund purpose statement and sends for processing of payment. Note that the Foundation’s board is aware that some month's billings may exceed $5,000.

Pharmacy Scholarship Program

The Pharmacy department does monthly requests for funds. Each grant transfer request is filled out by pharmacy staff and then approved and signed off on by the Pharmacy Director. The forms are then submitted to the Foundation with back up for grant transfer. These grant transfer forms are then reviewed by the Foundations Director and signed again for the transfer of funds. These amounts are also reviewed by the Foundations' Board and approved again. Both Pharmacy Director and Executive Director have signed them and reviewed them for accuracy and making sure they meet Fund stipulations.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization
Candler Hospital, Inc.

Employer identification number
58-0593388

Part I Questions Regarding Compensation

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

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				
	Paul P. Hinchey	(i)	647,130	0	11,164	5,490	11,424	675,208	0
1	President & CEO	(ii)	431,420	0	7,443	3,660	7,616	450,139	0
	John Pablo	(i)	746,080	209,400	0	2,836	20,530	978,846	0
2	Director-Oncology	(ii)	0	0	0	0	0	0	0
	Sarah E. Gill	(i)	797,521	0	50,004	9,025	15,448	871,998	0
3	Gynocologist	(ii)	0	0	0	0	0	0	0
	Joshua T. McKenzie	(i)	644,464	191,150	0	8,797	25,110	869,521	0
4	Radiation Oncologist	(ii)	0	0	0	0	0	0	0
	John L. Mikell	(i)	649,549	111,000	0	9,150	21,462	791,161	0
5	Radiation Oncologist	(ii)	0	0	0	0	0	0	0
	Stephen J. Ramey	(i)	527,478	80,000	0	9,150	24,523	641,151	0
6	Radiation Oncologist	(ii)	0	0	0	0	0	0	0
	Kyle L. McCann	(i)	330,201	0	0	15,960	14,767	360,928	0
7	COO	(ii)	220,134	0	0	10,640	9,845	240,619	0
	Gregory J. Schaack(term 10/22)	(i)	269,827	0	0	5,490	9,916	285,233	0
8	Trustee/CFO	(ii)	179,884	0	0	3,660	6,611	190,155	0
	Nolan D. Hennessee	(i)	215,635	0	0	17,790	13,295	246,720	0
9	VP	(ii)	143,757	0	0	11,860	8,863	164,480	0
	Sherry A. Danello	(i)	211,757	0	0	12,300	12,210	236,267	0
10	Trustee/VP	(ii)	141,172	0	0	8,200	8,140	157,512	0
	Thomas S. Pound	(i)	191,300	0	0	17,790	14,252	223,342	0
11	Chairman/VP	(ii)	127,533	0	0	11,860	9,502	148,895	0
	Allen R. Butcher	(i)	205,093	0	7,595	0	7,510	220,198	0
12	CFO	(ii)	136,728	0	5,063	0	5,007	146,798	0
	Bradley Trower	(i)	178,619	0	0	13,249	14,206	206,074	0
13	VP	(ii)	119,079	0	0	8,833	9,471	137,383	0
	Patrick W. Wall	(i)	161,009	0	0	12,450	4,638	178,097	0
14	VP	(ii)	107,339	0	0	8,300	3,092	118,731	0
	Peter W. Nyamora	(i)	150,997	0	0	4,552	4,649	160,198	0
15	VP	(ii)	100,665	0	0	3,035	3,099	106,799	0
	Julia Mikell, MD	(i)	135,423	0	0	12,300	7,019	154,742	0
16	Trustee/VP	(ii)	90,282	0	0	8,200	4,679	103,161	0

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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				
1	Sr. Margie Beatty, RSM(term 10/22)	(i)	129,930	0	0	12,300	0	142,230	0
	VP	(ii)	86,620	0	0	8,200	0	94,820	0
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

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

	Severance	Nonqualified	Equity-based
Kyle L. McCann	0	20,500	0
Nolan D. Hennessee	0	20,500	0
Sherry A. Danello	0	20,500	0
Thomas S. Pound	0	20,500	0
Bradley Trower	0	20,500	0
Patrick W. Wall	0	13,325	0
Julia Mikell, MD	0	13,735	0
Sr. Margie Beatty, RSM(term 10/22)	0	20,500	0

Part III - Other Additional Information

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

The System maintains an unfunded supplemental executive retirement plan (SERP), which provides retirement benefits to certain officers and select employees. This plan is non-qualified and does not have a minimum funding requirement. The liability for this SERP obligation is included as deferred compensation payable and the assets set aside as a reserve for

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.

this liability are included in board designated assets limited as to use.

Part II, Bonus Award

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

Compensation from unrelated organization

Sister Margie Beatty is a key employee for the filing organization spending approximately half her time between two related hospitals, Candler Hospital and St. Joseph's Hospital. The organizations, however, submit 100% of her compensation to The Sisters of Mercy (SOM) for her services. Total amount paid to SOM in calendar year 2021 was $300,151.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

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.

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

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

	(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of org. revenues? Yes	**(e)** Sharing of org. revenues? No
(1)	John L. Mikell	Trustee Son	787,212	Employee		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information.**

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

Schedule L, Part V - Additional Information

John Mikell is the son of Julia Mikell, M.D., a Hospital Trustee, and is employed and compensated by the filing organization.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

Form 990 - Organization's Mission

Rooted in God's love, we treat illness and promote wellness for all people. Candler Hospital, Inc. provides comprehensive healthcare services to the surrounding counties through the operation of a 331-bed acute care hospital in Savannah, Georgia.

Form 990, Part I, Line 6

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

Services provided by volunteers:

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

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

-Patient family rooms: contact persons in waiting rooms.

-Deliver patient mail and flowers.

-Operate gift shops.

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

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

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

-Office volunteer: assist volunteer office staff as needed.

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

Candler Hospital, Inc. is an acute care hospital located in Savannah,

Georgia. In furtherance of its tax-exempt purpose, Candler Hospital, Inc.:

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

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

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

4) preserves and incorporates its faith-based philosophy of the hospital in all its activities and contracts.

During the fiscal year ended June 30, 2023, the Hospital served the following: 55,317 acute care patient days and 12,967 discharges including newborn; 4,752 rehab days with 332 discharges; and 7,464 skilled nursing days with 557 discharges. Emergency room visits totaled 49,404. The Hospital also provided services for 258,491 outpatient visits.

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

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

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

The Sisters of Mercy, Baltimore Regional Community (SMB) is the sole member of the System. Both CH and System share a common management team. SMB has certain limited rights such as appointment of three trustees to the System board. The System has the authority to appoint 13 of the 17 voting trustee positions and the System CEO is an ex-officio trustee.

As the sole member, System also controls CH. Pursuant to Section 3.2 of the Amended and Restated Joint Operating Agreement entered into on April 1, 2003, 4 of its 5 trustees are recommended by the CEO of System from among the member's management personnel and they are approved by the member's board. The 5th member of the Hospital board is the president of the Hospital's medical and dental staff.

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

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

These actions include:

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

the board of trustees and the board of directors of CH and to determine, when appropriate with respect to CH, the number of trustees or directors, quorum and voting requirements, terms, committees, officers, and any other customary and appropriate bylaw provisions for CH; and

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

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

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

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

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

The Board Chairman may ask the interested person to leave the meeting during discussion of the matter that gives rise to the potential conflict. If asked, the interested person shall leave the meeting, but may make a statement or answer any questions on the matter before leaving. The

interested person will not vote on the matter that gives rise to the potential conflict and the Board or Board Committee must approve the transaction or arrangement by majority vote of the Board members present at a meeting that has a quorum, not including the vote of the interested person.

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

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

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

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

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

Certain organizational policies, including the conflicts of interest policy, are located on the St. Joseph's/Candler website. Combined

financial statements are available through the Annual Bond Disclosure Report posted to a public website. Governing documents are currently not publicly available.

Form 990, Part VII - Additional Information

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

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

Description	Tot/Prog Service	Mgt & General	Fundraising
Purchased services	$ 22,529,294	$ 11,338,496	$ 0
Professional fees	$ 36,178,279	$ 7,408,392	$ 0
Outside lab fees	$ 2,475,524	$ 0	$ 0
Consulting fees	$ 93,968	$ 158,146	$ 0
Temporary labor	$ 11,219,140	$ 495,807	$ 0
Other fees	$ 2,538,698	$ 0	$ 0
Total			

Name of the organization: Candler Hospital, Inc.

Employer identification number: 58-0593388

$ 75,034,903	$ 19,400,841	$ 0

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

Capital Contributions (Prop. Acq)	$ 92,815
Change in interest in Foundation	$ 581,258
Equity transfers	$ -2,111,811
Net Periodic Pension Cost	$ -28,771,849
Unrealized Change in Derivative	$ -2,614
Gain in Noncontrolling JV Interest	$ -41,266
Total	$ -30,253,467

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SJC Oncology Services-GA, LLC 5353 Reynolds Street 58-1690520 Savannah GA 31405-6015	Radiology	GA			CH
(2) SJC Oncology Services-SC, LLC 5353 Reynolds Street 58-1894698 Savannah GA 31405-6015	Oncology	GA			CH
(3) Candler ENT Practice LLC 5353 Reynolds Street 46-5647244 Savannah GA 31405-6015	ENT	GA			CH
(4) Candler Medical Oncology Practice L 5353 Reynolds Street 46-5633323 Savannah GA 31405-6015	Oncology	GA			CH
(5) SJ/SC Cardiology LLC 5353 Reynolds Street 81-2136129 Savannah GA 31405-6015	Cardiology	GA			CH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) St. Joseph's/Candler Health System 5353 Reynolds Street 58-2288758 Savannah GA 31405-6015	Mgmnt	GA	501c 3	12c	N/A		X
(2) St. Joseph's Hospital, Inc. 11705 Mercy Blvd. 58-0568702 Savannah GA 31419-1711	Acute Care	GA	501c 3	3	System		X
(3) SJC Home Health Services, Inc. 5353 Reynolds Street 58-1329042 Savannah GA 31405-6015	Home Hlth	GA	501c 3	10	System		X
(4) Georgia Infirmary, Inc. 5353 Reynolds Street 58-0668614 Savannah GA 31405-6015	Clinic	GA	501c 3	10	System		X
(5) Candler Foundation, Inc. 5353 Reynolds Street 58-1553254 Savannah GA 31405-6015	Foundation	GA	501c 3	12b	System		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Candler Hospital, Inc.

Employer identification number

58-0593388

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) St Joseph's/Candler OB/GYN Practice 5353 Reynolds Street 82-2647012 Savannah GA 31405-6015	OB/GYN	GA			CH
(2)					
(3)					
(4)					
(5)					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) SJC/OIS Management, LLC 5353 Reynolds Street Savannah GA 31405-6015 46-0748220	Imaging	GA	N/A	Excluded	600,980	1,146,178		X	N/A		X	25.00
(2) The Listening Center, LLC 5356 Reynolds Street Savannah GA 31405 45-4044301	ENT	GA	N/A	Excluded	49,658	16,659		X	N/A	X		25.70
(3)												
(4)												

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

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

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

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

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

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

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

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

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

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

Schedule R - Additional Information

Part I, Columns (d) and (e)

The organization's recordkeeping is such that accurate amounts for the end-of-year assets and total income for each disregarded entity cannot be segregated without a proper cost accounting. Therefore, these columns are left blank as to not mislead the reader.

77630CAHOSP

Filing Instructions

Candler Hospital, Inc.

Exempt Organization Business Tax Return

Taxable Year Ended June 30, 2023

Date Due: May 15, 2024

Remittance: None is required. Your Form 990-T for the tax year ended 6/30/23 shows no balance due.

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

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

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

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

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2022 or other tax year beginning 07/01/22 , and ending 06/30/23

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

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

OMB No. 1545-0047

2022

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

A ☐ Check box if address changed.

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

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
Candler Hospital, Inc.

Number, street, and room or suite no. If a P.O. box, see instructions.
5353 Reynolds Street

City or town, state or province, country, and ZIP or foreign postal code
Savannah GA 31405-6015

C Book value of all assets at end of year 315,972,378

D Employer identification number
58-0593388

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university

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

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

J Enter the number of attached Schedules A (Form 990-T) 3

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No

If "Yes," enter the name and identifying number of the parent corporation
St. Joseph's/Candler Health System, Inc. 58-2288758

L The books are in care of Allen R. Butcher Telephone number 912-819-6162

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	11,766
2	Reserved	2	
3	Add lines 1 and 2	3	11,766
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	11,766
6	Deduction for net operating loss. See instructions	6	11,766
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	0
3	**Proxy tax.** See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Form 990-T (2022) Candler Hospital, Inc. 58-0593388 Page **2**

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	**1a**			
b	Other credits (see instructions)	**1b**			
c	General business credit. Attach Form 3800 (see instructions)	**1c**			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	**1d**			
e	**Total credits.** Add lines 1a through 1d			**1e**	
2	Subtract line 1e from Part II, line 7			**2**	
3	Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)			**3**	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			**4**	0
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			**5**	
6a	Payments: A 2021 overpayment credited to 2022	**6a**			
b	2022 estimated tax payments. Check if section 643(g) election applies ☐	**6b**			
c	Tax deposited with Form 8868	**6c**			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	**6d**			
e	Backup withholding (see instructions)	**6e**			
f	Credit for small employer health insurance premiums (attach Form 8941)	**6f**			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total	**6g**			
7	**Total payments.** Add lines 6a through 6g			**7**	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			**8**	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			**9**	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			**10**	
11	Enter the amount of line 10 you want: **Credited to 2023 estimated tax** **Refunded**			**11**	

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

		Yes	No
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ -5,006,683. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here

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

Signature of officer | Date | CFO Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
William Edward Phillips	W Edward Phillips	4/18/24		P00451499

Firm's name: Draffin & Tucker LLP — Firm's EIN: 58-0914992

Firm's address: PO Box 71309, Albany, GA 31708-1309 — Phone no. 229-883-7878

Form **990-T** (2022)

DAA

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2022

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

A Name of the organization
Candler Hospital, Inc.

B Employer identification number
58-0593388

C Unrelated business activity code (see instructions) 621500

D Sequence: 1 of 3

E Describe the unrelated trade or business Reference Lab

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____				
b Less returns and allowances _____ **c** Balance	**1c**			
2 Cost of goods sold (Part III, line 8)	**2**			
3 Gross profit. Subtract line 2 from line 1c	**3**			
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	**4a**			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	**4b**			
c Capital loss deduction for trusts	**4c**			
5 Income (loss) from a partnership or an S corporation (attach statement)	**5**			
6 Rent income (Part IV)	**6**			
7 Unrelated debt-financed income (Part V)	**7**			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	**8**			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	**9**			
10 Exploited exempt activity income (Part VIII)	**10**			
11 Advertising income (Part IX)	**11**			
12 Other income (see instructions; attach statement) See Stmt 1	**12**	1,419,623		1,419,623
13 **Total.** Combine lines 3 through 12	**13**	1,419,623		1,419,623

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income				
1 Compensation of officers, directors, and trustees (Part X)			**1**	
2 Salaries and wages			**2**	
3 Repairs and maintenance			**3**	
4 Bad debts			**4**	
5 Interest (attach statement). See instructions			**5**	
6 Taxes and licenses			**6**	
7 Depreciation (attach Form 4562). See instructions	**7**			
8 Less depreciation claimed in Part III and elsewhere on return	**8a**		**8b**	0
9 Depletion			**9**	
10 Contributions to deferred compensation plans			**10**	
11 Employee benefit programs			**11**	
12 Excess exempt expenses (Part VIII)			**12**	
13 Excess readership costs (Part IX)			**13**	
14 Other deductions (attach statement) See Statement 2			**14**	1,544,483
15 **Total deductions.** Add lines 1 through 14			**15**	1,544,483
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			**16**	-124,860
17 Deduction for net operating loss. See instructions			**17**	
18 **Unrelated business taxable income.** Subtract line 17 from line 16			**18**	-124,860

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) _____

	A	B	C	D
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) _____

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) _____

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) _____

11 **Total dividends-received deductions** included in line 10 _____

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

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

Nonexempt Controlled Organizations

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	**2.** Amount of income	**3.** Deductions directly connected (attach statement)	**4.** Set-asides (attach statement)	**5. Total deductions and set-asides** (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	**2**	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	**3**	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	**4**	
5	Gross income from activity that is not unrelated business income	**5**	
6	Expenses attributable to income entered on line 5	**6**	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	**7**	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2022

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

A Name of the organization
Candler Hospital, Inc.

B Employer identification number
58-0593388

C Unrelated business activity code (see instructions) 624410

D Sequence: 2 of 3

E Describe the unrelated trade or business Childrens House

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____				
b Less returns and allowances _____ **c** Balance	**1c**			
2 Cost of goods sold (Part III, line 8)	**2**			
3 Gross profit. Subtract line 2 from line 1c	**3**			
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	**4a**			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	**4b**			
c Capital loss deduction for trusts	**4c**			
5 Income (loss) from a partnership or an S corporation (attach statement)	**5**			
6 Rent income (Part IV)	**6**			
7 Unrelated debt-financed income (Part V)	**7**			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	**8**			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	**9**			
10 Exploited exempt activity income (Part VIII)	**10**			
11 Advertising income (Part IX)	**11**			
12 Other income (see instructions; attach statement) See Stmt 3	**12**	331,211		331,211
13 **Total.** Combine lines 3 through 12	**13**	331,211		331,211

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)			**1**	
2 Salaries and wages			**2**	
3 Repairs and maintenance			**3**	2,878
4 Bad debts			**4**	
5 Interest (attach statement). See instructions			**5**	
6 Taxes and licenses			**6**	
7 Depreciation (attach Form 4562). See instructions	**7**	56		
8 Less depreciation claimed in Part III and elsewhere on return	**8a**		**8b**	56
9 Depletion			**9**	
10 Contributions to deferred compensation plans			**10**	
11 Employee benefit programs			**11**	1,643
12 Excess exempt expenses (Part VIII)			**12**	
13 Excess readership costs (Part IX)			**13**	
14 Other deductions (attach statement) See Statement 4			**14**	314,868
15 **Total deductions.** Add lines 1 through 14			**15**	319,445
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			**16**	11,766
17 Deduction for net operating loss. See instructions			**17**	
18 **Unrelated business taxable income.** Subtract line 17 from line 16			**18**	11,766

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) _____

	A	B	C	D
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) _____

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) _____

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) _____

11 **Total dividends-received deductions** included in line 10 _____

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

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

Nonexempt Controlled Organizations

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	**2.** Amount of income	**3.** Deductions directly connected (attach statement)	**4.** Set-asides (attach statement)	**5. Total deductions and set-asides** (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	**2**	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	**3**	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	**4**	
5	Gross income from activity that is not unrelated business income	**5**	
6	Expenses attributable to income entered on line 5	**6**	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	**7**	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2022

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

A Name of the organization
Candler Hospital, Inc.

B Employer identification number
58-0593388

C Unrelated business activity code (see instructions) 713940

D Sequence: 3 of 3

E Describe the unrelated trade or business Wellness Center

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____				
b Less returns and allowances _____ **c** Balance	**1c**			
2 Cost of goods sold (Part III, line 8)	**2**			
3 Gross profit. Subtract line 2 from line 1c	**3**			
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	**4a**			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	**4b**			
c Capital loss deduction for trusts	**4c**			
5 Income (loss) from a partnership or an S corporation (attach statement)	**5**			
6 Rent income (Part IV)	**6**			
7 Unrelated debt-financed income (Part V)	**7**			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	**8**			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	**9**			
10 Exploited exempt activity income (Part VIII)	**10**			
11 Advertising income (Part IX)	**11**			
12 Other income (see instructions; attach statement) See Stmt 5	**12**	812,016		812,016
13 **Total.** Combine lines 3 through 12	**13**	812,016		812,016

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)			**1**	
2 Salaries and wages			**2**	538,631
3 Repairs and maintenance			**3**	1,709
4 Bad debts			**4**	
5 Interest (attach statement). See instructions			**5**	
6 Taxes and licenses			**6**	59,063
7 Depreciation (attach Form 4562). See instructions	**7**	52,785		
8 Less depreciation claimed in Part III and elsewhere on return	**8a**		**8b**	52,785
9 Depletion			**9**	
10 Contributions to deferred compensation plans			**10**	
11 Employee benefit programs			**11**	106,908
12 Excess exempt expenses (Part VIII)			**12**	
13 Excess readership costs (Part IX)			**13**	
14 Other deductions (attach statement) See Statement 6			**14**	194,979
15 **Total deductions.** Add lines 1 through 14			**15**	954,075
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			**16**	-142,059
17 Deduction for net operating loss. See instructions			**17**	
18 **Unrelated business taxable income.** Subtract line 17 from line 16			**18**	-142,059

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) _____

	A	B	C	D
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) _____

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) _____

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) _____

11 **Total dividends-received deductions** included in line 10 _____

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

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

Nonexempt Controlled Organizations

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	**2.** Amount of income	**3.** Deductions directly connected (attach statement)	**4.** Set-asides (attach statement)	**5. Total deductions and set-asides** (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	**2**	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	**3**	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	**4**	
5	Gross income from activity that is not unrelated business income	**5**	
6	Expenses attributable to income entered on line 5	**6**	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	**7**	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

Form **990-T**

Schedule A Loss Carryover Calculation

Description Reference Lab

2022

Name: Candler Hospital, Inc.

Taxpayer Identification Number: 58-0593388

Unincorporated Business Income Tax Code: 621500 Activity: Medical and diagnostic laborator

Each activity may carryforward losses after 2018

1	Activity income	**1**	1,419,623
2	Activity deductions	**2**	1,544,483
3	Activities income or loss, after deductions	**3**	-124,860
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	**4**	
5	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	**5**	
6	Take the lesser of Line 4 or Line 5. **Enter here and on Line 17 of Form 990-T, Sch A, Part II**	**6**	
7	Remaining losses to be carried forward to 2023 (Subtract Line 6 from line 4)	**7**	
8	If line 3 is less than zero, enter that amount here as a positive number	**8**	124,860
9	Total loss carried forward to 2023 (Add lines 7 and 8)	**9**	124,860

Electronic Filing includes the report of additional amounts for this activity

E1	Post-2017 loss amounts from 2021, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code)	**E1**	
E2	Prior year activity losses included on Schedule A, LIne 17	**E2**	

Form **990-T**

Schedule A Loss Carryover Calculation

Description Wellness Center

2022

Name
Candler Hospital, Inc.

Taxpayer Identification Number
58-0593388

Unincorporated Business Income Tax Code: 713940 Activity: Fitness and recreational sports

Each activity may carryforward losses after 2018

1	Activity income	**1**	812,016
2	Activity deductions	**2**	954,075
3	Activities income or loss, after deductions	**3**	-142,059
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	**4**	
5	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	**5**	
6	Take the lesser of Line 4 or Line 5. **Enter here and on Line 17 of Form 990-T, Sch A, Part II**	**6**	
7	Remaining losses to be carried forward to 2023 (Subtract Line 6 from line 4)	**7**	
8	If line 3 is less than zero, enter that amount here as a positive number	**8**	142,059
9	Total loss carried forward to 2023 (Add lines 7 and 8)	**9**	142,059

Electronic Filing includes the report of additional amounts for this activity

E1	Post-2017 loss amounts from 2021, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code)	**E1**	
E2	Prior year activity losses included on Schedule A, LIne 17	**E2**	

Federal Statements

Form 990-T - General Footnote

Description

SECTION 1561 - ALLOCATION OF TAX BENEFITS

CONTROLLED GROUP MEMBERS

NAME	EIN
ST. JOSEPH'S/CANDLER HEALTH SYSTEM	58-2288758
ST. JOSEPH'S HOSPITAL, INC	58-0568702
CANDLER HOSPITAL, INC	58-0593388
GEORGIA INFIRMARY, INC	58-0668614
SJC VENTURES, INC. AND SUBSIDIARIES*	58-2650129

*SJC VENTURES, INC. IS THE PARENT AND FILES A CONSOLIDATED RETURN THAT INCLUDES SJC PROPERTIES, INC. (EIN 58-1583360), SJC MEDICAL GROUP, INC. (EIN 58-2011805), AND SJC HEALTH SERVICES (EIN 58-1701535) AS SUBSIDIARIES.

APPORTIONMENT PLAN

EIN	$50,000	$25,000	$9,925,000	AMT	SEC. 179
58-2288758	$50,000	$25,000	$ -0-	$ -0-	$ -0-
58-0568702	$ -0-	$ -0-	$ -0-	$ -0-	$ -0-
58-0593388	$ -0-	$ -0-	$ -0-	$ -0-	$ -0-
58-0668614	$ -0-	$ -0-	$ -0-	$ -0-	$ -0-
58-2650129	$ -0-	$ -0-	$9,925,000	$40,000	$100,000

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Name(s) shown on return: Candler Hospital, Inc.

Identifying number: 58-0593388

Business or activity to which this form relates: Childrens House

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	56
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	56
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Federal Statements

Reference Lab

Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
Reference Lab Unrelated	$ 1,419,623
Total	$ 1,419,623

Reference Lab

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

Deduction Description	Deduction Amount
Allocated operating expenses	$ 1,544,483
Total	$ 1,544,483

Federal Statements

Childrens House

Statement 3 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
	$ 331,211
Total	$ 331,211

Childrens House

Statement 4 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	Deduction Amount
Materials & supplies	$ 21,919
Purchased services	259,074
Utilities	10,167
Other operating expenses	23,549
Bad Debts	159
Total	$ 314,868

Federal Statements

Wellness Center

Statement 5 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
Wellness Center	$ 812,016
Total	$ 812,016

Wellness Center

Statement 6 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	Deduction Amount
Medical professional fees	$ 56,474
Nonmedical professional fees	9,338
Materials & supplies	22,463
Purchased Services	14,584
Utilities	39,639
Insurance	49,174
Other operating expenses	3,307
Total	$ 194,979

Form **990-T**

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

2022

For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23

Name

Candler Hospital, Inc.

Employer Identification Number
58-0593388

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year NOL Utilized (Income Offset)	Prior Year Carryovers to Current Year	Current Year Income Offset By Prior Carryover	Next Year Carryover
16th 06/30/03	-333,106		333,106	11,766	
15th 06/30/04	-76,531		76,531		76,531
14th 06/30/05	-79,337		79,337		79,337
13th 06/30/06	-304,221		304,221		304,221
12th 06/30/07	-363,431		363,431		363,431
11th 06/30/08	-603,322		603,322		603,322
10th 06/30/09	-57,999		57,999		57,999
9th 06/30/10	-125,082		125,082		125,082
8th 06/30/11	-228,451		228,451		228,451
7th 06/30/12	-91,941		91,941		91,941
6th 06/30/13	-99,676		99,676		99,676
5th 06/30/14	-6,622		6,622		6,622
4th 06/30/15	-346,542		346,542		346,542
3rd 06/30/16	-590,322		590,322		590,322
2nd 06/30/17	-1,138,745		1,138,745		1,138,745
1st 06/30/18	-561,355		561,355		561,355
NOL carryover available to current year			5,006,683		
Current year	11,766			11,766	
NOL carryover available to next year					4,673,577

Form **990/ 990-PF**

Electronic Filing - PDF Attachment Report

For calendar year 2022, or tax year beginning 07/01/22 , and ending 06/30/23

2022

Name

Candler Hospital, Inc.

Taxpayer Identification Number

58-0593388

Title	Attachment Source	Proforma
MANUALLY ATTACHED TO RETURN Audited Financial Statements	G:\Data\Client Data\Bert Bennett\77630 - St Josephs CandNoler\2023\990\2023 FS - St. Joseph's-Candler (Unsecured).	

77630CAHOSP

Filing Instructions

Candler Hospital, Inc.

Form 600-T - Exempt Unrelated Business Return

Taxable Year Ended June 30, 2023

Date Due: May 15, 2024

Remittance: None is required. Your Form 600-T for the tax year ended 6/30/23 shows no balance due.

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

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

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

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

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

2201601215

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

Page 1

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

For the taxable year beginning 07/01, 2022 and ending 06/30, 2023

Name of Organization	Name of Fiduciary	Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)
Candler Hospital, Inc.	Candler Hospital, Inc.	
Number and Street	Number and Street	58-0593388
5353 Reynolds Street	5353 Reynolds Street	
City or Town	City or Town	
Savannah	Savannah	

State	Zip Code	State	Zip Code	NAICS Code	Date of current exemption letter.	IRS code section for which you are exempt.
GA	31405-6015	GA	31405-6015	621500 713940		501(c)(3)

Georgia Unrelated Business Taxable Income — SCHEDULE 1

1. Unrelated business taxable income from Federal Form 990-T (attach copy)	1.	
2. Additions	2.	11,766
3. Total (add Line 1 and Line 2)	3.	11,766
4. Subtractions	4.	
5. Adjusted unrelated business taxable income (Line 3 less Line 4)	5.	11,766
6. Income allocated everywhere	6.	
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6)	7.	11,766
8. Apportionment ratio (Attach Computation Schedule)	8.	1.000000
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8)	9.	11,766
10. Income allocated to Georgia (Attach Schedule)	10.	
11. Total of Lines 9 and 10	11.	11,766
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation)	12.	11,766
13. Georgia unrelated business taxable income (Line 11 less Line 12)	13.	

Georgia Form 600-T

Page 2

2201601225

Name CANDLER HOSPITAL, INC. FEIN 58-0593388

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

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

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

W Edward Hall

Signature of Officer — Signature of Individual or Firm Preparing Return

CFO — Title

Date

P00451499 — Employee ID or Social Security Number

CSPROFESSIONAL 01 012 2022

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Form **GA-600T**

Georgia State Adjustments Worksheet

For calendar year 2022, or tax year beginning 07/01/22 , and ending 06/30/23

2022

Name (Corporation Name)

CANDLER HOSPITAL, INC.

Taxpayer Identification Number

58-0593388

ADDITIONS TO FEDERAL TAXABLE INCOME

1.	State and municipal bond interest (other than Georgia or political subdivision thereof)	1.	
2.	Net income or net profits taxes imposed by taxing jurisdictions other than Georgia ▶	2.	
3.	Expense attributable to tax exempt income ▶	3.	
4.	Net operating loss deducted on Federal return	4.	11,766
5.	Intangible expenses and related interest cost	5.	
6.	Captive REIT expenses and costs	6.	
7.	Other Additions	7.	
8.	TOTAL - Enter also on LINE 2 on Form 600-T ▶	8.	11,766

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

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

APPORTIONMENT OF INCOME

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

COMPUTATION OF GEORGIA NET INCOME

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