FINANCIAL STATEMENTS

for the years ended July 31, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

Board of Directors Phoebe Putney Memorial Hospital, Inc. Albany, Georgia

Report on the Financial Statements

We have audited the accompanying financial statements of Phoebe Putney Memorial Hospital, Inc. (Corporation), which comprise the balance sheets as of July 31, 2021 and 2020, and the related statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

Continued

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Let's Think Together.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Phoebe Putney Memorial Hospital, Inc. as of July 31, 2021 and 2020, and the results of its operations and changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 1, 2021, on our consideration of the Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control over financial reporting and compliance.

Albany, Georgia December 1, 2021

fin to Tucker, LLP

BALANCE SHEETS July 31, 2021 and 2020

	(Dollars in Thousands)			
	<u>2021</u>	<u>2020</u>		
ASSETS				
Current assets: Cash and cash equivalents Patient accounts receivable, net Supplies Other current assets Total current assets	\$ 166,672 80,747 22,044 13,867 283,330	\$ 212,494 82,793 19,890 19,229 334,406		
Assets limited as to use: Internally designated for capital improvements	392	390		
Property and equipment, net	300,316	288,280		
Other assets: Interest in net assets of Phoebe Foundation, Inc. Deferred financing cost Operating lease right-of-use assets Goodwill and other assets Total other assets	20,052 739 243 124,809 145,843	21,566 943 68 124,949 147,526		
Total assets	<u>\$ 729,881</u>	<u>\$ 770,602</u>		

BALANCE SHEETS, Continued July 31, 2021 and 2020

_	(Dollars in Thousands)						
		<u>2021</u>		<u>2020</u>			
LIABILITIES AND NET ASSE	LIABILITIES AND NET ASSETS						
Current liabilities:							
Current portion of long-term debt	\$	9,272	\$	9,043			
Current portion of operating lease liabilities		78		17			
Accounts payable		29,145		25,579			
Accrued expenses		35,665		32,119			
Estimated third-party payor settlements		522		1,092			
CARES Act refundable advance		6,702		76,570			
Current portion of Medicare accelerated							
and advance payments		<u> 39,919</u>		9,393			
Total current liabilities		121,303		153,813			
Medicare accelerated and advance payments,							
net of current portion		7,759		46,964			
Long-term debt, net of current portion		254,317		260,751			
Operating lease liabilities, net of current portion		165		51			
Accrued pension cost		65,571		140,970			
Related party payables		24,332		17,046			
Derivative financial instruments		9,669		13,907			
Total liabilities		483,116		633,502			
Net assets:							
Without donor restrictions		237,208		123,848			
With donor restrictions:							
Purpose restrictions		7,533		11,228			
Perpetual in nature		2,024		2,024			
Total net assets		246,765		137,100			
Total liabilities and net assets	<u>\$</u>	729,881	\$	770,602			

STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS for the years ended July 31, 2021 and 2020

	(Dollars in Thousands)			
	<u>2021</u>	<u>2020</u>		
Revenues, gains and other support: Net patient service revenue Other revenue CARES Act funding Total revenues, gains and other support	\$ 610,650 67,748 63,594 741,992	\$ 574,997 52,869 3,631 631,497		
Expenses: Salaries and wages Employee health and welfare Medical supplies and other Purchased services Depreciation and amortization Interest	152,652 43,999 262,174 209,323 27,728 6,316	149,167 44,487 254,877 137,881 26,328 8,104		
Total expenses Operating income	<u>702,192</u> 39,800	620,844 10,653		
Nonoperating income: Investment and other nonoperating income (loss)	4,499	(2,122)		
Excess revenues	44,299	8,531		
Change in beneficial interest in net assets of Phoebe Foundation, Inc. Capital contributions and other Net actuarial gain (loss) Amortization of net loss	2,181 2,768 59,125 4,987	746 (144) (39,905) 3,621		
Increase (decrease) in net assets without donor restrictions	113,360	(27,151)		

STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS, Continued for the years ended July 31, 2021 and 2020

	(Dollars in Thousands)				
	<u>2021</u>			<u>2020</u>	
Net assets with donor restrictions: Change in interest in net assets of Phoebe					
Foundation, Inc.	<u>\$</u>	(3,695)	<u>\$</u>	3,208	
Increase (decrease) in net assets		109,665		(23,943)	
Net assets, beginning of year, as previously reported		137,100		161,744	
Implementation of ASU No. 2016-02				(701)	
Net assets, end of year	<u>\$</u>	246,765	\$	137,100	

STATEMENTS OF CASH FLOWS for the years ended July 31, 2021 and 2020

		(Dollars in Thousands)			
		<u>2021</u>		<u>2020</u>	
Cash flows from operating activities: Increase (decrease) in net assets Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:	\$	109,665	\$	(23,943)	
Proceeds from capital contributions Loss on disposal of property and equipment Depreciation and amortization	273			(207) 224 26,328	
Change in interest in net assets of Phoebe Foundation, Inc. Change in derivative financial instruments Changes in:		1,514 (4,238)	(3,954) 3,208		
Patient accounts receivable, net Supplies Estimated third-party payor settlements		2,046 (2,154) (570)		565 (5,025) 349	
CARES Act refundable advance Medicare accelerated and advance payments Other assets		(69,868) (8,679) 5,706		76,570 56,357 (4,648)	
Accounts payable and accrued expenses Accrued pension cost		7,112 (75,399)		4,995 30,719	
Net cash provided (used) by operating activities		(9,859)		161,538	
Cash flows from investing activities:					
Purchase of property and equipment Proceeds from sale of property and equipment Purchase of assets limited as to use		(37,324) 10 (2)		(31,708) 849 <u>(4)</u>	
Net cash used by investing activities		(37,316)		(30,863)	

STATEMENTS OF CASH FLOWS, Continued for the years ended July 31, 2021 and 2020

	(Dollars in Thousands)			
	<u>2021</u>	<u>2020</u>		
Cash flows from financing activities: Payments on long-term debt Payments on finance lease liabilities Proceeds from capital contributions Advances (to) from related parties	\$ (7,317) (1,611) 2,995 7,286	\$ (7,067) (1,373) 207 (4,700)		
Net cash provided (used) by financing activities	<u>1,353</u>	(12,933)		
Increase (decrease) in cash and cash equivalents	(45,822)	117,742		
Cash and cash equivalents, beginning of year	212,494	94,752		
Cash and cash equivalents, end of year	<u>\$ 166,672</u>	<u>\$ 212,494</u>		
Supplemental disclosure of cash flow information: Cash paid for interest Assets acquired through leases	\$ 6,368 \$ 2,941	\$ 8,529 \$ 7,419		

NOTES TO FINANCIAL STATEMENTS July 31, 2021 and 2020

1. <u>Summary of Significant Accounting Policies</u>

Organization

Phoebe Putney Memorial Hospital, Inc., (Corporation) located in Albany, Georgia, is a not-for-profit acute care hospital which operates satellite clinics in the surrounding counties. The Corporation provides inpatient, outpatient and emergency care services for residents of Southwest Georgia. Admitting physicians are primarily practitioners in the local area. The Corporation is a single operating entity and is a wholly-owned subsidiary of Phoebe Putney Health System, Inc. (System).

Reorganization

Effective September 1, 1991, the Hospital Authority of Albany-Dougherty County, Georgia (Authority) implemented a reorganization plan for the hospital whereby all the assets, management and governance of the hospital was transferred to Phoebe Putney Memorial Hospital, Inc., a not-for-profit corporation, qualified as an organization described in Section 501(c)(3) of the Internal Revenue Code, pursuant to a lease and transfer agreement. During 2009, the lease term was renewed for an additional forty years with a nominal annual lease payment.

Effective August 1, 2012, the lease and transfer agreement between the Corporation and the Authority was amended and restated. The amendment was made for the transfer and inclusion of the hospital formerly known as Palmyra Park Hospital, LLC (Palmyra) which was acquired by the Authority on December 15, 2011. The amendment included the extension of the lease for a term of forty years from the date of the current amendment.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents include certain investments in money market mutual funds.

Supplies

Supplies, which consist primarily of drugs, food, and medical supplies, are valued at the lower of cost and net realizable value, as determined on a first-in, first-out basis.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

1. <u>Summary of Significant Accounting Policies, Continued</u>

Derivative Financial Instruments

The Corporation has entered into interest rate swap agreements as part of its interest rate risk management strategy. These arrangements are accounted for under the provisions of FASB ASC 815 *Derivatives and Hedging*. FASB ASC 815 establishes accounting and reporting standards requiring that derivative instruments be recorded at fair value as either an asset or liability.

For derivative instruments that are designated and qualify as a cash flow hedge (i.e., hedging the exposure to variability in expected future cash flows that is attributable to a particular risk), the effective portion of the gain or loss on the derivative instrument is reported as a component of net assets without donor restrictions. The ineffective component, if any, is recorded in excess revenues in the period in which the hedge transaction affects earnings. If the hedging relationship ceases to be highly effective or it becomes probable that an expected transaction will no longer occur, gains or losses on the derivative are recorded in excess revenues. For derivative instruments not designated as hedging instruments, the unrealized gain or loss is recognized in nonoperating gains (losses) during the period of change.

Assets Limited as to Use

Assets limited as to use include designated assets set aside by the Board of Directors for future capital improvements, over which the Board retains control and may, at its discretion, subsequently use for other purposes.

Property and Equipment

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

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

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

1. <u>Summary of Significant Accounting Policies, Continued</u>

Beneficial Interest in Net Assets of Foundation

The Corporation accounts for the activities of Phoebe Foundation, Inc. in accordance with FASB ASC 958-20, *Not-For-Profit Entities, Financially Interrelated Entities*. FASB ASC 958-20 establishes reporting standards for transactions in which a donor makes a contribution to a not-for-profit organization which accepts the assets on behalf of or transfers these assets to a beneficiary which is specified by the donor. Phoebe Foundation, Inc. accepts assets on behalf of the Corporation.

Goodwill

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

The Corporation assesses qualitative factors to determine whether the existence of events or circumstances leads to a determination that it is more likely than not that the fair value of a reporting unit is less than its carrying amount. If, after assessing the totality of events or circumstances, the Corporation determines it is more likely than not that the fair value of a reporting unit is less than its carrying amount, then an impairment loss for the amount by which the carrying amount exceeds the reporting unit's fair value is recorded.

As of July 31, 2021 and 2020, the Corporation had goodwill of approximately \$124,778,000. The Corporation has elected March 31st as its annual impairment assessment date. The Corporation also considered certain factors such as whether macroeconomic conditions, industry considerations, cost factors, and the sequence of events during the COVID-19 pandemic constituted a triggering event. The Corporation's evaluation determined it is not more likely than not that the reporting unit's fair value is less than its carrying value. The Corporation completed its annual impairment assessment and concluded that no goodwill or indefinite lived intangible asset impairment charge was necessary. See Note 6 for goodwill disclosures.

Refundable Advance

A refundable advance arises when assets are recognized before revenue recognition criteria have been satisfied. CARES Act advance payments are reported as a refundable advance until donor conditions such as qualifying expenditures have been substantially met. See Note 22 for additional information.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

1. <u>Summary of Significant Accounting Policies, Continued</u>

Deferred Financing Cost

Costs related to the issuance of long-term debt were deferred and are being amortized using the straight-line method, which approximates the effective interest method, over the life of the related debt. Debt issuance costs related to a recognized debt liability are presented in the balance sheets as a direct deduction from the carrying amount of the related debt liability. Costs related to the issuance of derivative financial instruments were deferred and are being amortized. The unamortized derivative financing costs are included with other assets in the balance sheets.

Net Assets

Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

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

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

Excess Revenues

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

Continued

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

1. <u>Summary of Significant Accounting Policies, Continued</u>

Net Patient Service Revenue

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

Charity Care

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

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Conditional gifts received prior to the satisfaction of conditions are recorded as refundable advances. The gifts are reported as increases in the appropriate categories of net assets in accordance with donor restrictions.

Estimated Malpractice and Other Self-Insurance Cost

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

Income Taxes

The Corporation is a not-for-profit corporation that has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

The Corporation applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

1. <u>Summary of Significant Accounting Policies, Continued</u>

Income Taxes, Continued

sustained. Based on that evaluation, the Corporation only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of July 31, 2021 and 2020 or for the years then ended. The Corporation's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Impairment of Long-Lived Assets

The Corporation evaluates on an ongoing basis the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is required to be recognized if the carrying value of the asset exceeds the undiscounted future net cash flows associated with that asset. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The Corporation has not recorded any impairment charges of long-lived assets in the accompanying statements of operations and changes in net assets for the years ended July 31, 2021 and 2020.

Fair Value Measurements

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

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

1. <u>Summary of Significant Accounting Policies, Continued</u>

Fair Value Measurements, Continued

FASB ASC 820 describes the following three levels of inputs that may be used:

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

Pension Plan

The Corporation sponsors a frozen defined benefit pension plan. The Corporation recognizes the overfunded and underfunded status of the defined benefit pension plan in its balance sheets. Changes in the funded status are recorded in the year in which the changes occurred in the statements of operations and changes in net assets. See Note 10 for additional information.

Accounting Pronouncement Not Yet Adopted

In August 2018, the FASB issued ASU No. 2018-14, *Compensation - Retirement Benefits - Defined Benefit Plans - General (Topic 715-20): Disclosure Framework - Changes to the Disclosure Requirements for Defined Benefit Plans*. The amendments modify the disclosure requirements for employers that sponsor defined benefit pension or other postretirement plans. The standard is effective for fiscal years ending after December 15, 2021. The Corporation expects to adopt the new guidance for the year ending July 31, 2022 and is continuing to evaluate the impact the guidance will have on the financial statements.

Subsequent Event

In preparing these financial statements, the Corporation has evaluated events and transactions for potential recognition or disclosure through December 1, 2021, the date the financial statements were issued.

Prior Year Reclassifications

Certain reclassifications have been made to the fiscal year 2020 financial statements to conform to the fiscal year 2021 presentation. These reclassifications had no impact on the change in net assets in the accompanying financial statements.

Continued

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

2. <u>Net Patient Service Revenue</u>

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

Performance obligations are determined based on the nature of the services provided by the Corporation. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Corporation believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patient services.

The Corporation measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. These services are considered to be a single performance obligation and have a duration of less than one year. Revenue for performance obligations satisfied at a point in time is recognized when services are provided and the Corporation does not believe it is required to provide additional services to the patient.

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

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

The Corporation has arrangements with third-party payors that provide for payments to the Corporation at amounts different from its established rates. For uninsured patients that do not qualify for charity care, the Corporation recognizes revenue on the basis of its standard rates, subject to certain discounts and implicit price concessions as determined by the Corporation.

Continued

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

2. <u>Net Patient Service Revenue, Continued</u>

The Corporation 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 Corporation's policy, and implicit price concessions provided to uninsured patients. Implicit price concessions represent the difference between amounts billed and the estimated consideration the Corporation expects to receive from patients, which are determined based on historical collection experience, current market conditions, and other factors. The Corporation determines its estimates of contractual adjustments and discounts based on contractual agreements, discount policies, and historical experience.

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

Medicare

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

The Corporation is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Corporation and audits thereof by the Medicare Administrative Contractor (MAC). The Corporation's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Corporation. The Corporation's Medicare cost reports have been audited by the MAC through July 31, 2017.

Medicaid

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

Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Corporation is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Corporation and audits thereof by the Medicaid fiscal intermediary. The Corporation's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through July 31, 2018.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

2. Net Patient Service Revenue, Continued

Medicaid, Continued

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

The Corporation participates in the Georgia Indigent Care Trust Fund (ICTF) Program. The Corporation receives ICTF payments for treating a disproportionate number of Medicaid and other indigent patients. ICTF payments are based on the Corporation's estimated uncompensated cost of services to Medicaid and uninsured patients. The amount of ICTF payments recognized in net patient service revenue was approximately \$4,944,000 and \$3,777,000 for the years ended July 31, 2021 and 2020, respectively.

The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) provides for payment adjustments to certain facilities based on the Medicaid Upper Payment Limit (UPL). The UPL payment adjustments are based on a measure of the difference between Medicaid payments and the amount that could be paid based on Medicare payment principles. The net amount of UPL payment adjustments recognized in net patient service revenue was approximately \$9,495,000 and \$2,771,000 for the years ended July 31, 2021 and 2020, respectively.

During 2010, the state of Georgia enacted legislation known as the Provider Payment Agreement Act (Act) whereby hospitals in the state of Georgia are assessed a "provider payment" in the amount of 1.45% of their net patient revenue. The Act became effective July 1, 2010, the beginning of state fiscal year 2011. The provider payments are due on a quarterly basis to the Department of Community Health. The payments are to be used for the sole purpose of obtaining federal financial participation of medical assistance payments to providers on behalf of Medicaid recipients. The provider payment will result in an increase in the hospital payments on Medicaid services of 11.88%. Approximately \$6,783,000 and \$6,697,000 relating to the Act is included in medical supplies and other in the accompanying statements of operations and changes in net assets for the years ended July 31, 2021 and 2020, respectively.

Other Arrangements

The Corporation has also entered into payment arrangements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Corporation under these arrangements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

2. <u>Net Patient Service Revenue, Continued</u>

• Uninsured Patients

The Corporation maintains its Financial Assistance Policy (FAP) in accordance with Internal Revenue Code Section 501(r). Based on the FAP, following a determination of financial assistance eligibility, patients who are eligible individuals will not be charged more for emergency or other medically necessary care than the Amounts Generally Billed (AGB) for individuals who have insurance coverage. The minimum percentage discount to be applied to FAP eligible individuals shall be calculated on an annual basis. AGB is determined by dividing the sum of claims paid the previous fiscal year by Medicare fee-forservice and all private health insurance, including payments received from beneficiaries and insured patients, by the sum of the associated gross charges for those claims.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Corporation's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Corporation. In addition, the contracts the Corporation has with commercial payors also provide for retroactive audit and review of claims.

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

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

2. <u>Net Patient Service Revenue, Continued</u>

Generally patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Corporation also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Corporation estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Adjustments arising from a change in the transaction price were not significant for the years ending July 31, 2021 and 2020. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended July 31, 2021 and 2020 was not significant.

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

Patients who meet the Corporation's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue.

Net patient service revenue by major payor source for the years ended July 31, 2021 and 2020 is as follows:

	(Dollars in Thousands)						
	Net Patient Service Revenue						
		Total					
	<u>Medicare</u>	<u>Medicaid</u>	<u>Payors</u>	<u>Self-Pay</u>	All Payors		
2021	<u>\$ 247,495</u>	<u>\$ 55,624</u>	<u>\$ 303,499</u>	<u>\$ 4,032</u>	<u>\$ 610,650</u>		
2020	<u>\$ 217,430</u>	<u>\$ 54,754</u>	<u>\$ 301,618</u>	<u>\$ 1,195</u>	<u>\$ 574,997</u>		

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

2. <u>Net Patient Service Revenue, Continued</u>

Net patient service revenue by facility, line of business, and timing of revenue recognition for the years ended July 31, 2021 and 2020 is as follows:

	(Dollars in Thousands)			
		<u>2021</u>		<u>2020</u>
Service lines:				
Hospital	\$	601,679	\$	566,909
Home health		3,541		3,259
Hospice		5,430		4,829
Timing of revenue recognition:				
Services transferred over time	\$	610,650	\$	<u>574,997</u>

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

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

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

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

3. <u>Uncompensated Services</u>

The Corporation was compensated for services at amounts less than its established rates. Net patient service revenue includes amounts, representing the transaction price, based on standard charges reduced by variable considerations such as contractual adjustments, discounts, and implicit price concessions. Charges for uncompensated services for 2021 and 2020 were approximately \$1,454,000,000 and \$1,361,000,000, respectively.

Uncompensated care includes charity and indigent care services of approximately \$96,000,000 and \$68,000,000 in 2021 and 2020, respectively. The cost of charity and indigent care services provided during 2021 and 2020 was approximately \$33,000,000 and \$21,000,000, respectively, computed by applying a total cost factor to the charges foregone.

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

	(Dollars in Thousands)				
		<u>2021</u>	<u>2020</u>		
Gross patient charges	<u>\$</u>	2,064,958	<u>\$</u>	1,935,685	
Uncompensated services:					
Charity and indigent care		96,396		67,828	
Medicare		783,852		713,912	
Medicaid		290,040		264,488	
Other third-party payors		213,576		200,228	
Price concessions		70,444		114,232	
Total uncompensated care		1,454,308		1,360,688	
Net patient service revenue	<u>\$</u>	610,650	<u>\$</u>	574,997	

4. Investments

Assets Limited as to Use

The composition of assets limited as to use at July 31, 2021 and 2020 is set forth in the following table. See Note 18 for valuation methodologies.

		(Dollars in Thousands)			
	-	<u>2021</u>		2020	
By board for capital improvements:					
Certificates of deposit	\$	392	\$	390	

Interest income for cash and cash equivalents and assets limited as to use are recorded in investment and other nonoperating income (loss) on the statements of operations and changes in net assets.

Continued

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

5. Property and Equipment, Net

A summary of property and equipment, net at July 31, 2021 and 2020 follows:

	(Dollars in Thousands)				
		<u>2021</u>	<u>2020</u>		
Land	\$	12,079	\$	12,274	
Land improvements		4,211		3,644	
Building		339,934		317,551	
Equipment		429,081		401,880	
Finance lease right-of-use assets		6,890		5,751	
		792,195		741,100	
Less accumulated depreciation		499,130		473,021	
		293,065		268,079	
Construction in progress		7,251		20,201	
Net property and equipment	\$	300,316	\$	288,280	

Depreciation expense for the years ended July 31, 2021 and 2020 amounted to approximately \$26,122,000 and \$24,739,000, respectively.

Amortization expense on finance lease right-of-use assets for the years ended July 31, 2021 and 2020 amounted to approximately \$1,606,000 and \$1,589,000, respectively.

Construction contracts exist for various projects at year end with a total commitment of approximately \$7,252,000. At July 31, 2021, the remaining commitment on these contracts approximated \$3,879,000.

6. Goodwill and Other Assets

A summary of goodwill and other assets at July 31, 2021 and 2020 follows:

	(Dollars	(Dollars in Thousands)			
	2021	<u>2020</u>			
Goodwill Other assets	\$ 124,778 <u>31</u>	\$ 124,778 171			
Total goodwill and other assets	<u>\$ 124,809</u>	<u>\$ 124,949</u>			

Goodwill is related to the Corporation's purchase of health care clinics and lease of Palmyra, formerly purchased by the Authority. The goodwill is evaluated annually for impairment.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

6. Goodwill and Other Assets, Continued

The changes in the carrying amount of goodwill for the years ended July 31, 2021 and 2020, are as follows:

	(Dollars in Thousands)				
Balance at beginning of year:	<u>2021</u>	<u>2020</u>			
Goodwill Accumulated impairment losses	\$ 168,707 (43,929) 124,778	\$ 168,921 (43,929) 124,992			
Goodwill acquired during the year Impairment losses Disposal of goodwill	- - -	- - (214)			
Balance at end of year: Goodwill Accumulated impairment losses	168,707 (43,929)	168,707 (43,929)			
Total	<u>\$ 124,778</u>	<u>\$ 124,778</u>			

7. <u>Long-Term Debt</u>

Long-term debt consists of the following:

	(Dollars in Thousands)				
	<u>2</u>	<u>2021</u>			<u>020</u>
2012 Series Revenue Anticipation Certificates, payable in varying annual amounts from \$940,000 to \$16,285,000 in 2043; bearing interest at fixed rates from 3.00% to 5.00%.	\$	88,320		\$	90,920
2018A Revenue Anticipation Certificates, payable in varying annual amounts from \$4,040,000 to \$7,585,000 in 2033; bearing interest at a variable rate based on a percentage of LIBOR plus the applicable spread.		67,400			71,970

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

7. <u>Long-Term Debt, Continued</u>

	(Dollars in Thousands)				
		<u>2021</u>		2020	
2018B Revenue Anticipation Certificates, payable in varying annual amounts from \$1,395,000 to \$11,355,000 in 2040; bearing interest at a variable rate based on a percentage of LIBOR plus the applicable spread.	\$	96,765	\$	96,765	
Finance lease liabilities (Note 21)		7,711		6,600	
		260,196		266,255	
Less unamortized debt issuance cost Less current portion Add unamortized premium		1,181 9,272 4,574		1,248 9,043 4,787	
Long-term debt, net of current portion	<u>\$</u>	254,317	<u>\$</u>	260,751	

The Series 2018A Refunding Revenue Certificates were issued on November 1, 2018 in the amount of \$76,100,000 for the purpose of refunding all of the Series 2008A and 2008B Refunding Revenue Certificates. The Series 2018B Refunding Revenue Certificates were issued on November 1, 2018 in the amount of \$96,765,000 for the purpose of refunding all of the Series 2010A Revenue Certificates

The interest rate on each of the Series 2018A Refunding Revenue Certificates and Series 2018B Refunding Revenue Certificates will be reset monthly at a variable rate equal to LIBOR plus a credit spread. The Corporation may convert the interest rate upon compliance with the terms and provisions of the related indenture.

The Series 2012 Revenue Certificates were issued on December 1, 2012 for the purposes of financing the costs of making certain additions, extensions, and capital improvements to its health care system. The Series 2012 Revenue Certificates bear interest at fixed rates from 3.00% to 5.00%.

Series 2012, 2018A and 2018B Revenue Certificates are secured by all receipts of, and revenue, income and money derived from the Corporation's operation of the Hospital premises.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

7. <u>Long-Term Debt, Continued</u>

The outstanding notes securing the Series 2012, 2018A and 2018B Revenue Certificates were issued pursuant to the Master Trust Indenture dated as of March 1, 2002, as amended, among the Corporation, Phoebe Putney Memorial Hospital, Inc. and U.S. Bank National Association, as master trustee. Under the terms of the Master Trust Indenture, the Corporation is limited on the incurrence of additional borrowings and requires that the Corporation satisfy certain measures of financial performance as long as the notes are outstanding.

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

	(Dollars in Thousands)								
<u>Year</u>	2	<u> 2012</u>	<u>2</u>	2018A	2	<u>2018B</u>		<u>Total</u>	
2022 2023 2024 2025 2026 Thereafter	\$	940 1,050 1,145 1,260 1,385 82,540	\$	4,040 4,275 4,510 4,620 5,050 44,905	\$	2,455 2,410 2,380 2,475 2,270 84,775	\$	7,435 7,735 8,035 8,355 8,705 212,220	
Total	\$	88,320	<u>\$</u>	<u>67,400</u>	<u>\$</u>	96,765	<u>\$</u>	<u>252,485</u>	

8. Derivative Financial Instruments

The Corporation entered into fixed pay and constant maturity swaps to effectively swap variable interest rates to fixed interest rates thus reducing the impact of interest rate changes on future interest expense. The fair market value of the swaps is reported in noncurrent liabilities on the balance sheet. The critical terms of the swaps are as follows:

(Dollars in Thousands)				
\$25MM Fixed Pay LIBOR Swap - Non-Hedge				
	<u>2</u>	<u>021</u>		2020
Notional amount Fair market value Life remaining	\$	20,734 (4,253) Years	\$ \$	20,931 (5,615) I2 Years

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

8. <u>Derivative Financial Instruments, Continued</u>

(Dollars in Th	nousands)				
\$25MM Fixed Pay LIBOR Swap - Non-Hedge					
	<u>2021</u>	2020			
Notional amount Fair market value Life remaining	\$ 20,734 \$ (4,111) 11 Years	\$ 20,931 \$ (5,449) 12 Years			
\$21.145MM Fixed Pay LIBOR Swap - Non-Hedge					
	<u>2021</u>	<u>2020</u>			
Notional amount Fair market value Life remaining	\$ 17,537 \$ (3,444) 11 Years	\$ 17,703 \$ (4,569) 12 Years			
Constant Maturity LIBO	R Swap - Non-Hedg	e			
	<u>2021</u>	<u>2020</u>			
Notional amount Fair market value Life remaining	\$ 29,503 \$ 1,083 11 Years	\$ 30,843 \$ 870 12 Years			
Constant Maturity LIBO	R Swap - Non-Hedg	е			
	<u>2021</u>	2020			
Notional amount Fair market value Life remaining	\$ 29,503 \$ 1,056 11 Years	\$ 30,843 \$ 856 12 Years			

The swaps were issued at market terms so that they had no fair value at their inception. The carrying amount of the swaps has been adjusted to fair value at the end of the year which, because of changes in forecasted levels of the LIBOR, resulted in reporting a liability. The Corporation deemed the capacity to perform on the part of the derivative counterparty to be of little or no concern; and no adjustment was applied to standard market valuation practices.

The swap results are included in excess revenues. For the years ending July 31, 2021 and 2020, this earnings impact totaled a gain of approximately \$4,238,000 and a loss of approximately \$3,208,000, respectively.

Continued

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

9. <u>Net Assets with Donor Restrictions</u>

A summary of the net assets with donor restrictions at July 31, 2021 and 2020 follows:

_	(Dollars in Thousands)			
Net assets with donor restrictions that are subject to expenditure for a specified purpose	<u>2021</u>	2020		
	<u>\$ 7,533</u>	<u>\$ 11,228</u>		
Net assets with donor restrictions that are perpetual in nature	<u>\$ 2,024</u>	<u>\$ 2,024</u>		

10. Pension Plan

The Corporation has a defined benefit pension plan covering all full-time regular employees working 1,000 hours or more in a twelve-month period with an employment date before December 31, 2006. The plan provides benefits that are based upon earnings and years of service. The Corporation's funding policy is to make the minimum annual contribution required by applicable regulations. Contributions are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future.

The measurement dates were July 31, 2021 and 2020. The Corporation issues a publicly available financial report that includes financial statements and required supplementary information for the Retirement Plan for Employees of Phoebe Putney Health System, Inc. That report may be obtained by contacting the management of the Corporation.

Effective December 31, 2014, the Corporation amended the pension plan to freeze all benefit accruals except for participants whose combined age and credited service equaled or exceeded 70 by the effective date. On July 28, 2016, the Corporation executed an amendment to permit vested terminated participants with an accrued benefit of \$150,000 or less to make an election during the period September 2, 2016 through November 1, 2016 to receive a lump sum distribution. This amendment was effective December 1, 2016 and eligibility was based on the benefit accruals as of December 1, 2016. Such distributions were made during the period December 1, 2016 through December 31, 2016. Effective December 31, 2016, the Corporation amended the pension plan to freeze all benefit accruals for all remaining participants. On November 16, 2017, the Corporation purchased annuity contracts totaling approximately \$5,373,000 to settle a portion of the pension obligations, as part of a small benefit annuity lift out plan.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

10. Pension Plan, Continued

The following table sets forth the defined benefit pension plan funded status and amounts recognized in the financial statements at July 31, 2021 and 2020:

	(Dollars in Thousands)				
	<u>2021</u>	<u>2020</u>			
Plan assets at fair value at July 31 Projected benefit obligation at July 31	\$ 275,050 340,621	\$ 219,136 360,106			
Funded status	<u>\$ (65,571)</u>	<u>\$ (140,970)</u>			
Amounts recognized in the balance sheets consist of: Noncurrent liabilities	<u>\$ (65,571)</u>	<u>\$ (140,970)</u>			
Amounts recognized in net assets without donor restrictions: Net actuarial loss	<u>\$ (100,268)</u>	<u>\$ (164,381)</u>			
Deferred pension cost	<u>\$ (100,268)</u>	<u>\$ (164,381)</u>			
Weighted-average assumptions used to determine pension benefit obligations: Discount rate Rate of compensation increase	2.92% N/A	2.58% N/A			
Weighted-average assumptions used to determine net periodic benefit cost: Discount rate Expected long-term return on plan assets Rate of compensation increase	2.58% 6.50% N/A	3.66% 6.50% N/A			

Mortality table assumptions used to determine pension benefit obligations were PRI2012 Employee and Healthy Annuitant Mortality Tables with Fully Generational Projections using MP2020 for 2021 and MP2019 for 2020.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

10. Pension Plan, Continued

The Corporation's expected rate of return on plan assets is determined by the plan assets' historical long-term investment performance, current asset allocation, and estimates of future long-term returns by asset class.

The following table sets forth the components of net periodic cost and other amounts recognized in net assets without donor restrictions for the years ended July 31, 2021 and 2020:

		(Dollars in Thousands)				
		<u>2021</u>		<u>2020</u>		
Interest cost Expected return on plan assets Amortization of recognized net	\$	7,163 (14,234)	\$	10,150 (13,433)		
actuarial loss		4,987		3,620		
Net periodic benefit cost		(2,084)		337		
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:						
Net actuarial (gain) loss Amortization of net actuarial loss		(59,125) (4,987)		39,905 (3,621)		
Total recognized in net assets without donor restrictions		(64,112)		36,284		
Total recognized in net periodic benefit cost and net assets without donor restrictions	<u>\$</u>	(66,196)	<u>\$</u>	<u> 36,621</u>		

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

10. <u>Pension Plan, Continued</u>

The change in projected benefit obligation for the defined benefit pension plan for the years ended July 31, 2021 and 2020 included the following components:

	(Dollars in Thousands)				
Projected benefit obligation,		<u>2021</u>		<u>2020</u>	
beginning of year	\$	360,106	\$	320,077	
Interest cost		7,163		10,150	
Actuarial (gain) loss		(16,109)		39,865	
Benefits paid		(10,539)		(9,986 <u>)</u>	
Projected benefit obligation, end of year	<u>\$</u>	340,621	<u>\$</u>	360,106	
Accumulated benefit obligation	\$	340,621	\$	360,106	

The change in fair value of plan assets for the years ended July 31, 2021 and 2020 included the following components:

	(Dollars in Thousands)				
Plan assets at fair value,		<u>2021</u>		<u>2020</u>	
beginning of year	\$	219,136	\$	209,826	
Actual return on assets Employer contributions		57,250 9,203		13,393 5,903	
Benefits paid		(10,539)		(9,986)	
Plan assets at fair value, end of year	<u>\$</u>	275,050	<u>\$</u>	<u>219,136</u>	

The Corporation does not anticipate making a contribution during fiscal year 2022.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

10. Pension Plan, Continued

Estimated Future Benefit Payments

The following benefit payments are expected to be paid:

	(Dollars in Thousands)	
Year Ending July 31	Pension <u>Benefits</u>	
2022	\$ 13,280	
2023	\$ 14,146	
2024	\$ 14,821	
2025	\$ 15,369	
2026	\$ 15,841	
2027 - 2031	\$ 84,447	

The expected benefits to be paid are based on the same assumptions used to measure the Corporation's benefit obligation at July 31, 2021.

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

	(Dollars	in Thousands)	
Amortization of net actuarial loss Amortization of prior year service costs	\$	2,648	
Total	<u>\$</u>	2,648	

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

10. Pension Plan, Continued

Plan Assets

The composition of plan assets at July 31, 2021 and 2020 is as follows:

	Target Allocations		Plan <i>F</i>	Assets
	<u>2021</u>	<u>2020</u>	<u>2021</u>	<u>2020</u>
Asset category:				
U.S. equities	28%	28%	29%	30%
Non U.S. equities	16%	16%	21%	16%
Emerging markets	8%	8%	8%	8%
Hedge funds	20%	20%	19%	19%
Real assets	8%	8%	6%	5%
Fixed income	20%	20%	15%	20%
Cash and cash equivalents	<u> </u>	<u> </u>	<u>2</u> %	<u>2</u> %
Total	<u>100</u> %	<u>100</u> %	<u>100</u> %	<u>100</u> %

The Corporation's investment strategy is to manage the portfolio to preserve principal and liquidity while maximizing the return on the investment portfolio through the full investment of available funds. The portfolio is diversified by investing in multiple types of investment-grade securities. The investment policy requires assets of the plan to be primarily invested in securities with at least an investment grade rating to minimize interest rate and credit risk. The plan assets are long-term in nature and are intended to generate returns while preserving capital.

Pension assets are invested in various classes as summarized in the table below for 2021 and 2020. The allocation between different investment vehicles is determined by the Corporation, based on current market conditions, short-term and long-term market outlooks, and cash needs for distributions and plan expenses. Assumptions for expected returns on plan assets are based on historical performance, long-term market outlook, and a diversified investment approach designed to provide steady, consistent returns that minimize market fluctuations. The Corporation utilizes the services of a professional investment advisor in the selection of individual fund managers. The investment advisor tracks the performance of each fund manager and makes recommendations for redistributions, as needed, to comply with targeted allocations or to replace underperforming funds.

The Corporation attempts to mitigate investment risk by rebalancing between investment classes as the Corporation's contributions and monthly benefit payments are made. Although changes in interest rates may affect the fair value of a portion of the investment portfolio and cause unrealized gains and losses, such gains or losses would not be realized unless the investments are sold.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

10. Pension Plan, Continued

Plan Assets, Continued

The fair values of the Corporation's pension plan assets at July 31, 2021 and 2020, by asset category are as follows:

		(Dollars in	Thousands)	
	Fair Value Measurements at July 31, 2021			
Asset Category	<u>Total</u>	(<u>Level 1</u>)	(<u>Level 2</u>)	(<u>Level 3</u>)
Money market funds Equity securities Real estate investment trusts	\$ 4,508 8,700 8,967	\$ 1,860 8,700 8,967	\$ 2,648 - -	\$ - - -
Total assets in fair value hierarchy	22,175	<u>\$ 19,527</u>	<u>\$ 2,648</u>	<u>\$ -</u>
Investments measured at net asset value	<u>252,875</u>			
Total assets at fair value	\$ 275,050			
		(Dollars in	Thousands)	
	Fai	(Dollars in r Value Measuren	,	2020
Asset Category	Fai <u>Total</u>	•	,	2020 (<u>Level 3</u>)
Asset Category Money market funds Equity securities Real estate investment trusts		r Value Measuren	nents at July 31,	
Money market funds Equity securities	<u>Total</u> \$ 5,358 6,401	r Value Measuren (<u>Level 1</u>) \$ 2,335 6,401	nents at July 31,	(<u>Level 3</u>)
Money market funds Equity securities Real estate investment trusts Total assets in fair value	Total \$ 5,358 6,401 5,093	(Level 1) \$ 2,335 6,401 5,093	nents at July 31, (<u>Level 2</u>) \$ 3,023	(<u>Level 3</u>) \$ - - -

Continued

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

10. Pension Plan, Continued

Plan Assets, Continued

The following table sets forth additional information for assets valued at NAV as a practical expedient:

			as	s of July 31, 2021	
		(Dollars in	Thousands)		
			Unfunded	Restrictions on	Redemption
	<u>E</u> :	air Value	Commitments	Redemption Frequency	Notice Period
Mutual funds - fixed income funds	\$	6,356	None	Monthly	30 Days
Mutual funds - index funds	\$	55,899	None	Daily	15 Days
Mutual funds - growth and other					
funds	\$	6,547	None	Daily	None
Alternative investments:					
Credit opportunities	\$	7,418	None	Annually	90 Days
Multi-strategy	\$	24,069	None	Monthly - Annually	45 - 92 Days
Equity securities	\$	149,133	\$ 264	Weekly - Annually	4 - 180 Days
Other	\$	3,453	None	Monthly	3 Business Days
			as	s of July 31, 2020	
		(Dollars in	as ı Thousands)	s of July 31, 2020	
		(Dollars in		s of July 31, 2020 Restrictions on	Redemption
		(Dollars in	Thousands)		Redemption Notice Period
		`	Thousands) Unfunded	Restrictions on	•
Mutual funds - fixed income funds	<u>F</u> :	`	Thousands) Unfunded	Restrictions on	•
Mutual funds - index funds		air Value	Thousands) Unfunded Commitments	Restrictions on Redemption Frequency	Notice Period
Mutual funds - index funds Mutual funds - growth and other	\$	air Value 4,302	Thousands) Unfunded Commitments None	Restrictions on Redemption Frequency Monthly	Notice Period 30 Days
Mutual funds - index funds Mutual funds - growth and other funds	\$	air Value 4,302	Thousands) Unfunded Commitments None	Restrictions on Redemption Frequency Monthly	Notice Period 30 Days
Mutual funds - index funds Mutual funds - growth and other funds Alternative investments:	\$	air Value 4,302 64,541	Thousands) Unfunded Commitments None None	Restrictions on Redemption Frequency Monthly Daily	Notice Period 30 Days 15 Days
Mutual funds - index funds Mutual funds - growth and other funds Alternative investments: Credit opportunities	\$	air Value 4,302 64,541	Thousands) Unfunded Commitments None None	Restrictions on Redemption Frequency Monthly Daily	Notice Period 30 Days 15 Days
Mutual funds - index funds Mutual funds - growth and other funds Alternative investments: Credit opportunities Multi-strategy	\$ \$	4,302 64,541 4,858	Thousands) Unfunded Commitments None None None	Restrictions on Redemption Frequency Monthly Daily Daily	Notice Period 30 Days 15 Days None
Mutual funds - index funds Mutual funds - growth and other funds Alternative investments: Credit opportunities	\$ \$	4,302 64,541 4,858 5,884	Thousands) Unfunded Commitments None None None None	Restrictions on Redemption Frequency Monthly Daily Daily Annually	Notice Period 30 Days 15 Days None 90 Days

Financial assets valued using Level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets valued using Level 2 inputs are based primarily on quoted prices for similar investments in active or inactive markets. Financial assets using Level 3 inputs were primarily valued using management's assumptions about the assumptions market participants would utilize in pricing the asset or liability. Valuation techniques utilized to determine fair value are consistently applied. See Note 18 for valuation methodologies.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

10. Pension Plan, Continued

Defined Contribution Plan

The Corporation maintains defined contribution plans covering substantially all eligible employees. Employees may deposit a portion of their earnings for each pay period on a pretax basis and the Corporation matches 50% of each participant's voluntary contributions up to a maximum of 6% of the employee's annual salary. At its discretion, the Corporation may make additional contributions to the Plan. Matching and discretionary contribution expenses for the years ended July 31, 2021 and 2020 totaled approximately \$3,121,000 and \$3,102,000, respectively.

11. <u>Employee Health Insurance</u>

The Corporation has a self-insurance plan under which a third-party administrator processes and pays claims. The Corporation reimburses the third-party administrator for claims incurred and paid. In addition, the Corporation participates in a shared group financing layer agreement with other Georgia hospitals through a program offered by Georgia ADS, LLC. The program is designed to provide for the financing and payment of covered claims. Effective January 1, 2016, the parameters of the program changed to include covered claims between \$225,000 and \$650,000. Each participant in the program is responsible for a portion of the shared claims based on their percentage of the total claims for the group. Additional insurance has been obtained to provide coverage for claims exceeding \$750,000. Total expenses related to this plan were approximately \$24,794,000 and \$23,891,000 for 2021 and 2020, respectively.

12. <u>Malpractice Insurance</u>

Phoebe Putney Indemnity, Ltd. (PPI), located in the Cayman Islands, was incorporated on November 14, 2018 as an exempted company under the Companies Law of the Cayman Islands. PPI is a wholly-owned subsidiary of the System, established to provide general liability, professional liability, personal injury liability, advertising injury liability, contractual liability, and auto physical damage coverage to the System, including the Corporation.

PPI issues a claims-made policy with a per occurrence limit of \$2,000,000 for 2021 and \$1,000,000 for 2020 and an annual aggregate of \$2,000,000 for 2021 and \$1,000,000 for 2020 covering medical incidents, which is in excess of per occurrence limit of \$5,000,000 and an annual aggregate of \$27,000,000 covering professional and general liabilities, personal injury, advertising injury liability, and contractual liability of the Corporation.

PPI purchases annual excess of loss reinsurance coverage in order to limit its financial exposure to large claims relating to employed physicians and surgeons. Under the per risk coverage, the reinsurer shall pay up to \$600,000 for 2021 and up to \$750,000 for 2020, per loss, per insured, in excess of \$400,000 for 2021 and \$250,000 for 2020, per loss, per insured. Under the clash coverage, the reinsurer shall pay up to \$600,000 for 2021 and up to \$750,000 for 2020, per loss occurrence, in excess of \$400,000 for 2021 and \$250,000 for 2020, per loss occurrence. The maximum amount recoverable for both of these coverages combined shall

Continued

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

12. <u>Malpractice Insurance, Continued</u>

not exceed 300% of the maximum subject premium or \$6,000,000, whichever is greater. Under the excess of limits coverage, the reinsurer shall pay up to \$6,000,000 for 2021 and up to \$5,000,000 for 2020, per loss, per insured, in excess of \$1,000,000, per loss, per insured. The maximum amount recoverable for this coverage shall not exceed \$12,000,000 for 2021 and \$10,000,000 for 2020. The reinsurance treaty provides for adjustable premiums based on ceded losses up to a stated maximum. Such adjustments are recorded in the period when they become known.

The System has also purchased excess liability coverage which includes coverage of the Corporation. The limits of the policy are \$50,000,000 per occurrence and in aggregate in excess of the PPI coverage of \$5,000,000. All of the risk related to this coverage has been ceded to unrelated reinsurers via a contract of reinsurance.

Various claims and assertions have been made against the Corporation in its normal course of providing services. In addition, other claims may be asserted arising from services provided to patients in the past. In the opinion of management, adequate provision has been made for losses which may occur from such asserted and unasserted claims that are not covered by liability insurance.

13. Concentrations of Credit Risk

The Corporation is located in Albany, Georgia. The Corporation grants credit without collateral to its patients, most of whom are residents of Southwest Georgia and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at July 31, 2021 and 2020 was as follows:

	<u>2021</u>	<u>2020</u>
Medicare	26%	22%
Medicaid	12%	13%
Blue Cross	28%	27%
Commercial	33%	37%
Patients	<u> </u>	<u> </u>
Total	<u>100</u> %	<u>100</u> %

At July 31, 2021, the Corporation had deposits at major financial institutions which exceeded the \$250,000 Federal Deposit Insurance Corporation limits. Management believes the credit risks related to these deposits is minimal.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

14. Related Party Payables

	(Dollars	(Dollars in Thousands)			
	<u>2021</u>	<u>2020</u>			
Due to Phoebe Putney Health System, Inc. Due from other related parties	\$ (24,337 5) \$ (17,052) 6			
Net related party payables	\$ (24,332	<u>\$ (17,046)</u>			

The related party transactions that affect the above receivables and payables arise from the sharing of services and costs in the ordinary course of business.

15. Related Organization

Phoebe Foundation, Inc. (Foundation) was established to raise funds to support the operation of the Corporation. The Foundation's bylaws provide that all funds raised, except for funds required for the operation of the Foundation, be distributed to or be held for the benefit of the Corporation. The Foundation's general funds, which represent the Foundation's undesignated resources, are distributed to the Corporation in amounts and in periods determined by the Foundation's Board of Directors, who may also restrict the use of general funds for hospital plant replacement or expansion or other specific purposes. Plant replacement and expansion funds, specific-purpose funds, and assets obtained from endowment income of the Foundation are distributed to the Corporation as required to comply with the purposes specified by donors. The Corporation's interest in the net assets of the Foundation is reported as an other asset in the balance sheets.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

15. Related Organization, Continued

	(Dollars in Thousands)				
	<u>.</u>	<u> 2021</u>	<u>2020</u>		
Assets: Cash and cash equivalents Investments Other assets	\$	4,544 15,322 <u>341</u>	\$	7,462 13,921 231	
Total assets	<u>\$</u>	20,207	<u>\$</u>	21,614	
Liabilities and net assets: Accounts payable Due to related parties	\$	152 <u>3</u>	\$	45 <u>3</u>	
Total liabilities		155		48	
Net assets		20,052		21,566	
Total liabilities and net assets	<u>\$</u>	20,207	<u>\$</u>	21,614	
Revenue and support Expenses	\$	8,850 6,669	\$	4,290 3,545	
Excess of revenue and support		2,181		745	
Restricted contributions Released from restriction to operations		2,164 (5,859)		5,935 (2,726)	
Net assets, beginning of year		21,566		17,612	
Net assets, end of year	\$	20,052	\$	21,566	

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

16. <u>Functional Expenses</u>

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

	(Dollars in Thousands)			
<u>July 31, 2021</u>	Patient Care Services	General and Administrative	Total	
Salaries and wages Employee health and welfare Medical supplies and other Purchased services Depreciation and amortization Interest	\$ 123,469 35,820 210,693 172,948 12,663 2,848	\$ 29,183 8,179 51,481 36,375 15,065 3,468	\$ 152,652 43,999 262,174 209,323 27,728 6,316	
Total	\$ 558,441	<u>\$ 143,751</u>	\$ 702,192	
<u>July 31, 2020</u>				
Salaries and wages Employee health and welfare Medical supplies and other Purchased services Depreciation and amortization Interest	\$ 121,237 36,261 201,169 104,690 11,023 3,393	\$ 27,930 8,226 53,708 33,191 15,305 4,711	\$ 149,167 44,487 254,877 137,881 26,328 8,104	
Total	<u>\$ 477,773</u>	<u>\$ 143,071</u>	\$ 620,844	

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

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

17. <u>Fair Values of Financial Instruments</u>

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

- Cash and cash equivalents, accounts payable, accrued expenses, estimated third-party payor settlements, Medicare accelerated and advance payments, and refundable advances: The carrying amount reported in the balance sheets approximates its fair value due to the short-term nature of these instruments.
- Assets limited as to use: Amounts reported in the balance sheets approximate fair value. See Note 18 for fair value measurement disclosures.
- Derivative financial instruments: The carrying amount reported in the balance sheets for derivative financial instruments approximates its fair value. See Note 18 for fair value measurement disclosures.
- Long-term debt: Fair values of the Corporation's revenue notes are based on current traded value. The carrying amount reported in the balance sheets for debt totals approximately \$257,059,000 and \$264,442,000 at July 31, 2021 and 2020, respectively, with a fair value of approximately \$260,462,000 and \$268,326,000, respectively. Based on inputs used in determining the estimated fair value, the Corporation's long-term debt would be classified as Level 2 in the fair value hierarchy.

18. <u>Fair Value Measurement</u>

Following is a description of the valuation methodologies used for assets and liabilities at fair value. There have been no changes in the methodologies used at July 31, 2021 and 2020.

- Money market funds and certificates of deposit: Valued at amortized cost, which approximates fair value.
- Equity securities: Certain equity securities are valued at the closing price reported on the active market on which the individual securities are traded. Other equity securities are valued based on quoted prices for similar investments in active or inactive markets or valued using observable market data.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

18. <u>Fair Value Measurement, Continued</u>

- Mutual funds and alternative investments: Certain mutual funds are valued at
 closing price reported on the active market on which the individual securities
 are traded. Other mutual funds are valued at the net asset value (NAV) of
 shares held at year end. Certain investments invest in a variety of growth and
 value assets. Management of the funds has the ability to shift investments as
 they feel necessary to meet established goals.
- Real estate investment trusts: These exchange traded investments are valued on the basis of a discounted cash flow approach, which includes the future rental receipts, expenses, and residual values as the highest and best use of the real estate from a market participant view as rental property.
- *Derivatives:* Valued using forward LIBOR curves. Values are then verified against counterparty mark-to-market valuations.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Fair values of liabilities measured on a recurring basis at July 31, 2021 and 2020 are as follows:

		(Dollars in Thousands)			
		Fair Value Measurements at Reporting Date Using			
		Quoted Prices in Active Markets	Significant Other	Significant	
		For Identical Liabilities	Observable Inputs	Unobservable Inputs	
July 31, 2021	<u>Fair Value</u>	(<u>Level 1</u>)	(<u>Level 2</u>)	(<u>Level 3</u>)	
Liabilities: Derivatives	\$ 9,669	<u>\$ -</u>	\$ 9,669	<u>\$</u>	
July 31, 2020					
Liabilities: Derivatives	<u>\$ 13,907</u>	<u>\$ -</u>	<u>\$ 13,907</u>	<u>\$ -</u>	

Continued

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

18. <u>Fair Value Measurement, Continued</u>

Following is a description of the valuation methodologies used and investment strategies for assets measured using NAV as a practical expedient:

- Mutual funds fixed income funds: The fixed income mutual funds seek to provide a
 high level of current income while preserving principal by primarily investing in a
 portfolio of domestic and international debt securities with an investment grade or
 better and with a dollar weighted average maturity between three and ten years.
- Mutual funds index funds: The index mutual funds are invested in a variety of large cap domestic companies that are members of the indices. Members of the indices are determined each year during annual reconstruction and enhanced quarterly with the addition of initial public offerings.
- Mutual funds growth and other funds: The growth and other mutual funds seek to provide a high level of return through the allocation of investments among both small cap investments and mortgage-backed securities.
- Alternative investments: The objective of the alternative investments is to use leveraged, long, short and derivative positions in both domestic and international markets with the goal of generating high returns while maintaining minimal risk.

19. Commitments and Contingencies

Compliance Plan

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

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

19. <u>Commitments and Contingencies, Continued</u>

Health Care Reform

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

Litigation

The Corporation is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Corporation's future financial position or results from operations. See malpractice insurance disclosures in Note 12.

Other

On May 18, 2017, a group submitted to the Georgia Department of Community Health, a certificate of need application for a new hospital to be located within the Corporation's service area. On November 15, 2017, the Georgia Department of Community Health granted Lee County Medical Center a certificate of need to build a 60-bed hospital in Lee County, Georgia. No consideration has been given in the financial statements to the certificate of need granted to Lee County Medical Center.

20. Liquidity and Availability

As of July 31, 2021 and 2020, the Corporation has working capital of approximately \$162,027,000 and \$180,593,000 and average days (based on normal expenditures) cash on hand of 95 and 137 days, respectively.

Financial assets available for general expenditures within one year of the balance sheet date, consists of the following at July 31, 2021 and 2020:

	(Dollars in Thousands)			ds)
		<u>2021</u>		<u>2020</u>
Cash and cash equivalents Patient accounts receivable, net Other current assets - other receivables Internally designated for capital improvements Less: Conditional CARES Act refundable	\$	166,672 80,747 3,314 392	\$	212,494 82,793 9,413 390
advance		6,702		76,570
Total financial assets available	\$	244,423	\$	228,520

Continued

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

20. <u>Liquidity and Availability, Continued</u>

CARES Act refundable advances restricted for healthcare-related expenses or lost revenue attributable to COVID-19 are excluded from the table above. No other financial assets available are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date.

The Corporation estimates that approximately 100% of the internally designated funds for capital improvements are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the quantitative information above. The Corporation has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

21. Leases

The Corporation has operating and finance leases for buildings and equipment. The Corporation determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded on the balance sheets.

The Corporation has lease agreements which require payments for lease and nonlease components and has elected to account for these as a single lease component. For leases that commenced before the effective date of ASU 2016-02, the Corporation elected the permitted practical expedients to not reassess the following: (i) whether any expired or existing contracts contain leases; (ii) the lease classification for any expired or existing leases; and (iii) initial direct costs for any existing leases.

Right-of-use assets represent the Corporation's right to use an underlying asset during the lease term, and lease liabilities represent the Corporation's obligation to make lease payments arising from the lease. Right-of-use assets and lease liabilities are recognized at the commencement date, based on the net present value of fixed lease payments over the lease term. The Corporation's lease terms include options to extend or terminate the lease when it is reasonably certain that the option will be exercised. As most of the Corporation's operating leases do not provide an implicit rate, the Corporation uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The Corporation considers recent debt issuances, as well as publicly available data for instruments with similar characteristics when calculating its incremental borrowing rates. Finance lease agreements generally include an interest rate that is used to determine the present value of future lease payments. Operating fixed lease expense and finance lease amortization expense are recognized on a straight-line basis over the lease term. Variable lease costs consist primarily of common area maintenance and are not significant to total lease expense.

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

21. <u>Leases, Continued</u>

Operating and finance lease right-of-use assets and lease liabilities as of July 31, 2021 and 2020 were as follows:

	(Dollars in Thousands)			
	<u>2021</u>	<u>2020</u>		
Operating leases: Right-of-use assets: Operating lease right-of-use assets	<u>\$ 243</u>	<u>\$ 68</u>		
Lease liabilities: Current portion Long-term	\$ 78 165	\$ 17 51		
Total operating lease liabilities	<u>\$ 243</u>	<u>\$ 68</u>		
Finance leases: Right-of-use assets: Property and equipment, net	<u>\$ 6,890</u>	<u>\$ 5,751</u>		
Lease liabilities: Current portion Long-term	\$ 1,623 6,088	\$ 1,659 4,941		
Total finance lease liabilities	<u>\$ 7,711</u>	<u>\$ 6,600</u>		

Operating expenses for the leasing activity of the Corporation as lessee for the years ended July 31, 2021 and 2020 are as follows:

	(Dollars in Thousands)			s)
Lease Type	<u>20</u>	021	<u>20</u>	020
Operating lease cost Finance lease interest Finance lease amortization	\$	22 294 1,606	\$	19 363 1,584
Total lease cost	\$	1,922	\$	1,966

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

21. <u>Leases, Continued</u>

Cash paid for amounts included in the measurement of lease liabilities for the years ended July 31, 2021 and 2020 are as follows:

	(Dollars in Thousands)			
	<u>20</u>	<u>)21</u>	<u>2</u>	020
Operating cash flows from operating leases Operating cash flows from finance leases Financing cash flows from finance leases	\$	22 294 1,611	\$	19 352 1,373
Total	\$	1,927	\$	1,744

The aggregate future lease payments for operating and finance leases as of July 31, 2021 were as follows:

	(Dollars in Thousands)			s)
Year Ending July 31	<u>Fin</u>	<u>Finance</u>		<u>rating</u>
2022 2023 2024 2025 2026 Thereafter	\$	1,966 1,895 1,887 1,595 739 572	\$	88 88 82 2 1
Total undiscounted cash flows		8,654		261
Less: present value discount		943		18
Total lease liabilities	<u>\$</u>	7,711	<u>\$</u>	243

Average lease terms and discount rates at July 31, 2021 and 2020 were as follows:

	<u>2021</u>	<u> 2020</u>
Weighted-average remaining lease term (years):		
Operating leases	2.98	4.13
Finance leases	2.70	5.24
Weighted-average discount rate:		
Operating leases	5.00%	5.00%
Finance leases	5.00%	5.00%

Continued

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

22. <u>Coronavirus (COVID-19)</u>

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

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

The Corporation received approximately \$0 and \$89,726,000 in grant stimulus funding for the years ended July 31, 2021 and 2020, respectively, of which \$63,594,000 and \$3,631,000 was recognized as operating revenues in the statements of operations and changes in net assets for the years ending July 31, 2021 and 2020, respectively. Approximately \$6,274,000 and \$9,525,000 was transferred to Phoebe Physician Group, Inc. (PPG) and approximately \$6,702,000 and \$76,570,000 is recorded as a CARES Act refundable advance on the balance sheets as of July 31, 2021 and 2020, respectively.

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

NOTES TO FINANCIAL STATEMENTS, Continued July 31, 2021 and 2020

22. Coronavirus (COVID-19), Continued

On April 16, 2020, the Corporation received payments in the amount of approximately \$56,357,000 under the Accelerated and Advance Payment Program expansion as part of the CARES Act. The program provides emergency funding and addresses cash flow difficulties when there are disruptions in claims submission and/or claims processing. Centers for Medicare and Medicaid Services (CMS) expanded the program for all Medicare providers throughout the country. In October 2020, a Continuing Resolution was passed which allows providers to defer repayment of these funds for up to 29 months before interest starts accruing. The Corporation intends to repay the entire amount over the interest free period with final payment occurring in September 2022. The current portion of this amount is reported as current portion of Medicare accelerated and advance payments and the long-term portion is reported as Medicare accelerated and advance payments, net of current portion in the balance sheets as of July 31, 2021 and 2020.

The State of Georgia utilized Coronavirus Relief Fund monies to pay for and provide medical staffing to the Corporation to assist with the COVID-19 pandemic. The amounts paid on behalf of the Corporation approximated \$31,771,000 and \$24,892,000 for the years ended July 31, 2021 and 2020, respectively. These services were provided by individuals with specialized skills and would have been purchased if not provided. Therefore, these amounts qualify as contributed services and are included in other revenue and purchased services in the statements of operations and changes in net assets.



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

Board of Directors Phoebe Putney Memorial Hospital, Inc. Albany, Georgia

We have audited the financial statements of Phoebe Putney Memorial Hospital, Inc. as of and for the years ended July 31, 2021 and 2020 and our report thereon dated December 1, 2021, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The information included in this report on pages 51 to 60, inclusive, which is the responsibility of management, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the financial statements, and, accordingly, we do not express an opinion or provide any assurance on it.

Albany, Georgia
December 1, 2021

SERVICE TO THE COMMUNITY July 31, 2021

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

The Corporation operates as a charitable organization consistent with the requirements of Internal Revenue Code Section 501(c)(3) and the "community benefit standard" of IRS Revenue Ruling 69-545. The Corporation takes seriously its responsibility as the community's safety net hospital and has a strong record of meeting and exceeding the charitable care and the organizational and operational standards required for federal tax-exempt status. The Corporation demonstrates a continued and expanding commitment to meeting our mission and serving the citizens by providing community benefits. A community benefit is a planned, managed, organized, and measured approach to meeting identified community health needs, requiring a partnership between the healthcare organization and the community to benefit residents through programs and services that improve health status and quality of life.

The Corporation improves the health and well-being of Southwest Georgia through clinical services, education, research and partnerships that build health capacity in the community. The Corporation provides community benefits for every citizen in its service area as well as for the medically underserved. The Corporation conducts community needs assessments and pays close attention to the needs of low income and other vulnerable persons and the community at large. The Corporation often works with community groups to identify needs, strengthen existing community programs and plan newly needed services. It provides a wide-ranging array of community benefit services designed to improve community health and the health of individuals and to increase access to health care, in addition to providing free and discounted services to people who are uninsured and underinsured. The Corporation's excellence in community benefit programs was recognized by the prestigious Foster McGaw Prize awarded to the Corporation in 2003 for its broad-based outreach in building collaboratives that make measurable improvements in health status, expand access to care and build community capacity, so that patients receive care closest to their own neighborhoods. Drawing on a dynamic and flexible structure, the community benefit programs are designed to respond to assessed needs and are focused on upstream prevention.

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

SERVICE TO THE COMMUNITY, Continued July 31, 2021

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

	Charges <u>Foregone</u>	Estimated <u>Unreimbursed Cost</u>
Medicare Medicaid Indigent/Charity	\$ 784,000,000 290,000,000 96,000,000	\$ 267,000,000 99,000,000 33,000,000
	<u>\$ 1,170,000,000</u>	\$ 399,000,000

Indigent/Charity Care by County

The Corporation provided care to a total of 8,115 Indigent/Charity patients during 2021. These patients came from numerous counties throughout Georgia and surrounding states. The following table summarizes the amounts of charges foregone and estimates the losses incurred by the Corporation by county.

	Charges <u>Foregone</u>		Estimated <u>Unreimbursed Cost</u>	
Dougherty Lee Worth Terrell Mitchell Sumter Randolph Baker Calhoun Schley	\$	57,000,000 10,500,000 4,800,000 4,000,000 4,000,000 3,500,000 2,000,000 1,000,000 900,000 700,000	\$	19,400,000 3,600,000 1,600,000 1,400,000 1,400,000 700,000 400,000 300,000
Other Georgia Out of State		6,600,000 1,000,000	_	2,300,000 400,000
Total	\$	96,000,000	\$	33,000,000

SERVICE TO THE COMMUNITY, Continued July 31, 2021

The following is a summary of the community benefit activities and health improvement services offered by the Corporation and illustrates the activities and donations during fiscal year 2021.

I. Community Health Improvement Services

A. <u>Community Health Education</u>

The Corporation provided health education services that reached 2,166 individuals in 2021 at a cost of \$255,734. These services included the following free classes and seminars:

- Teen Pregnancy Prevention Education
- Teenage Parenting Classes (Network of Trust)
- CPR Training to Teachers
- Safe Sitter Classes
- Asthma & Epi-Pen Education
- Health Education at Summer Camps
- Breast Cancer Prevention Education
- Shop Talk discussions related to Prostate Cancer and Diabetes
- COVID-19 Updates to the Community and Media

Men and Women's Health Conferences

The Men's and Women's Conferences attracted a total of 532 participants. In June, the Men's Conference attracted 207 participants. It was an in-person event and the topic was "Shop-talk." The event was staged as a barber shop with topics on prostate health and prevention, healthy eating and being physically active. The leaders of the topic areas were Dr. McGill, Dr. Richardson, and Dr. Rivers. The event also gave COVID vaccinations. Due to COVID constraints, the Women's Conference was a drive-by virtual event (with 325 participants). This years' theme was breast cancer awareness and healthy eating. Each vehicle received health information and a free basket of fresh vegetables. The total cost of Health Fairs was \$21,031.

Network of Trust

This is a nationally recognized program aimed at teen mothers to provide parenting skills, attempt to reduce repeat pregnancies, and complete high school. This program also includes a teen father program along with other teenaged children programs. Internal evaluations shows teens participating in the program are less likely to repeat a pregnancy prior to graduation. Network of Trust enrolled 35 teen parents (with zero repeat pregnancies) during the 2020/2021 school year at a cost of \$234,703. Project results demonstrate teens that graduated from the two-semester program are less likely to have a second pregnancy prior to age 21. Thirteen Network of Trust seniors graduated in 2021. In addition, Network of Trust and the school nurse program provided teen pregnancy prevention programming, asthma and epi-pen education and conducted health education at summer camps.

See independent auditor's report on supplemental information.

SERVICE TO THE COMMUNITY, Continued July 31, 2021

I. Community Health Improvement Services, Continued

B. Community Based Clinical Services

Flu Shots

The Corporation provides free flu shots to volunteers, students and homeless shelters. In 2021, the Corporation administered 150 flu shots at an unreimbursed cost of \$2,880.

School Nurse Program

The Corporation places nurses in sixteen elementary schools, six middle schools, and four high schools in Dougherty County with a goal of creating access to care for students and staff, assessing the health care status of each population represented and effectively establishing referrals for all health care needs. Nurses conducted CPR training, Safe Sitter classes, Teen Pregnancy Prevention Education, Asthma and Epipen Education and Health Education Summer Camps. During the 2020/2021 school year, the school nurse program covered approximately 5,736 student lives. This program operated at a cost of \$327,248 in 2021.

Mammography

The Corporation provided 150 mammograms to the uninsured in 2020/2021 at a cost of \$25.620.

C. <u>Health Care Support Services</u>

Although the Corporation anticipates possible reimbursement from various funding sources in FY2022, the Corporation wanted to highlight these life-saving benefits to the community.

Monoclonal Antibody Treatment

The Corporation provided 414 monoclonal antibody treatments to patients with COVID-19. Monoclonal anti-body treatment is authorized to treat COVID-19 early in the course of illness, within ten days of symptom onset, in outpatient settings, and have been shown to reduce the risk of hospitalization by upwards to 70%. Additionally, monoclonal antibodies can be administered proactively after a potential exposure (source: PhRMA).

SERVICE TO THE COMMUNITY, Continued July 31, 2021

I. Community Health Improvement Services, Continued

C. <u>Health Care Support Services, Continued</u>

COVID-19 Vaccinations

The Corporation was the first mass vaccination location established in Southwest Georgia. Upon receipts of vaccine from the state in December, the Corporation began dispensing to employees, healthcare workers and local first responders within 18 hours of receipt. The Corporation administered approximately 49,000 doses of the COVID-19 vaccine to Southwest Georgia Residents (excluding employees) during FY21 across multiple sites. In order to administer these vaccines, 304 employees across the Corporation worked a total of 7,250 hours. Employees were directing parking, helping elderly out of their cars, helping to check in the community members, clinical staff administered the vaccine, and employees were assigned to monitor the community members after they received the vaccine. In addition, a call center was set up to assist with answering questions and scheduling the vaccinations. The vaccination clinics were open for five months.

Mobile Units

In fiscal year 2021, Phoebe Putney Health System, Inc. purchased two 36-foot mobile healthcare units for \$946,869, funded through generous donations from Phoebe Foundation. These mobile units are dedicated to improving the health of our region's vulnerable residents in medically underserved communities throughout Southwest Georgia. Each unit is equipped with two examination rooms, equipped with comprehensive primary, specialty and occupational healthcare facilities. These exam rooms can accommodate full physical examinations, specimen collections, clinical vital readings, hearing examinations and respiratory testing. Each unit is equipped with Telehealth presentation site capabilities, which allow for a variety of subspecialty providers to evaluate and assess patients within the mobile unit. In addition, each unit is equipped with a wireless connectivity cradle point, allowing for real time medical documentation. Both units are self-sustainable, requiring no external electrical or water hood ups.

The mobile units are designed to provide in-person primary care, virtual specialty care, and health & wellness resources in regular rotation across Southwest Georgia, many of whom lack the resources to travel to service deliverable sites. Such access enhancements connect patients with medical professionals before an emergency room visit or hospitalization becomes necessary. Through low cost / no cost treatment, education, and referral to additional resources, the mobile clinics are able to keep potentially serious health conditions in check, helping targeted patient populations take control of their health in ways they'd never be able to otherwise.

See independent auditor's report on supplemental information.

SERVICE TO THE COMMUNITY, Continued July 31, 2021

I. Community Health Improvement Services, Continued

C. <u>Health Care Support Services, Continued</u>

Mobile Units, Continued

The mobile units were deployed in March 2021 and have been dedicated to providing access to the COVID-19 vaccine. Through the Corporation's support of Phoebe Physician Group, Inc.'s operation of these mobile units, the units travelled to 14 Southwest Georgia counties and held 66 vaccination events, giving out 1,585 doses from March 2021 to June 2021.

Government Sponsored Eligibility Applications to the Poor and Needy

The Corporation contracts for eligibility on behalf of the poor and needy that may be eligible for Medicaid. In some cases, it can take up to two years to be deemed eligible. In 2021 the Corporation paid \$917,059 to process these applications with 884 receiving Medicaid benefits.

Financial Assistance Policy (FAP)

The Corporation will extend free or discounted care to eligible individuals for all urgent, emergent, or otherwise medically necessary services. Patients whose household income is at or below 125% of the Federal Poverty Guidelines are eligible for free care. Patients whose household income is between 126% and 400% of the Federal Poverty Guidelines qualify for discounted charges based on a sliding fee schedule in the FAP. Phoebe will not charge eligible individuals more for emergency or other medically necessary care than the Amount Generally Billed (AGB) to individuals who have insurance coverage, and is compliant with the requirements for a not-for-profit charitable corporation in accordance with Internal Revenue Service Regulation §1.501(r).

II. Health Professions Education

The Corporation recognizes that to continuously improve the Corporation's long-term value to our community and our customers, to encourage life-long learning among employees and to achieve a world-class employer status, it is in the Corporation's best interest to provide opportunities that will assist eligible employees in pursuing formal, healthcare related educational opportunities. The Corporation also provides non-employees financial support in pursuing healthcare related degrees. In fiscal year 2021, 812 students received clinical instruction from the Corporation's facilities at a total cost of \$2,676,344.

SERVICE TO THE COMMUNITY, Continued July 31, 2021

II. Health Professions Education, Continued

Nursing Students

In fiscal year 2021, the Corporation provided \$1,464,380 in clinical supervision and training to 532 nursing students. This year, the nursing clinical team added three full time employees for Academic Clinic Instructors to assist college nursing program supervisors and provided Simulation Lab instruction to all the nursing students.

Simulation & Innovation Center

The Corporation's technologically advanced Simulation & Innovation Center is the leading provider of nurse training and development in Southwest Georgia. The Simulation & Innovation Center features a state-of-the-art skills lab and simulators for Labor & Delivery, NICU, Pediatrics, Med-Surge, Surgery, Trauma and Critical Care. Students participate in full patient codes on life-like mannequins that respond to a variety of conditions. What nurses experience in the Simulation & Innovation Center will mirror what one would experience on the floor

Clinical Preceptorship Program

The Corporation is excited to offer nursing students the opportunity to gain professional growth and enhanced clinical hands-on skills through a competitive preceptorship program during their final semester of college. Students are paired with a Phoebe RN to complete a one-on-one clinical learning experience on an inpatient floor or unit.

Other Health Professional Education

The Corporation provided an additional \$1,211,964 in clinical supervision and training to pharmacy, pharmacy techs, and other allied health professionals.

III. Subsidized Health Services

A. Other Subsidized Services

Inmate Care

The Corporation provides care to persons in jail for Dougherty County. In 2021 the Corporation provided \$256,651 of unreimbursed medical and drug treatment to 200 inmates.

Indigent Drug Pharmacy

Indigent Drug Pharmacy provides medication upon discharge to patients that are either indigent or uninsured. In 2021, the pharmacy filled 4,012 prescriptions at a cost of \$143,720.

See independent auditor's report on supplemental information.

SERVICE TO THE COMMUNITY, Continued July 31, 2021

IV. Financial and In-Kind Support

In 2021, the Corporation provided \$272,249 in cash donations and in-kind support to non-profit organizations in Southwest Georgia. Listed are some highlights:

- Contributed \$84,147 in Forgone Rent to local non-profits.
- Gave \$146,252 to Horizons Community Solutions to support cancer screenings.
- Flint River Fresh received a donation of \$12,500 to address food scarcity.

V. Community Building Activities

A. Workforce Development

To address a long-standing nursing shortage, Phoebe Putney Health System, Inc. (PPHS) reached agreements with four institutions of higher learning to support the institutions nursing infrastructure with a total investment of \$981,596. Through various investments with our academic partners, PPHS has enabled the nursing programs to increase student enrollment by providing funding for full and/or part-time faculty for each of the nursing programs, as well as for three full-time clinical faculty whom are located in the Simulation & Innovation Center. These four institutions are Fort Valley State University in Fort Valley, Albany State University and Albany Technical College in Albany and Georgia Southwestern State University in Americus.

Leadership Academy hosted by Colony Bank

The Corporation hosted 32 area high school seniors; Simulation & Innovation Center staff provided a simulation scenario, engaged students in activities such as PPE relay, and participated in a Panel Discussion.

Work Based Learning for High School Seniors

In cooperation with Lee County High School, the Corporation hosted 11 High School Seniors to participate in an educational option that prepares high school students for the world of work through a combination of academic and workplace learning. It is based on the belief that our youth must be better prepared for the future if they are to be successful in a competitive, global economy. This lasted the entire school year and the students interned for a range from 6-15 hours at the Corporation each week. The students had to complete an application packet, have a minimum GPA, and have letters of recommendation.

SERVICE TO THE COMMUNITY, Continued July 31, 2021

VI. Community Benefit Operations

The Corporation incurred \$121,335 in dedicated staff to operate the community benefit programs. The Corporation also provided \$36,150 in data management and community dashboard that displays over 180 community health indicators on our website:

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

Summary

		<u> 2021</u>
Community Health Improvement Services:		
Community Health Education	\$	255,734
Community Based Clinical Services		355,748
Healthcare Support Services	_	917,059
Total community health improvement services	_	1,528,541
Health Professions Education:		
Nurses/nursing students		1,464,380
Other health professional education	_	1,211,964
Total health professional education	_	2,676,344
Subsidized Health Services:		
Other subsidized health services		400,371
		_
Total subsidized health services	_	400,371
Financial and In-Kind Support:		
Cash donations		188,102
In-kind donations	_	84,147
Total financial and in-kind support	_	272,249
Community Building Activities:		
Workforce development		981,596
·	_	
Total community building activities	_	<u>981,596</u>
Community Benefits Operations:		
Dedicated staff and other resources	_	<u> 157,485</u>
Total community benefit operations		157,485
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See independent auditor's report on supplemental information.

SERVICE TO THE COMMUNITY, Continued July 31, 2021

VI. Community Benefit Operations, Continued

Summary, Continued

	<u>2021</u>
Other:	
Traditional charity care - estimated unreimbursed cost of charity services	\$ 33,000,000
Unpaid cost of Medicare services - estimated unreimbursed cost of Medicare services	267,000,000
Unpaid cost of Medicaid services - estimated unreimbursed cost of Medicaid services	99,000,000
Total other	399,000,000
Total summary	\$ <u>405,016,586</u>

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



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

Board of Directors Phoebe Putney Memorial Hospital, Inc. Albany, Georgia

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Phoebe Putney Memorial Hospital, Inc. (Corporation), which comprise the balance sheet as of July 31, 2021, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 1, 2021.

Internal Control Over Financial Reporting

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

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

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

Continued

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Let's Think Together.

Compliance and Other Matters

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

Purpose of this Report

fin to Tucker, LLP

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

Albany, **G**eorgia December 1, 2021