Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20___

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

2017

Name of exempt organization

COFFEE REGIONAL MEDICAL CENTER, INC.

Employer identification number

65-0543088

Name and title of officer

VICKI LEWIS
PRESIDENT AND CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	117,903,948.
2a Form 990-EZ check here ▶	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize PYA, P.C. to enter my PIN 43088

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Vicki Lewis Date ▶ 11.9.18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 62073216401

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Deborah O. Emberger, C.P.A Date ▶ **10/4/2018**

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

EXTENDED TO NOVEMBER 15, 2018

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **and ending**

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

C Name of organization
COFFEE REGIONAL MEDICAL CENTER, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1101 OCILLA ROAD/P.O. BOX 1287

Room/suite

City or town, state or province, country, and ZIP or foreign postal code DOUGLAS, GA 31533-2207

F Name and address of principal officer: VICKI LEWIS
SAME AS C ABOVE

D Employer identification number 65-0543088

E Telephone number 912-384-1900

G Gross receipts $ 117,903,948.

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.COFFEEREGIONAL.ORG

K Form of organization: ☒ Corporation Trust Association Other ▶

L Year of formation: 1995 **M** State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO BE A LEADING PROVIDER OF A COMPREHENSIVE RANGE OF HIGH-QUALITY, REASONABLY PRICED HEALTH CARE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	956
6	Total number of volunteers (estimate if necessary)	6	54
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	39,418.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-15,232.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	347,161.	320,348.
9	Program service revenue (Part VIII, line 2g)	111,278,694.	111,647,875.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,528,161.	2,657,167.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,468,917.	3,278,558.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	116,622,933.	117,903,948.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	2,487.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	49,078,880.	57,962,299.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,282,002.	66,443,879.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	116,360,882.	124,408,665.
19	Revenue less expenses. Subtract line 18 from line 12	262,051.	-6,504,717.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	74,611,549.	73,466,466.
21	Total liabilities (Part X, line 26)	43,664,903.	46,727,531.
22	Net assets or fund balances. Subtract line 21 from line 20	30,946,646.	26,738,935.

Part II Signature Block

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

Sign Here

▶ Vicki J. Lewis — Signature of officer — Date 11.9.18

▶ VICKI LEWIS, PRESIDENT AND CEO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DEBORAH O. ERNSBERGER	Preparer's signature: Deborah O Ernsberger, CPA	Date	Check if self-employed	PTIN: P00364912
Firm's name ▶ PYA, P. C.			Firm's EIN ▶ 62-1517792	
Firm's address ▶ 2220 SUTHERLAND AVE. KNOXVILLE, TN 37919			Phone no. 865-673-0844	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO BE A LEADING PROVIDER OF A COMPREHENSIVE RANGE OF HIGH-QUALITY, REASONABLY PRICED HEALTH CARE SERVICES IN COFFEE COUNTY, GEORGIA, AND THE SURROUNDING REGION. THESE HEALTH CARE SERVICES ARE PROVIDED TO ALL PERSONS REGARDLESS OF ABILITY TO PAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses $ 109,637,879. including grants of $ 2,487.) (Revenue $ 114,192,639.)
HOSPITAL SERVICES - SHORT TERM CARE FOR INPATIENT AND OUTPATIENT SERVICES FOR DOUGLAS AND COFFEE COUNTY. COFFEE REGIONAL MEDICAL CENTER (CRMC) SERVED 4,111 PATIENTS FOR A TOTAL OF 14,638 INPATIENT DAYS IN 2017. NURSERY DAYS WERE 950 IN 2017. COFFEE REGIONAL MEDICAL CENTER PROVIDED APPROXIMATELY $10,877,062 OF INDIGENT AND CHARITY SERVICES IN 2017.

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

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

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 109,637,879.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	59		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	956		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country: ▶ CAYMAN ISLANDS				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

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

Own website Another's website X Upon request Other *(explain in Schedule O)*

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

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

LAVONDA CRAVEY - 912-384-1900
1101 OCILLA ROAD, DOUGLAS, GA 31533-2207

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERRELL JACOBS	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(2) JON LOTT	1.00									
DIRECTOR		X						0.	0.	0.
(3) DREW BAGWELL, MD	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(4) MARLENE BALDREE	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(5) ANNIE FARRAR	1.00									
VICE CHAIR		X		X				0.	0.	0.
(6) SUDHAKAR JONNALAGADDA, MD	1.00									
DIRECTOR		X						0.	0.	0.
(7) GARY EVANS	1.00									
CHAIR		X		X				0.	0.	0.
(8) ADAM SMITH	1.00									
DIRECTOR		X						0.	0.	0.
(9) ELLEN FITZGERALD	1.00									
DIRECTOR		X						0.	0.	0.
(10) BRANDY WILKES	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(11) THAD CARTER	1.00									
SECRETARY		X		X				0.	0.	0.
(12) VICKI LEWIS	50.00									
PRESIDENT/CEO	2.00			X				385,449.	0.	13,765.
(13) SHERRY THOMAS	50.00									
EXECUTIVE VP/CNE	2.00				X			260,292.	0.	19,941.
(14) BARRY BLOOM	50.00									
VP/EXEC DIR OF FOUNDATION	2.00				X			190,020.	0.	0.
(15) PEGGY KIRKLAND	50.00									
DIRECTOR OF PHARMACY					X			188,009.	0.	19,941.
(16) HEWATT SIMS	50.00									
ORTHOPEDIC PHYSICIAN						X		1,322,130.	0.	13,765.
(17) THOMAS WEHMANN	50.00									
SURGICAL PHYSICIAN						X		773,643.	0.	13,765.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOEL FERREE CARDIOLOGY PHYSICIAN	50.00					X		672,832.	0.	0.
(19) BRADLEY GOLDBERG OB/GYN PHYSICIAN	50.00					X		544,981.	0.	13,765.
(20) STEVEN DIAMOND OB/GYN PHYSICIAN	50.00					X		504,390.	0.	19,941.
(21) DARREL COLLINS, DO FORMER DIRECTOR	20.00						X	163,539.	0.	0.
1b Sub-total ▶								5,005,285.	0.	114,883.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								5,005,285.	0.	114,883.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 66

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
REHABILITATION SPECIALISTS 169 MEADOWLARK LANE, FITZGERALD, GA 31750	CONTRACT PHYSICAL THERAPY	608,261.
SOUTHEASTERN PAIN CONSULTANTS, 285 HELENS MANOR DRIVE, LAWRENCEVILLE, GA 30045	PAIN MANAGEMENT	504,125.
PHILLIPS FINANCIAL, LLC 2425 SETTLERS STREET, CHARLESTON, SC 29492	CONTRACT CFO	260,585.
HALL BOOTH 191 PEACHTREE ST NE, ATLANTA, GA 30303	LEGAL SERVICES	137,306.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	25,348.			
	e Government grants (contributions)	1e	275,000.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,000.			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f		320,348.			
Program Service Revenue		**Business Code**				
	2a PATIENT REVENUE	621990	111,608,457.	111,608,457.		
	b REFERENCE LAB	621500	39,418.		39,418.	
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		111,647,875.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,613,662.			2,613,662.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	202,992.				
	b Less: rental expenses	0.				
	c Rental income or (loss)	202,992.				
	d Net rental income or (loss)		202,992.			202,992.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	42,665. / 840.				
	b Less: cost or other basis and sales expenses	0. / 0.				
	c Gain or (loss)	42,665. / 840.				
	d Net gain or (loss)		43,505.			43,505.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	**Business Code**				
	11a PHARMACY REVENUE	621990	1,309,240.	1,309,240.		
	b CAFETERIA	722210	530,802.			530,802.
	c EHR PAYMENT	621990	205,311.	205,311.		
	d All other revenue	621990	1,030,213.	1,030,213.		
	e **Total.** Add lines 11a-11d		3,075,566.			
	12 **Total revenue.** See instructions.		117,903,948.	114,153,221.	39,418.	3,390,961.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,487.	2,487.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	385,449.	63,000.	322,449.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	45,570,858.	40,822,491.	4,748,367.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	809,464.	721,792.	87,672.	
9 Other employee benefits	8,356,561.	7,296,613.	1,059,948.	
10 Payroll taxes	2,839,967.	2,456,889.	383,078.	
11 Fees for services (non-employees):				
a Management	43,610.		43,610.	
b Legal	115,673.		115,673.	
c Accounting	136,343.		136,343.	
d Lobbying	19,025.	19,025.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	178,694.		178,694.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,936,113.	5,053,264.	1,882,849.	
12 Advertising and promotion	365,909.	104,260.	261,649.	
13 Office expenses	4,059,530.	3,543,256.	516,274.	
14 Information technology				
15 Royalties				
16 Occupancy	2,016,846.	1,746,185.	270,661.	
17 Travel	136,484.	111,210.	25,274.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	101,705.	98,178.	3,527.	
20 Interest	922,387.	922,387.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,628,337.	4,873,014.	755,323.	
23 Insurance	2,469,339.	412,434.	2,056,905.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	22,221,549.	22,221,549.		
b SUPPLIES	11,410,744.	11,410,744.		
c DEVELOPMENT	4,361,609.	4,361,609.		
d TAXES & LICENSES	1,387,540.		1,387,540.	
e All other expenses	3,932,442.	3,398,492.	533,950.	
25 **Total functional expenses.** Add lines 1 through 24e	124,408,665.	109,638,879.	14,769,786.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	3,881,014.	1	768,052.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,551,386.	4	13,026,255.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,754,052.	8	1,690,375.
	9	Prepaid expenses and deferred charges	459,433.	9	653,444.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 101,409,840.			
	b	Less: accumulated depreciation — 10b: 77,302,080.	24,956,164.	10c	24,107,760.
	11	Investments - publicly traded securities	30,260,592.	11	31,913,939.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	748,908.	15	1,306,641.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	74,611,549.	16	73,466,466.
Liabilities	17	Accounts payable and accrued expenses	16,044,984.	17	18,900,920.
	18	Grants payable		18	
	19	Deferred revenue		19	339,653.
	20	Tax-exempt bond liabilities	26,018,432.	20	24,358,080.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,601,487.	23	3,109,947.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	18,931.
	26	**Total liabilities.** Add lines 17 through 25	43,664,903.	26	46,727,531.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	30,946,646.	27	26,738,935.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	30,946,646.	33	26,738,935.
	34	Total liabilities and net assets/fund balances	74,611,549.	34	73,466,466.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	117,903,948.
2	Total expenses (must equal Part IX, column (A), line 25)	2	124,408,665.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,504,717.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,946,646.
5	Net unrealized gains (losses) on investments	5	1,528,876.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	768,130.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,738,935.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
COFFEE REGIONAL MEDICAL CENTER, INC.	65-0543088

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

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

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

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

3 X A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶

b **33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶

17a **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶

b **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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

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

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization	Employer identification number
COFFEE REGIONAL MEDICAL CENTER, INC.	65-0543088

Organization type (check one):

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

Name of organization: COFFEE REGIONAL MEDICAL CENTER, INC.

Employer identification number: 65-0543088

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 25,348.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COFFEE REGIONAL MEDICAL CENTER, INC.	65-0543088

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization COFFEE REGIONAL MEDICAL CENTER, INC.

Employer identification number 65-0543088

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
COFFEE REGIONAL MEDICAL CENTER, INC.	65-0543088

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

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

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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

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

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

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

4a Was a correction made? **Yes** **No**

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		19,025.
j Total. Add lines 1c through 1i			19,025.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

SCHEDULE C, PART II-B, LINE 1

A PORTION OF THE ANNUAL DUES PAID TO THE GEORGIA HOSPITAL ASSOCIATION AND THE GEORGIA ALLIANCE OF COMMUNITY HOSPITALS IS ALLOCATED TO THE LOBBYING ACTIVITIES OF THE ASSOCIATION.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
COFFEE REGIONAL MEDICAL CENTER, INC.

Employer identification number
65-0543088

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		441,214.		441,214.
b Buildings		56,277,950.	34,804,972.	21,472,978.
c Leasehold improvements		146,203.	122,696.	23,507.
d Equipment		42,896,430.	42,374,412.	522,018.
e Other		1,648,043.		1,648,043.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				24,107,760.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	18,931.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	18,931.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

CRH HEALTH CARE, INC., EXCLUDING COFFEE REGIONAL MEDICAL CENTER SEGREGATED PORTFOLIO, CRH VENTURES, INC. AND SOUTHEASTERN MANAGED CARE, INC. IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE.

COFFEE REGIONAL MEDICAL CENTER SEGREGATED PORTFOLIO IS AN EXEMPTED SEGREGATED PORTFOLIO COMPANY THAT WAS INCORPORATED UNDER THE PROVISIONS OF THE COMPANIES LAW OF THE CAYMAN ISLANDS AND HAS RECEIVED AN UNDERTAKING FROM THE CAYMAN ISLANDS GOVERNMENT EXEMPTING IT FROM ALL LOCAL INCOME, PROFITS AND CAPITAL GAINS TAXES.

Part XIII Supplemental Information *(continued)*

CRH VENTURES, INC. AND SOUTHEASTERN MANAGED CARE, INC. ARE TAXABLE ENTITIES AND ARE, THEREFORE, SUBJECT TO FEDERAL INCOME TAXES. CRH VENTURES, INC. AND SOUTHEASTERN MANAGED CARE, INC. FILE SEPARATE FEDERAL INCOME TAX RETURNS.

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 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 CONSOLIDATED BALANCE SHEETS FOR UNRECOGNIZED INCOME TAX POSITIONS. FURTHER, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF DECEMBER 31, 2017 AND 2016 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.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

COFFEE REGIONAL MEDICAL CENTER, INC.

Employer identification number

65-0543088

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... **Yes** **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	1	1	INVESTMENTS		9,983,183.
3 a Sub-total	1	1			9,983,183.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	1	1			9,983,183.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2017**

732071 10-06-17

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	Yes	X No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization COFFEE REGIONAL MEDICAL CENTER, INC.

Employer identification number 65-0543088

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
	100% ☐ 150% ☐ 200% ☐ X Other 125 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
	X 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3240046.		3240046.	3.17%
b Medicaid (from Worksheet 3, column a)			15953235.	10530005.	5423230.	5.31%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			19193281.	10530005.	8663276.	8.48%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			21,572.		21,572.	.02%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,687.		3,687.	.00%
j **Total.** Other Benefits			25,259.		25,259.	.02%
k **Total.** Add lines 7d and 7j			19218540.	10530005.	8688535.	8.50%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			1,500.		1,500.	.00%
4	Environmental improvements						
5	Leadership development and training for community members			4,224.		4,224.	.00%
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			3,900.		3,900.	.00%
9	Other						
10	Total			9,624.		9,624.	.00%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 22,221,549.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 16,666,162.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	17,859,019.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	18,005,137.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-146,118.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: Cost accounting system X Cost to charge ratio Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 COFFEE REGIONAL MEDICAL CENTER 1101 OCILLA ROAD, P.O. BOX 1287 DOUGLAS, GA 31533 034-490	X	X					X		PHYSICIAN OFFICES, RURAL HEALTH CLINIC	

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group COFFEE REGIONAL MEDICAL CENTER INC

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a X A definition of the community served by the hospital facility			
b X Demographics of the community			
c X Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d X How data was obtained			
e X The significant health needs of the community			
f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g X The process for identifying and prioritizing community health needs and services to meet the community health needs			
h X The process for consulting with persons representing the community's interests			
i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a X Hospital facility's website (list url): WWW.COFFEEREGIONAL.ORG			
b Other website (list url):			
c Made a paper copy available for public inspection without charge at the hospital facility			
d Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): WWW.COFFEEREGIONAL.ORG			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group COFFEE REGIONAL MEDICAL CENTER INC

			Yes	No
		Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13		Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
		If "Yes," indicate the eligibility criteria explained in the FAP:		
a	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 % and FPG family income limit for eligibility for discounted care of 200 %		
b		Income level other than FPG (describe in Section C)		
c		Asset level		
d		Medical indigency		
e		Insurance status		
f		Underinsurance status		
g		Residency		
h		Other (describe in Section C)		
14		Explained the basis for calculating amounts charged to patients?	14 X	
15		Explained the method for applying for financial assistance?	15 X	
		If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a	X	Described the information the hospital facility may require an individual to provide as part of his or her application		
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	X	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	X	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e		Other (describe in Section C)		
16		Was widely publicized within the community served by the hospital facility?	16 X	
		If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	X	The FAP was widely available on a website (list url): WWW.COFFEEREGIONAL.ORG		
b	X	The FAP application form was widely available on a website (list url): WWW.COFFEEREGIONAL.ORG		
c	X	A plain language summary of the FAP was widely available on a website (list url): WWW.COFFEEREGIONAL.ORG		
d	X	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	X	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	X	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j		Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group COFFEE REGIONAL MEDICAL CENTER INC

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	Actions that require a legal or judicial process			
e	Other similar actions (describe in Section C)			
f X	None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	Actions that require a legal or judicial process			
e	Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- **b** X Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- **c** Processed incomplete and complete FAP applications
- **d** Made presumptive eligibility determinations
- **e** Other (describe in Section C)
- **f** None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group COFFEE REGIONAL MEDICAL CENTER INC

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

Part V **Facility Information** *(continued)*

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

COFFEE REGIONAL MEDICAL CENTER INC:

PART V, SECTION B, LINE 5: IN 2016, CRMC DEVELOPED A COMMUNITY SURVEY QUESTIONNAIRE TO PROVIDE TO PERSONS WITHIN ITS SERVICE AREA. PAPER COPIES AS WELL AS AN ONLINE SURVEY WERE MADE AVAILABLE IN BOTH ENGLISH AND SPANISH. CRMC PROVIDED THE SURVEY TO ALL PATIENTS WHO PRESENTED TO CRMC THROUGH FRONT ADMISSIONS AND TO ALL PATIENTS WHO PRESENTED TO THE THREE LARGEST PRIMARY CARE CLINICS: COFFEE WOMEN'S CARE CENTER, CRH OB/GYN, AND CRH PEDIATRICS. PATIENTS WERE INCENTIVIZED TO PARTICIPATE.

A WRITTEN SURVEY WAS PROVIDED TO PHYSICIANS AND LEADERS WITHIN THE COMMUNITY TO ASSESS THE HEALTH OF THE COMMUNITY, AS WELL AS ITS SPECIFIC NEEDS. THE LEADER BASE WAS DRAWN FROM COUNTY BOARD OF COMMISSIONERS, DFACS TECHNICAL COLLEGE, ENTREPRENEURS, COMMUNITY VOLUNTEERS AND MINISTRY.

COFFEE REGIONAL MEDICAL CENTER INC:

PART V, SECTION B, LINE 11: COFFEE REGIONAL MEDICAL CENTER IDENTIFIED THE FOUR TOP AREAS TO FOCUS ON OUT OF ALL NEEDS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT. THESE FOUR ARE CONSIDERED THE MOST SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY AND WILL BE COVERED BY THE IMPACT INITIATIVES. OTHER HEALTH NEEDS IDENTIFIED IN THE ASSESSMENT BUT NOT DEEMED SIGNIFICANT MAY BE INDIRECTLY IMPACTED BY THE INITIATIVES, BUT RESOURCE CONSTRAINTS PREVENT CRMC FROM DIRECTLY ADDRESSING THESE INITIATIVES.

PRIORITY HEALTH ISSUE #1: ADDITIONAL PRIMARY CARE RESOURCES

Part V **Facility Information** *(continued)*

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

THE RATIO OF THE NUMBER OF PRIMARY CARE PHYSICIANS TO POPULATION IN THE AREA IS LOW COMPARED TO NATIONAL AND GEORGIA AVERAGES.

HOSPITAL STRATEGY

CRMC WILL BE HEAVILY INVOLVED IN MEETING THE PRIMARY CARE NEEDS IN COFFEE AND ATKINSON COUNTIES THROUGH CONTINUED RECRUITMENT EFFORTS. IN THE PAST 24 MONTHS, CRMC HAS RECRUITED AND EMPLOYED PRIMARY CARE PHYSICIANS INTO THE CRH PHYSICIAN PRACTICES MODEL. WITH THESE ADDITIONS, THE HOSPITAL IS ABLE TO ENHANCE THE STABILITY OF PRIMARY CARE BY ENCOURAGING PATIENTS TO REMAIN WITHIN THE COMMUNITY AND ASSURE GREATER AVAILABILITY OF ACCESS POINTS.

ACCORDING TO THE LATEST PHYSICIAN TO POPULATION MANPOWER STUDY, THE PRIMARY SERVICE AREA FOR COFFEE REGIONAL MEDICAL CENTER WILL BE UNDERSERVED DUE TO A DEFICIT OF SIXTEEN INTERNAL MEDICINE PHYSICIANS, NINE FAMILY PRACTICE PHYSICIANS, THREE OB/GYN PHYSICIANS, AND THREE PEDIATRICIANS. COFFEE REGIONAL RECOGNIZES THE DEFICIT AND HAS A PHYSICIAN RECRUITER ON STAFF TO ASSIST IN BRINGING ADDITIONAL MEDICAL EXPERTISE TO THE AREA.

PRIORITY HEALTH ISSUE #2: ACCESS TO CARE/TRANSPORTATION

THROUGH THE CHNA PROCESS, ACCESS TO CARE AND TRANSPORTATION WAS IDENTIFIED AS A PREVALENT NEED IN THE COMMUNITY. ACCESS FOR SOME INDIVIDUALS IS LIMITED DUE TO INCOME OR INSURANCE STATUS.

Part V **Facility Information** *(continued)*

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

HOSPITAL STRATEGY

SEVERAL ORGANIZATIONS IN THE COMMUNITY ARE WORKING TO IMPROVE ACCESS TO CARE, INCLUDING CRMC. AS AN ORGANIZATION, CRMC WILL EDUCATE THE PUBLIC ON HEALTHCARE ACCESS AND MEANS OF TRANSPORTATION AVAILABLE TO AND FROM APPOINTMENTS. CRMC WILL CONTINUE TO WORK WITH PARTNERS OUTSIDE OF THE HOSPITAL TO EVALUATE THE FEASIBILITY OF COMBINING RESOURCES TO OPEN A FREE HEALTH CLINIC TO PROVIDE FREE AND/OR REDUCED COST TO PATIENTS IN OUR COMMUNITY AND SURROUNDING COUNTIES.

PRIORITY HEALTH ISSUE #3: HEALTH EDUCATION/OBESITY/DIET AND NUTRITION/PREVENTIVE CARE

THROUGH THE CHNA PROCESS, EDUCATION AND PREVENTATIVE CARE WERE IDENTIFIED AS NEEDS IN THE COMMUNITY. PREVENTATIVE DISEASES AND OBESITY ARE ASSOCIATED WITH LIFESTYLE, EDUCATION-LEVEL, AND INCOME-LEVELS OF THE LOCAL POPULATION.

HOSPITAL STRATEGY

CRMC OFFERS A DIABETES SUPPORT GROUP, DIETITIAN CONSULTS, AND EDUCATION AND WELLNESS PROGRAMS THROUGH THE WELLNESS CENTER. CARDIAC REHAB IS ALSO AN AVAILABLE SERVICE. CRMC THROUGH INDUSTRIAL MEDICINES IS OFFERING AND ENCOURAGING LOCAL INDUSTRY TO PROVIDE EDUCATION AND PREVENTATIVE CARE FOR THEIR EMPLOYEES. THROUGH THE INDUSTRIAL MEDICINE PROGRAM, EMPLOYEES ARE REWARDED FOR HEALTHY LIFESTYLES. COFFEE COUNTY OFFERS A NUMBER OF FREE OR

Part V **Facility Information** *(continued)*

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

REDUCED COST PROGRAMS FOR EDUCATION AND PREVENTION. OUR GOAL IS TO REACH MORE OF THE POPULATION WITH THESE PROGRAMS AND ENCOURAGE GREATER PARTICIPATION.

PRIORITY HEALTH ISSUE #4: CANCER TREATMENT OPTIONS

THROUGH THE CHNA PROCESS, THE AVAILABILITY OF CANCER TREATMENT OPTIONS WAS IDENTIFIED AS A PREVALENT NEED IN THE COMMUNITY.

HOSPITAL STRATEGY

CRMC CURRENTLY OFFERS PROGRAMS THAT PROVIDE SCREENING AND EDUCATION FOR EARLY CANCER DETECTION. SOME OF THESE SERVICES ARE PROVIDED AT EITHER A FREE OR REDUCED RATE. CRMC'S GOAL IS TO INCREASE THE PERCENTAGE OF COMMUNITY MEMBERS THAT UTILIZE THESE SERVICES.

- CRMC PROVIDES THE LATEST IN TECHNOLOGY TO AIDE IN THE EARLY DETECTION OF BREAST CANCER THROUGH THEIR RECENT PURCHASE OF THE HOLOGIC 3D MAMMOGRAPHY TECHNOLOGY, KNOWN AS "TOMOSYNTHESIS." AS THE NEXT GENERATION OF MAMMOGRAPHY, TOMOSYNTHESIS ENABLES CLINICIANS TO IDENTIFY AND CHARACTERIZE INDIVIDUAL BREAST STRUCTURES WITH CLARITY AND CERTAINTY NEVER BEFORE POSSIBLE. TOMOGRAPHY USES PRECISE, 3-DIMENSIONAL, DIGITAL IMAGERY TO CREATE A COMPLETE RECONSTRUCTION OF THE BREAST. THIS TECHNOLOGY ALLOWS A PHYSICIAN TO SEE MASSES AND DISTORTIONS ASSOCIATED WITH CANCERS MUCH MORE CLEARLY AND MUCH EARLIER.

- CRMC SUPPORTS EVIDENCE BASED PROSTATE CANCER SCREENINGS AND EARLY

Part V **Facility Information** *(continued)*

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

DETECTION THROUGH ANNUAL, REDUCED FEE PROSTATE SCREENING FOR THE MEMBERS OF THE COMMUNITY AS WELL AS PSA SCREENING THROUGH LOCAL PHYSICIANS.

- CRMC CONTINUES TO ACTIVELY RECRUIT PHYSICIANS IN A MULTI-SPECIALTY FACET IN ORDER TO PROVIDE A LARGER SPECTRUM OF CANCER TREATMENT AND SCREENING SERVICES FOR THE COMMUNITY.

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of Facility (describe)
1 COFFEE REGIONAL FIRST CARE 1101 OCILLA ROAD DOUGLAS, GA 31533	RURAL HEALTH CLINIC

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

PART I, LN 7 COL(F):

THERE IS $22,221,549 OF BAD DEBT EXPENSE WHICH IS INCLUDED IN FORM 990, PART IX, LINE 24(A). THIS AMOUNT WAS REMOVED IN THE CALCULATION OF THE PERCENT OF TOTAL EXPENSE ON SCHEDULE H LINE 7F.

PART II, COMMUNITY BUILDING ACTIVITIES:

HEART TO HEART 5K RUN - FEBRUARY 2017

COFFEE REGIONAL'S ANNUAL FALL FITNESS 5K RUN/FUN WALK WAS HELD FEBRUARY 2017 WITH OVER 267 PARTICIPANTS. IN ADDITION TO THE 5K EVENT, A ONE MILE FUN RUN WAS HELD FOR THE YOUTH IN OUR COMMUNITY. A CHECK FOR $2,487 WAS DONATED TO THE CARDIAC REHAB AWARENESS PROGRAM. (APPROXIMATELY 40 MAN HOURS AT A COST OF $880)

HEALTH FAIR - OCTOBER 7, 2017

THE ANNUAL HEALTH & SAFETY FESTIVAL HELD OCTOBER 7, 2017, ATTRACTED NEARLY OVER 1000 VISITORS. WITH OVER 75 EXHIBITORS, DEMONSTRATIONS AND HEALTH

Part VI **Supplemental Information** *(Continuation)*

SCREENS, THE FESTIVAL OFFERED WONDERFUL, INTERACTIVE WAYS TO PROMOTE A HEALTHY LIFESTYLE. 450 VISITORS TOOK ADVANTAGE OF THE COMPLETE BIOCHEMICAL BLOOD PROFILES OFFERED AT A REDUCED FEE OF $30 (ACTUAL CHARGE OF $535.00) RESULTING IN A COMMUNITY SAVINGS OF $227,250. (APPROXIMATELY 100 MAN HOURS AT A COST OF $2,200)

PROSTATE CANCER SCREENING - OCTOBER 26 & 28, 2017

THE EARLIER PROSTATE CANCER IS DISCOVERED, THE BETTER THE CHANCES ARE THAT IT CAN BE TREATED EFFECTIVELY. WHEN PROSTATE CANCER IS IN ITS EARLIEST STAGES (STILL CONFINED TO THE PROSTATE GLAND), IT USUALLY CAUSES NO PAIN OR OTHER SYMPTOMS. THAT'S WHY EACH YEAR COFFEE REGIONAL MEDICAL CENTER OFFERS LOW COST PROSTATE CANCER SCREENINGS (DRE AND PSA BLOOD TEST) TO OUR COMMUNITY FOR A REDUCED LAB FEE OF ONLY $10.00 (ACTUAL CHARGE $147.00) RESULTING IN A COMMUNITY SAVINGS OF $13,700. IN 2017, OVER 100 MEN TOOK ADVANTAGE OF THIS LIFE-SAVING SCREEN. (APPROXIMATELY 13.5 PHYSICIAN HOURS AND 36 STAFF HOURS AT A COST OF $3,492)

SPORTS PHYSICALS - APRIL 2017

ATHLETIC PHYSICALS ARE REQUIRED BY BOTH THE GEORGIA HIGH SCHOOL AND GEORGIA INDEPENDENT SCHOOL ASSOCIATION FOR STUDENTS PLANNING ON PARTICIPATING IN SCHOOL ATHLETIC PROGRAMS. EACH YEAR COFFEE REGIONAL PROVIDES OVER 550 SPORTS PHYSICALS TO STUDENTS PARTICIPATING IN INTERSCHOLASTIC SPORTS DURING THE SUMMER AND THROUGHOUT THE FOLLOWING YEAR. THIS EVENT RESULTED IN A TOTAL COST SAVINGS TO THE COMMUNITY OF OVER $13,750. (APPROXIMATELY 40 PHYSICIAN HOURS AND 32 STAFF HOURS AT A COST OF $8,280.)

Part VI **Supplemental Information** *(Continuation)*

PROJECT SEARCH - 2017

PROJECT SEARCH IS A ONE-YEAR EDUCATIONAL PROGRAM FOR STUDENTS WITH DISABILITIES IN THEIR LAST YEAR OF HIGH SCHOOL. IT IS TARGETED FOR STUDENTS WHOSE MAIN GOAL IS COMPETITIVE EMPLOYMENT. COFFEE REGIONAL MEDICAL CENTER PROVIDES THE SETTING FOR TWELVE PROJECT SEARCH STUDENTS, THUS ALLOWING TOTAL IMMERSION IN THE WORKPLACE TO FACILITATE THE TEACHING AND LEARNING PROCESS THROUGH CONTINUOUS FEEDBACK AND APPLICATION OF NEW SKILLS. INDIVIDUALIZED JOB DEVELOPMENT AND PLACEMENT BEGINS AFTER ROTATIONS AT ONE OR MORE WORKSTATIONS ARE COMPLETED. STUDENTS RECEIVE SUPPORT THROUGH ON-THE-JOB COACHING AND WORKSITE ACCOMMODATIONS PROVIDED BY COFFEE REGIONAL. THE PROGRAM IS DEDICATED TO WORKFORCE DEVELOPMENT THAT BENEFITS THE INDIVIDUAL, COMMUNITY AND WORKPLACE. (CLASSROOM SPACE AT $300/MONTH TOTAL OF $2,700 AND APPROXIMATELY 60 STAFF HOURS OF TRAINING, MENTORING AND EDUCATION OF 12 STUDENTS/YEAR AT A COST OF $1,200)

DIABETES SUPPORT GROUP - MONTHLY 2017

COFFEE REGIONAL OFFERS A FREE MONTHLY DIABETES SUPPORT GROUP FOR THE GENERAL PUBLIC. CRMC'S CLINICAL EDUCATION DEPARTMENT LEADS AND ORGANIZES EACH MEETING PROVIDING SUPPORT, EDUCATION, RESOURCES AND EXPERT SPEAKERS AT EACH MEETING. EXPERTS SUCH AS DIETICIANS, PODIATRISTS AND PHYSICIANS PROVIDE VALUABLE EDUCATION TO OUR COMMUNITY REGARDING DIABETES. APPROXIMATELY 30 PEOPLE ATTEND EACH MONTHLY MEETING. (144 MAN HOURS PER YEAR AT A COST OF $4,320)

COMMUNITY CHILDBIRTH CLASSES - BIMONTHLY 2017

Part VI **Supplemental Information** *(Continuation)*

CRMC PROVIDES WEEKLY CHILDBIRTH CLASSES EVERY OTHER MONTH FOR THE COMMUNITY. THE WEEKLY SESSIONS ARE FACILITATED BY THE LABOR AND DELIVERY RN STAFF. THE CLASSES PROVIDE EDUCATIONAL LESSONS ABOUT NUTRITIONAL NEEDS OF MOTHER AND FETUS, ANESTHESIA, DELIVERY, BREASTFEEDING AND MANY OTHER INFORMATIVE TOPICS. (2 RN STAFF, 8 HOURS PER MONTH FOR 6 MONTHS AT $25 PER HOUR FOR A TOTAL ANNUAL COST OF $2,400).

COFFEE COUNTY CHILDHOOD CANCER SUPPORT GROUP - 2017

CRMC PROVIDES SPACE MONTHLY FOR THE COFFEE COUNTY CHILDHOOD CANCER SUPPORT GROUP AT NO COST TO THEM. THE CHILDHOOD CANCER SUPPORT GROUP IS A NON-PROFIT ORGANIZATION THAT PROVIDES FAMILIES AND PATIENTS WITH CHILDHOOD CANCER SUPPORT, EDUCATION, RESOURCES AND EXPERT SPEAKERS AT EACH MONTHLY MEETING. (CLASSROOM SPACE $100 PER MONTH FOR A TOTAL OF $1,200 ANNUALLY)

SIDELINE SERVICE - 2017

CRMC PROVIDES SIDELINE SERVICE FOR EACH HIGH SCHOOL FOOTBALL GAME IN COFFEE COUNTY. A FULLY EQUIPPED AMBULANCE, EMT, AND PARAMEDIC ARE PROVIDED FOR EACH HOME FOOTBALL GAME AS A COURTESY TO THE SCHOOL SYSTEM AND SPECTATORS. (AT A COST OF $250 PER GAME AND $1,500/YEAR)

COFFEE COUNTY CHAMBER OF COMMERCE LEADERSHIP COFFEE - 2017

PARTICIPANTS IN LEADERSHIP COFFEE COMMIT TO AN EIGHT-MONTH PROJECT THAT ALLOWS THEM TO TAKE A CLOSE LOOK AT GOVERNMENT, EDUCATION, ECONOMIC DEVELOPMENT, AND ALL ISSUES DEALING WITH QUALITY OF LIFE ON A LOCAL AND

Part VI **Supplemental Information** *(Continuation)*

STATE LEVEL. THE PROGRAM IS DESIGNED TO HELP PARTICIPANTS DEVELOP LEADERSHIP SKILLS FOR THE WORKPLACE AND THE COMMUNITY. CRMC SPONSORED 2 EMPLOYEES IN 2017 FOR THE NEW CENTURY LEADER PROGRAM. STAFF TIME, TRAVEL AND EXPENSES FOR THE PROGRAM IS APPROXIMATELY $4,224. (2 EMPLOYEES, 12 DAYS OF TRAINING AT 8 HOURS PER DAY = 192 STAFF HOURS AT $22 PER HOUR FOR $4,224)

STUDENTS - 2017

IN 2017 THE MEDICAL CENTER SUPPORTED HEALTHCARE EXCELLENCE THROUGHOUT GEORGIA BY TRAINING OVER 250 STUDENTS IN THE FOLLOWING PROGRAMS.

- ABAC (TIFTON, GA): NURSING (RN)
- ALBANY STATE UNIVERSITY (ALBANY, GA): MASTERS IN NURSING
- COFFEE HIGH SCHOOL (DOUGLAS, GA): HEALTH OCCUPATION STUDENTS , PROJECT SEARCH, STEM STUDENTS.
- GA HEALTH SCIENCE UNIVERSITY (AUGUSTA, GA): PHYSICIAN ASSISTANT
- GA SOUTHERN UNIVERSITY (STATESBORO, GA): NURSING, NURSE PRACTITIONER, DIETICIAN
- MERCER (MACON, GA): MEDICAL STUDENTS
- OKEFENOKEE TECHNICAL COLLEGE (WAYCROSS, GA): LAB, NURSING (LPN), RADIOLOGY TECHNOLOGY, RESPIRATORY THERAPY
- SOUTHEASTERN TECH (VIDALIA, GA): SURGICAL TECHNOLOGY
- SOUTH GEORGIA STATE COLLEGE (DOUGLAS, GA): NURSING (RN) 1ST YR & 2ND YR
- SOUTH UNIVERSITY (SAVANNAH, GA): PHARMACY, PHYSICIAN ASSISTANT
- VALDOSTA STATE UNIVERSITY: NURSING (RN), EXERCISE PHYSIOLOGY
- WALDEN UNIVERSITY (ONLINE): MASTERS IN NURSING
- WIREGRASS (DOUGLAS, GA): CNA, EMT, HIT CODING, LPN, PHLEBOTOMY,

Part VI **Supplemental Information** *(Continuation)*

RADIOLOGY

PART III, LINE 2:

AMOUNTS ON PART III, LINES 2 AND 3 REPRESENT CHARGES WRITTEN OFF AS UNCOLLECTIBLE AFTER REASONABLE ATTEMPTS TO COLLECT AND WRITTEN OFF TO BAD DEBT EXPENSE. LINE 3 IS ESTIMATED AT 75% OF THE AMOUNT ON LINE 2.

PART III, LINE 4:

ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE CORPORATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY FOR THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE

Part VI **Supplemental Information** *(Continuation)*

BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

THE CORPORATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS WAS APPROXIMATELY 97% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2017 AND 2016. THE CORPORATION DID NOT HAVE A MATERIAL CHANGE IN THE ALLOWANCE PERCENTAGE FOR MEDICARE OR MEDICAID DURING 2017 AND 2016. THE ALLOWANCES DISCLOSED ON THE CONSOLIDATED BALANCE SHEETS REPRESENT THE ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS WITH THIRD-PARTY PAYERS, AS WELL AS THE ESTIMATED ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE CORPORATION'S PROVISION FOR BAD DEBTS INCREASED APPROXIMATELY $4,895,000 FROM APPROXIMATELY $17,327,000 FOR 2016 TO APPROXIMATELY $22,222,000 FOR 2017. THIS WAS THE RESULT OF INCREASED SELF-PAY PATIENT VOLUME. THE CORPORATION HAS NOT CHANGED ITS CHARITY CARE OR UNINSURED DISCOUNT POLICIES DURING FISCAL YEARS 2017 OR 2016.

PART III, LINE 8:

MEDICARE ALLOWABLE COSTS ARE COMPUTED IN ACCORDANCE WITH COST REPORTING METHODOLOGIES UTILIZED ON THE MEDICARE COST REPORT AND IN ACCORDANCE WITH RELATED REGULATIONS. INDIRECT COSTS ARE ALLOCATED TO DIRECT SERVICE AREAS USING THE MOST APPROPRIATE STATISTICAL BASIS.

PART III, LINE 9B:

THE ORGANIZATION WRITES OFF PATIENT ACCOUNTS RECEIVABLE BALANCES THAT QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE AND DOES NOT MAKE FURTHER COLLECTION EFFORTS AGAINST THOSE BALANCES.

PART VI, LINE 2:

COFFEE REGIONAL MEDICAL CENTER EVALUATES THE NEEDS OF ITS PATIENT BASE THROUGH THE NUMBER OF PATIENTS REFERRED TO OTHER FACILITIES FOR SERVICES

Part VI **Supplemental Information** *(Continuation)*

NOT PROVIDED BY THE FACILITY ITSELF AND THROUGH OTHER INDICATORS. IN 2016, THE HOSPITAL ORGANIZATION COMPLETED ITS COMMUNITY HEALTH NEEDS ASSESSMENT. THE FINAL REPORT CAN BE FOUND AT THE FOLLOWING LINK:

HTTP://WWW.COFFEEREGIONAL.ORG/

THE IMPLEMENTATION STRATEGY PLAN IS INCLUDED AS A PART OF THE CHNA ON PAGES 25 THROUGH 29.

PART VI, LINE 3:
THE FINANCIAL COUNSELING DEPARTMENT WILL PROVIDE INFORMATION AND APPLICATIONS TO ALL PATIENTS OR GUARANTORS SEEKING FINANCIAL ASSISTANCE FOR SERVICES RENDERED AT COFFEE REGIONAL MEDICAL CENTER THAT ARE DEEMED MEDICALLY NECESSARY.

FINANCIAL COUNSELORS WILL DISCUSS ELIGIBILITY FOR MEDICAL ASSISTANCE PROGRAMS THROUGH THE DEPARTMENT OF FAMILY & CHILDREN SERVICES AND THE SOCIAL SECURITY ADMINISTRATION. IF ELIGIBILITY IS NOT MET FOR ANY MEDICAL ASSISTANCE PROGRAM, THE FINANCIAL COUNSELING DEPARTMENT WILL SEEK ELIGIBILITY THROUGH COFFEE REGIONAL MEDICAL CENTER'S INDIGENT CARE TRUST FUND PROGRAM.

PATIENTS OR GUARANTORS REQUESTING FINANCIAL ASSISTANCE ARE REFERRED TO THE FINANCIAL COUNSELORS (FC) OR THE BENEFIT SPECIALISTS CONTACT THE PATIENT AT THE TIME OF REGISTRATION FOR OUTPATIENT SERVICES OR IN THE EMERGENCY DEPARTMENT (AFTER MEDICAL SCREENING HAS BEEN COMPLETED). THE FC WILL ALSO CONTACT AN INDIVIDUAL IF THERE IS A REQUEST FROM SOCIAL SERVICES, A PHYSICIAN OFFICE, OR THE PATIENT FINANCIAL SERVICES DEPARTMENT. PATIENTS

Part VI **Supplemental Information** *(Continuation)*

ADMITTED FOR INPATIENT OR OBSERVATION SERVICES MAY BE VISITED BY THE FC AFTER THE PATIENT HAS BEEN PLACED IN A ROOM AND STABILIZED.

THE FC WILL DISCUSS WITH THE PATIENT OR GUARANTOR THE INDIGENT CARE TRUST FUND PROGRAM REQUIREMENTS AND APPLICATION PROCESS. THE PATIENT OR GUARANTOR WILL BE REQUIRED TO COMPLETE AN INDIGENT APPLICATION, PROVIDE PROOF OF IDENTITY, PROVIDE BIRTH CERTIFICATES OR PROOF OF DEPENDENCY FOR CHILDREN WITH NO IDENTITY, AND PROVIDE VERIFICATION OF INCOME (I.E. W-2'S, FEDERAL TAX RETURN, PAY STUBS, ETC.). IF VERIFICATION IS NOT PROVIDED AT THE TIME OF THE INTERVIEW, THE PATIENT OR GUARANTOR WILL BE REQUIRED TO PROVIDE WITHIN 30 DAYS. APPLICATIONS MADE ON BEHALF OF DECEASED PATIENTS MUST HAVE VERIFICATION OF INCOME AND INFORMATION CONCERNING THE VALUE OF THE PATIENT'S ESTATE.

PATIENTS WHO CHOOSE NOT TO UTILIZE CURRENT BENEFITS THEY ARE ELIGIBLE FOR (I.E. VETERANS BENEFITS, MEDICARE, AND COMMERCIAL INSURANCE) WILL NOT BE CONSIDERED FOR THE INDIGENT PROGRAM. UPON RECEIPT OF THE COMPLETED APPLICATION INCLUDING NECESSARY DOCUMENTATION, CALCULATION OF THE HOUSEHOLD SIZE AND ANNUAL HOUSEHOLD INCOME IS COMPUTED AND COMPARED TO THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE THE PERCENTAGE OF ASSISTANCE A PATIENT OR GUARANTOR IS ELIGIBLE TO RECEIVE. PATIENTS WHOSE ANNUAL HOUSEHOLD INCOME IS BELOW THE GROSS INCOME CEILING FOR POTENTIAL MEDICAID ELIGIBILITY ARE REQUIRED TO APPLY FOR MEDICAID. ASSISTANCE IS PROVIDED TO PATIENTS IN FILING FOR OTHER BENEFITS AND COMPLETING MEDICAID APPLICATIONS. PATIENTS WHO CHOOSE NOT TO APPLY FOR OTHER BENEFITS TO WHICH THEY MAY BE ENTITLED (I.E. MEDICAID) WILL NOT BE CONSIDERED FOR THE INDIGENT PROGRAM. PATIENTS WHO CHOOSE TO APPLY COFFEE REGIONAL MEDICAL CENTER'S ACCOUNTS FOR THE PURPOSE OF MEETING MEDICALLY NEEDY SPEND DOWN TO

Part VI **Supplemental Information** *(Continuation)*

RECEIVE ONGOING MEDICAID WILL NOT BE ALLOWED TO APPLY FOR THE INDIGENT PROGRAM FOR THAT ACCOUNT.

PATIENTS OR GUARANTORS OVER 18 YEARS OF AGE BUT CLASSIFIED AS DEPENDENTS FOR TAX PURPOSES DUE TO STUDENT ELIGIBILITY WILL HAVE A TOTAL HOUSEHOLD SIZE THAT INCLUDES PARENTS AND SUBSEQUENT INCOME. PATIENTS OR GUARANTORS NOT ELIGIBLE FOR OTHER MEDICAL ASSISTANCE PROGRAMS WILL BE PROCESSED UNDER THE INDIGENT CARE TRUST FUND GUIDELINES USING THE FOLLOWING CATEGORIES:

- INDIGENT - FOR PATIENTS WHOSE ANNUAL HOUSEHOLD INCOME IS BELOW 125% OF THE FPG, THE APPLICABLE ACCOUNTS WILL BE ADJUSTED TO ZERO BALANCES.

- CHARITY - FOR PATIENTS WHOSE ANNUAL HOUSEHOLD INCOME IS GREATER THAN OR EQUAL TO 125% BUT NOT GREATER THAN 200% OF THE FPG, THE APPLICABLE ACCOUNTS WILL BE ADJUSTED BY THE APPROPRIATE PERCENTAGES.

- AN ADJUSTMENT OF 85% OF APPLICABLE CHARGES FOR PATIENTS WHOSE ANNUAL HOUSEHOLD INCOME IS BETWEEN 125% AND 150% OF FPG

- AN ADJUSTMENT OF 70% OF APPLICABLE CHARGES FOR PATIENTS WHOSE ANNUAL HOUSEHOLD INCOME IS BETWEEN 150% AND 175% OF FPG

- AN ADJUSTMENT OF 62% OF APPLICABLE CHARGES FOR PATIENTS WHOSE ANNUAL HOUSEHOLD INCOME IS BETWEEN 175% AND 200% OF FPG

- CATASTROPHIC - PATIENTS WHOSE ANNUAL HOUSEHOLD INCOME IS GREATER THAN 200% FPG MAY QUALIFY FOR CHARITY ADJUSTMENTS ON APPLICABLE ACCOUNTS, IF CONSIDERATION OF THE CRMC PATIENT OBLIGATIONS REDUCES THE ANNUAL HOUSEHOLD INCOME TO THE APPROPRIATE FPG.

Part VI **Supplemental Information** *(Continuation)*

NOTIFICATION OF STATUS OF COMPLETED APPLICATION IS PROVIDED TO THE PATIENT OR GUARANTOR WITHIN 5 WORKING DAYS OF RECEIPT OF NEEDED INFORMATION. APPROVED APPLICATIONS ARE VALID FOR 180 DAYS FROM DATE OF SIGNATURE. INCOMPLETE APPLICATIONS ARE HELD FOR 30 DAYS. IF NO DOCUMENTATION IS PROVIDED TO COMPLETE THE APPLICATION, A DENIAL LETTER IS SENT TO THE PATIENT OR GUARANTOR. THE APPLICATION MAY BE COMPLETED IF THE PATIENT OR GUARANTOR PROVIDES THE REQUESTED INFORMATION WITHIN 15 WORKING DAYS OF THE DENIAL. NOTIFICATION OF STATUS OF COMPLETED APPLICATION WILL BE MAILED WITHIN 15 WORKING DAYS OF RECEIPT OF NEEDED INFORMATION.
THE APPLICATION AND DOCUMENTATION WILL BECOME PROPERTY OF COFFEE REGIONAL MEDICAL CENTER AND IS TO BE KEPT CONFIDENTIAL IN THE SAME MANNER AS MEDICAL RECORDS. HOWEVER, THIS INFORMATION WILL BE USED FOR AGGREGATE REPORTING PURPOSES ONLY.

PART VI, LINE 4:
COFFEE REGIONAL MEDICAL CENTER'S PRIMARY SERVICE AREA IS COFFEE COUNTY, GEORGIA. THE COUNTY HAD A POPULATION OF 43,014 CITIZENS IN 2017, OF WHICH APPROXIMATELY 23.0% FALL BELOW GOVERNMENTAL DEFINED POVERTY GUIDELINES. COFFEE COUNTY'S UNEMPLOYMENT RATE AT YEAR-END WAS 4.9%.

PART VI, LINE 5:
COFFEE REGIONAL MEDICAL CENTER IS GOVERNED BY A BOARD OF DIRECTORS CONSISTING OF 11 MEMBERS. CRH HEALTHCARE, INC., THE SOLE MEMBER, ELECTS ALL BOARD MEMBERS OF CRMC. THE BOARD IS MADE UP OF NINE COMMUNITY MEMBERS REFLECTING THE DIVERSITY OF THE COMMUNITY. THE REMAINING TWO MEMBERS ARE THE CHIEF OF STAFF OF CRMC AND THE CHIEF OF STAFF ELECT. IT IS THE PHILOSOPHY OF CRMC TO ASSURE THE CONTINUATION AND ENHANCEMENT OF PATIENT CARE BY REINVESTING EXCESS FUNDS BACK INTO THE OPERATIONS OF THE FACILITY.

Part VI **Supplemental Information** *(Continuation)*

THIS INCLUDES GREATER ACCESSIBILITY OF CARE THROUGH THE CREATION OF A RURAL HEALTH CENTER, IMPLEMENTATION OF A TELEMEDICINE PROGRAM AND RECRUITMENT OF PHYSICIANS TO THE UNDERSERVED ENVIRONMENT. ENHANCEMENT OF TECHNOLOGY IS ALSO IMPERATIVE TO ASSURE APPROPRIATE DIAGNOSTIC AND THERAPEUTIC OPTIONS FOR THE COMMUNITY. UPDATING THE AMBULANCE FLEET IS CONSISTENTLY HIGH ON THE FUNDING PRIORITY LIST TO ASSURE SERVICE TO THE MOST REMOTE AREAS OF THE COUNTY, WHICH IN SQUARE MILES IS THE SECOND LARGEST COUNTY IN THE STATE OF GEORGIA. CRMC HAS AN OPEN MEDICAL STAFF POLICY EXTENDING PRIVILEGES TO PROFESSIONALLY COMPETENT PRACTITIONERS WHO CONTINUOUSLY MEET THE QUALIFICATIONS, STANDARDS AND REQUIREMENTS OF CRMC.

PART VI, LINE 6:

N/A

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

GA

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

COFFEE REGIONAL MEDICAL CENTER, INC.

Employer identification number

65-0543088

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VICKI LEWIS	(i)	385,449.	0.	0.	0.	13,765.	399,214.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHERRY THOMAS	(i)	260,292.	0.	0.	0.	19,941.	280,233.	0.
EXECUTIVE VP/CNE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARRY BLOOM	(i)	190,020.	0.	0.	0.	0.	190,020.	0.
VP/EXEC DIR OF FOUNDATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PEGGY KIRKLAND	(i)	188,009.	0.	0.	0.	19,941.	207,950.	0.
DIRECTOR OF PHARMACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HEWATT SIMS	(i)	796,147.	525,983.	0.	0.	13,765.	1,335,895.	0.
ORTHOPEDIC PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THOMAS WEHMANN	(i)	510,441.	263,202.	0.	0.	13,765.	787,408.	0.
SURGICAL PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOEL FERREE	(i)	672,832.	0.	0.	0.	0.	672,832.	0.
CARDIOLOGY PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRADLEY GOLDBERG	(i)	411,597.	133,384.	0.	0.	13,765.	558,746.	0.
OB/GYN PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEVEN DIAMOND	(i)	390,772.	113,618.	0.	0.	19,941.	524,331.	0.
OB/GYN PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DARREL COLLINS, DO	(i)	0.	0.	163,539.	0.	0.	163,539.	0.
FORMER DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

PART I, LINE 6:

CERTAIN EXECUTIVE OFFICERS AND PHYSICIANS ARE ELIGIBLE FOR BONUS/INCENTIVE PAYMENTS. THESE PAYMENTS ARE RELIANT ON VARIOUS ORGANIZATIONAL AND PERSONAL GOALS ESTABLISHED BY THE GOVERNING BODY. WHETHER A BONUS/INCENTIVE PAYMENT IS AWARDED IS DEPENDENT UPON THE NET PROFIT OF THE ORGANIZATION.

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

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization
COFFEE REGIONAL MEDICAL CENTER, INC.

Employer identification number
65-0543088

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	COFFEE COUNTY HOSPITAL AUTHORITY	58-6003116	192137DW4	12/22/16	24367008.	DEFEASANCE OF PREVIOUS BONDS		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased	24,963,471.			
3	Total proceeds of issue	24,367,008.			
4	Gross proceeds in reserve funds	2,171,000.			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	24,963,471.			
7	Issuance costs from proceeds	468,262.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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Open to Public Inspection

Name of the organization
COFFEE REGIONAL MEDICAL CENTER, INC.

Employer identification number
65-0543088

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES IN COFFEE COUNTY, GEORGIA, AND THE SURROUNDING REGION. THESE HEALTH CARE SERVICES ARE PROVIDED TO ALL PERSONS REGARDLESS OF ABILITY TO PAY.

FORM 990, PART VI, SECTION A, LINE 6:

CRH HEALTHCARE, INC., THE PARENT ORGANIZATION, HAS THE AUTHORITY TO APPOINT OR REMOVE BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

BOARD MEMBERS OF THE ORGANIZATION ARE APPOINTED, AND CAN BE REMOVED, BY CRH HEALTHCARE, INC., THE PARENT ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS OF THE BOARD ARE SUBJECT TO APPROVAL BY CRH HEALTHCARE, INC., THE PARENT ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN INDEPENDENT FIRM AND IS PROVIDED TO THE BOARD PRIOR TO FILING WITH THE IRS. THE MANAGEMENT OF COFFEE REGIONAL MEDICAL CENTER, INC. PERFORMS A REVIEW OF FORM 990 BEFORE THE FILING DATE AND INCLUDES A REVIEW OF FINANCIAL DATA AND OTHER DETAILS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS ANNUALLY. THIS IS REVIEWED BY THE CEO AND BOARD

Name of the organization: COFFEE REGIONAL MEDICAL CENTER, INC.

Employer identification number: 65-0543088

CHAIRMAN, IF NEEDED. MEMBERS RECUSE THEMSELVES FROM CERTAIN DISCUSSIONS/DECISIONS AS A RESULT OF ANY CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE CEO AND EXECUTIVE OFFICERS OF CRMC IS DETERMINED BY AN INDEPENDENT COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT AND SURVEYS, AND BOARD APPROVAL. THESE METHODS ARE WELL DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS OF THE ORGANIZATION ARE ALL AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S CORPORATE HEADQUARTERS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PARTNERSHIP INCOME	18,130.
EQUITY DISTRIBUTION FROM CRH VENTURES	750,000.
TOTAL TO FORM 990, PART XI, LINE 9	768,130.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

COFFEE REGIONAL MEDICAL CENTER, INC.

Employer identification number

65-0543088

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CRH PHYSICIAN PRACTICES LLC - 20-5778734 1101 OCILLA ROAD DOUGLAS, GA 31533-2207	PHYSICIANS OFFICES	GEORGIA	9,369,507.	2,141,755.	CRMC
EMERGENCY PHYSICIANS OF COFFEE CO LLC - 45-1775790, PO BOX 1287, DOUGLAS, GA 31534-1287	ER PHYSICIANS	GEORGIA	1,805,462.	276,775.	CRMC
ORTHOPEDIC SURGEONS OF GEORGIA LLC - 45-2786844, PO BOX 1287, DOUGLAS, GA 31534-1287	PHYSICIANS OFFICES	GEORGIA	2,834,416.	1,460,350.	CRMC
COFFEE REGIONAL MEDICAL CENTER SEGREGATED PORTFOLIO, 62 FORUM LANE, 3RD FLOOR, BOX 30600, CAMANA BAY, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	2,275,160.	10,852,718.	CRMC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
CRH HEALTHCARE, INC. - 58-2163724 1101 OCILLA ROAD DOUGLAS, GA 31533-2207	MANAGEMENT SERVICES	GEORGIA	501(C)(3)	LINE 12D, III-O	N/A		X
CRH HEALTH SERVICES, INC. - 58-2165827 1101 OCILLA ROAD DOUGLAS, GA 31533-2207	FOUNDATION	GEORGIA	501(C)(3)	LINE 12C, III-FI	N/A		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
CRH VENTURES INC. - 58-2165279 1101 OCILLA ROAD DOUGLAS, GA 31533-2207	OFFICE RENTAL	GA	N/A	C CORP	N/A	N/A	N/A		X
SOUTHEASTERN MANAGED CARE, INC. - 58-2236627 1101 OCILLA ROAD DOUGLAS, GA 31533-2207	MANAGED CARE	GA	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

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

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

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

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

Part VII Supplemental Information.

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