**PUBLIC DISCLOSURE COPY**

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

**2023**

**Open to Public Inspection**

A For the 2023 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: FLOYD HEALTHCARE MANAGEMENT, INC.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 304 TURNER MCCALL BLVD

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: ROME, GA 30162-0233

F Name and address of principal officer: KURT STUENKEL
SAME AS C ABOVE

D Employer identification number: 58-1973570

E Telephone number: 706-509-6074

G Gross receipts $: 654,485,774.

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.FLOYD.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1990

M State of legal domicile: GA

## Part I Summary

| | | | |
|---|---|---|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: TO IMPROVE HEALTH, ELEVATE HOPE, AND ADVANCE HEALING - FOR ALL. | |
| | 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) | 17 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 11 |
| | 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 4530 |
| | 6 | Total number of volunteers (estimate if necessary) | 200 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 169,262. |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 137,399. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 6,075,755. | 401,471. |
| | 9 | Program service revenue (Part VIII, line 2g) | 679,109,910. | 642,709,373. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,208,024. | 5,256,499. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,004,822. | 4,394,143. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 689,398,511. | 652,761,486. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 375,624. | 3,361,529. |
| | 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) | 311,942,934. | 351,409,113. |
| | 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) | 363,597,964. | 326,819,037. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 675,916,522. | 681,589,679. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 13,481,989. | -28,828,193. |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 718,771,073. | 738,599,515. |
| | 21 | Total liabilities (Part X, line 26) | 291,305,267. | 283,445,051. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 427,465,806. | 455,154,464. |

## Part II Signature Block

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

| Sign Here | Signature of officer | SIGN HERE | Date |
|---|---|---|---|
| | PHILIP WHEELER, CFO | | 11/13/2024 |
| | Type or print name and title | | |

| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|---|
| | Firm's name | | | Firm's EIN | |
| | Firm's address | | | Phone no. | |

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

**PUBLIC DISCLOSURE COPY**

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

**File a separate application for each return.**
**Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

**Type or Print**

File by the due date for filing your return. See instructions.

| Name of exempt organization, employer, or other filer, see instructions. | Taxpayer identification number (TIN) |
|---|---|
| FLOYD HEALTHCARE MANAGEMENT, INC. | 58-1973570 |

Number, street, and room or suite no. If a P.O. box, see instructions.
304 TURNER MCCALL BLVD

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
ROME, GA 30162-0233

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | | |

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of PHILLIP WHEELER
304 TURNER MCCALL BLVD - ROME, GA 30161

Telephone No. 706-509-6074 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ..... ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 23 or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|---|---|---|---|
| **3a** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | **3a** | $ 0. |
| **b** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | **3b** | $ 0. |
| **c** | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | **3c** | $ 0. |

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2024)

LHA 323841 12-22-23

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes 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 $ 532,994,141. including grants of $ 3,351,530. ) (Revenue $ 623,425,352. )
SEE SCHEDULE O

4b (Code: ) (Expenses $ 14,389,189. including grants of $ 10,000. ) (Revenue $ 19,114,759. )
SEE SCHEDULE O

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

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

4e Total program service expenses 547,383,330.

**Part IV Checklist of Required Schedules**

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

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

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | X | |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in noncash 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 on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O | 38 | X | |

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

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

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

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 4530 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | | X | |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O* | 3b | | X | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| **b** | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| **c** | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | X |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | X |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| **11** | **Section 501(c)(12) organizations.** Enter: | | | | |
| **a** | Gross income from members or shareholders | 11a | | | |
| **b** | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| **c** | Enter the amount of reserves on hand | 13c | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O* | 14b | | | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | | X |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| **17** | **Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | | |

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year ..... | 1a | 17 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent ..... | 1b | 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, trustees, or key employees to a management company or other person? ..... | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? ..... | 5 | | | X |
| 6 | Did the organization have members or stockholders? ..... | 6 | | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... | 7a | | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... | 7b | | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? ..... | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? ..... | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O* ..... | 9 | | | X |

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

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

## Section C. Disclosure

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

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

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

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

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

PHILLIP WHEELER - 706-509-6074

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## 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KEN HAYNES | 1.00 | | | | | | | | | |
| DIRECTOR | 39.00 | X | | | | | | 0. | 2,993,827. | 440,667. |
| (2) KURT STUENKEL | 36.00 | | | | | | | | | |
| EX-OFFICIO DIR, PRES/SEC/CEO | 4.00 | X | | X | | | | 0. | 1,644,840. | 52,834. |
| (3) CHAD J. BECK, M.D. | 40.00 | | | | | | | | | |
| PHYSICIAN | 0.00 | | | | | X | | 800,723. | 0. | 65,348. |
| (4) KENNETH JONES, JR. M.D. | 40.00 | | | | | | | | | |
| SVP & CMO | 0.00 | | | | X | | | 777,484. | 0. | 66,438. |
| (5) THOMAS MANNING | 39.00 | | | | | | | | | |
| CORP COUNSEL & SEC | 1.00 | | | X | | | | 628,131. | 0. | 68,936. |
| (6) JEFFREY D. BUDA | 40.00 | | | | | | | | | |
| CH INFO OFF | 0.00 | | | | X | | | 550,354. | 0. | 68,390. |
| (7) SHEILA BENNETT | 40.00 | | | | | | | | | |
| SVP CHIEF OF PATIENT SVCS | 0.00 | | | | X | | | 588,138. | 0. | 20,800. |
| (8) WARRNEN "SONNY" RIGAS | 0.00 | | | | | | | | | |
| FORMER OFFICER (6/22) | 0.00 | | | | | | X | 605,078. | 0. | 0. |
| (9) MATTHEW GORMAN | 1.00 | | | | | | | | | |
| VP CORP/NTWRK SVC | 39.00 | | | | X | | | 529,752. | 0. | 66,028. |
| (10) KRIS SHEPARD | 1.00 | | | | | | | | | |
| DIRECTOR (TO 6/30/23) | 0.00 | X | | | | | | 519,242. | 0. | 75,943. |
| (11) JOEL JAGER, M.D | 40.00 | | | | | | | | | |
| PHYSICIAN | 0.00 | | | | | X | | 495,785. | 0. | 64,304. |
| (12) SAMUEL QUAYNOR, M.D. | 40.00 | | | | | | | | | |
| PHYSICIAN | 0.00 | | | | | X | | 513,025. | 0. | 43,927. |
| (13) MATTHEW CORNFORTH, M.D. | 40.00 | | | | | | | | | |
| PHYSICIAN | 0.00 | | | | | X | | 523,345. | 0. | 27,422. |
| (14) BRIDGETTE DINGLE, M.D. | 40.00 | | | | | | | | | |
| PHYSICIAN | 0.00 | | | | | X | | 472,577. | 0. | 63,786. |
| (15) KEERTHY KRISHNAMANI | 40.00 | | | | | | | | | |
| EXEC MED DIRECTOR | 0.00 | | | | X | | | 501,210. | 0. | 28,880. |
| (16) RICHARD CHILDS | 40.00 | | | | | | | | | |
| VP REV CYCLE MGT | 0.00 | | | | X | | | 421,578. | 0. | 49,551. |
| (17) E. CLARICE CABLE | 0.00 | | | | | | | | | |
| FORMER OFFICER (6/22) | 40.00 | | | | | | X | 408,476. | 0. | 51,339. |

**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/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) SHANNON JOE VAUGHN, M.D. | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 399,285. | 0. | 59,566. |
| (19) PHILIP WHEELER | 37.00 | | | | | | | | | |
| CFO | 3.00 | | | X | | | | 413,816. | 0. | 38,095. |
| (20) TAUNYA FAULKNER | 40.00 | | | | | | | | | |
| VP PERF IMPROV | 0.00 | | | | X | | | 387,986. | 0. | 60,127. |
| (21) BETH BRADFORD | 40.00 | | | | | | | | | |
| CH HR OFF | 0.00 | | | | X | | | 399,375. | 0. | 0. |
| (22) DAVID EARLY | 40.00 | | | | | | | | | |
| DIRECTOR SPRT SVC | 0.00 | | | | X | | | 372,750. | 0. | 0. |
| (23) ROBERT HOLCOMBE, JR. M.D. | 40.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 288,523. | 0. | 47,252. |
| (24) TIFANI KINARD | 40.00 | | | | | | | | | |
| VP RURAL HEALTH | 0.00 | | | | X | | | 276,128. | 0. | 41,160. |
| (25) CHARMAINE THOMAS | 40.00 | | | | | | | | | |
| VP BH & RISK MGMT | 0.00 | | | | X | | | 276,312. | 0. | 28,734. |
| (26) AIMEE GRIFFIN | 40.00 | | | | | | | | | |
| VP PROF SVCS | 0.00 | | | | X | | | 246,792. | 0. | 50,253. |
| **1b Subtotal** | | | | | | | | 11,395,865. | 4,638,667. | 1579780. |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | 211,981. | 32,700. | 40,402. |
| **d Total (add lines 1b and 1c)** | | | | | | | | 11,607,846. | 4,671,367. | 1620182. |

**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 721

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

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| HEALTHCARE WORKFORCE LOGISTICS LLC<br>P O BOX 860573, MINNEAPOLIS, MN 55486 | CONTRACT LABOR | 14,256,427. |
| OPTUM RX<br>P O BOX 888765, LOS ANGELES, CA 90088 | CLAIMS SERVICES | 10,466,240. |
| HARBIN CLINIC LLC<br>221 TECHNOLOGY PARKWAY, ROME, GA 30165 | CONTRACT LABOR | 9,631,195. |
| IN COMPASS HEALTH INC., 13000 DEERFIELD PKWY, SUITE 100, ALPHARETTA, GA 30004 | MEDICAL SERVICES | 8,842,604. |
| BRASFIELD AND GORRIE LLC<br>PO BOX 11407, BIRMINGHAM, AL 35246 | CONSTRUCTION CONTRACT SERVICES | 7,890,181. |

**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 93

SEE PART VII, SECTION A CONTINUATION SHEETS

**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 (check all that apply) | | | | | | (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 | | | |
| (27) JAMES COLLINS, JR. M.D. | 40.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 204,731. | 0. | 40,402. |
| (28) KAY CHUMBLER | 1.00 | | | | | | | | | |
| VICE CHAIR (TO 6/30/23) | 2.00 | X | | | | | | 2,500. | 6,875. | 0. |
| (29) GEORGE A. BOSWORTH, M.D. | 1.00 | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 1,750. | 5,250. | 0. |
| (30) DAVID JOHNSON | 1.00 | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 5,350. | 0. |
| (31) W. DAVID NEWBY | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0. | 4,850. | 0. |
| (32) CARL J. HERRING, M.D. | 1.00 | | | | | | | | | |
| CHAIR | 0.00 | X | | | | | | 0. | 4,625. | 0. |
| (33) TODD BUSSEY | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 2,250. | 2,250. | 0. |
| (34) GARRY FRICKS | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0. | 3,000. | 0. |
| (35) FRANK SHELLEY | 1.00 | | | | | | | | | |
| DIRECTOR (TO 6/30/23) | 2.00 | X | | | | | | 750. | 500. | 0. |
| (36) CHRISTOPHER PILLER, M.D. | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (37) FRANK STEGALL, JR, M.D. | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (40) MARK MANIS | 1.00 | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (41) RHONDA WALLACE | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (42) WRIGHT BAGBY, JR. | 1.00 | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 211,981. | 32,700. | 40,402. |

**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 | 129,845. | | | |
| | e Government grants (contributions) | 1e | 250,870. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 20,756. | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | $ | | | |
| | h Total. Add lines 1a-1f | | 401,471. | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a PATIENT SERVICE REVENUE | 621110 | 640468722. | 640299460. | 169,262. | |
| | b DIETARY REVENUE | 722513 | 1,990,651. | 1,990,651. | | |
| | c EMS SERVICE REVENUE | 621990 | 250,000. | 250,000. | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 642709373. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,376,618. | | | 1376618. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents 6a | 986,658. | | | | |
| | b Less: rental expenses 6b | 1,012,200. | | | | |
| | c Rental income or (loss) 6c | -25,542. | | | | |
| | d Net rental income or (loss) | | -25,542. | | | -25,542. |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory 7a | 4,591,969. | | | | |
| | b Less: cost or other basis and sales expenses 7b | 0. | 712,088. | | | |
| | c Gain or (loss) 7c | 4,591,969. | -712,088. | | | |
| | d Net gain or (loss) | | 3,879,881. | | | 3879881. |
| | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a | | | | | |
| | b Less: direct expenses 8b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 9a | | | | | |
| | b Less: direct expenses 9b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| | 10a Gross sales of inventory, less returns and allowances 10a | | | | | |
| | b Less: cost of goods sold 10b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| | 11a GA QUALITY JOBS TAX CREDIT | 900099 | 3,753,657. | | | 3753657. |
| | b GIFT SHOP REVENUE | 459420 | 663,787. | | | 663,787. |
| | c OTHER REVENUE | 900099 | 2,241. | | | 2,241. |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | 4,419,685. | | | |
| | 12 Total revenue. See instructions | | 652761486. | 642540111. | 169,262. | 9650642. |

## 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 | 2,950,938. | 2,950,938. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 410,591. | 410,591. | | |
| 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 | 74,088. | 37,044. | 37,044. | |
| 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 | 277,980,199. | 224,932,401. | 53,047,798. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 3,151,463. | 2,550,060. | 601,403. | |
| 9 Other employee benefits | 51,395,919. | 41,587,881. | 9,808,038. | |
| 10 Payroll taxes | 18,807,444. | 15,218,363. | 3,589,081. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 2,032,764. | 2,032,764. | | |
| c Accounting | 51,102. | | 51,102. | |
| d Lobbying | 133,271. | 133,271. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 320,910. | 7,475. | 313,435. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 56,761,922. | 46,551,973. | 10,209,949. | |
| 12 Advertising and promotion | 1,435,239. | 672,772. | 762,467. | |
| 13 Office expenses | 3,650,131. | 1,963,557. | 1,686,574. | |
| 14 Information technology | 4,739. | 2,549. | 2,190. | |
| 15 Royalties | | | | |
| 16 Occupancy | 41,728,653. | 22,447,573. | 19,281,080. | |
| 17 Travel | 870,647. | 468,357. | 402,290. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 316,523. | 170,271. | 146,252. | |
| 20 Interest | 11,888,617. | 276,926. | 11,611,691. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 29,821,589. | 11,592,086. | 18,229,503. | |
| 23 Insurance | 3,571,751. | 1,921,393. | 1,650,358. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a BAD DEBT | 92,757,467. | 92,757,467. | | |
| b MEDICAL SUPPLIES | 71,923,373. | 71,923,373. | | |
| c OTHER SUPPLIES | 4,553,295. | 2,449,406. | 2,103,889. | |
| d PROVIDER TAX | 3,577,782. | 3,577,782. | | |
| e All other expenses | 1,419,262. | 747,057. | 672,205. | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 681,589,679. | 547,383,330. | 134,206,349. | 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 | 168,977,328. | 1 | 168,291,408. |
| | 2 | Savings and temporary cash investments | 58,098,664. | 2 | 15,016,317. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 114,456,979. | 4 | 85,347,410. |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | 403,494. | 7 | 0. |
| | 8 | Inventories for sale or use | 20,658,242. | 8 | 19,620,881. |
| | 9 | Prepaid expenses and deferred charges | 5,910,738. | 9 | 4,161,723. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 600,449,970. | | | |
| | b | Less: accumulated depreciation — 10b: 281,114,154. | 255,508,362. | 10c | 319,335,816. |
| | 11 | Investments - publicly traded securities | 62,716,675. | 11 | 126,640,377. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | 59,953. | 13 | 59,953. |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 31,980,638. | 15 | 125,630. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 718,771,073. | 16 | 738,599,515. |
| Liabilities | 17 | Accounts payable and accrued expenses | 52,616,123. | 17 | 52,957,737. |
| | 18 | Grants payable | 546,064. | 18 | 696,060. |
| | 19 | Deferred revenue | 80,125. | 19 | 1,400,000. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 173,629,353. | 23 | 173,709,379. |
| | 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 | 64,433,602. | 25 | 54,681,875. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 291,305,267. | 26 | 283,445,051. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 427,115,806. | 27 | 454,804,464. |
| | 28 | Net assets with donor restrictions | 350,000. | 28 | 350,000. |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **and complete lines 29 through 33.** | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 427,465,806. | 32 | 455,154,464. |
| | 33 | Total liabilities and net assets/fund balances | 718,771,073. | 33 | 738,599,515. |

Form **990** (2023)

## 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 | 652,761,486. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 681,589,679. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -28,828,193. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 427,465,806. |
| 5 | Net unrealized gains (losses) on investments | 5 | 11,100,152. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 45,416,699. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 455,154,464. |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 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 ☒ 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | X | |

**PUBLIC DISCLOSURE COPY**

**SCHEDULE A** (Form 990)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

**Name of the organization**

FLOYD HEALTHCARE MANAGEMENT, INC.

**Employer identification number**

58-1973570

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

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

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** 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 - 2022.** 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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2022** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| **Section D - Distributions** | | | **Current Year** |
|---|---|---|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**) | 5 | |
| 6 | Other distributions (*describe in* **Part VI**). See instructions. | 6 | |
| 7 | **Total annual distributions.** Add lines 1 through 6. | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions. | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 | |
| 10 | Line 8 amount divided by line 9 amount | 10 | |

| **Section E - Distribution Allocations** (see instructions) | | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2023** | **(iii) Distributable Amount for 2023** |
|---|---|---|---|---|
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| a | From 2018 | | | |
| b | From 2019 | | | |
| c | From 2020 | | | |
| d | From 2021 | | | |
| e | From 2022 | | | |
| f | **Total** of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2023 distributable amount | | | |
| i | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from Section D, line 7: $ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2023 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions. | | | |
| 7 | **Excess distributions carryover to 2024.** Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2019 | | | |
| b | Excess from 2020 | | | |
| c | Excess from 2021 | | | |
| d | Excess from 2022 | | | |
| e | Excess from 2023 | | | |

**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.)

**PUBLIC DISCLOSURE COPY**

# Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

## Schedule of Contributors

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

OMB No. 1545-0047

**2023**

Name of the organization

FLOYD HEALTHCARE MANAGEMENT, INC.

**Employer identification number**

58-1973570

**Organization type** (check one):

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization: FLOYD HEALTHCARE MANAGEMENT, INC.

Employer identification number: 58-1973570

**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 | | $ 190,870. | Person [X] Payroll Noncash (Complete Part II for noncash contributions.) |
| 2 | | $ 60,000. | Person [X] Payroll Noncash (Complete Part II for noncash contributions.) |
| 3 | | $ 20,000. | Person [X] Payroll Noncash (Complete Part II for noncash contributions.) |
| 4 | | $ 129,845. | Person [X] Payroll Noncash (Complete Part II for noncash contributions.) |
| | | $ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| | | $ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization: FLOYD HEALTHCARE MANAGEMENT, INC.

Employer identification number: 58-1973570

**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

FLOYD HEALTHCARE MANAGEMENT, INC.

Employer identification number

58-1973570

**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 |
|---|---|
| | |

**PUBLIC DISCLOSURE COPY**

**SCHEDULE C**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**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 |
|---|---|
| FLOYD HEALTHCARE MANAGEMENT, INC. | 58-1973570 |

## 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 (grassroots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | |

| 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. |

| | | |
|---|---|---|
| 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- | | |

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (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 | | 45,000. |
| **h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| **i** Other activities? | X | | 88,271. |
| **j** Total. Add lines 1c through 1i | | | 133,271. |
| **2a** Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | X | |
| **b** If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| **c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| **d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

**Part IV** **Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION PAYS MEMBERSHIP DUES TO NATIONAL AND STATE ORGANIZATIONS. A PORTION OF THOSE DUES IS ALLOCATED TO LOBBYING ACTIVITIES IN WHICH THOSE ORGANIZATIONS PARTICIPATE.

IN 2023, THE ORGANIZATION PAID $45,000 TO GEORGIA PUBLIC AFFAIRS FOR A LOBBYING LIASON WITH THE GEORGIA STATE GOVERNMENT.

**PUBLIC DISCLOSURE COPY**

# SCHEDULE D (Form 990)

## 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

**2023**

**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

**Name of the organization**
FLOYD HEALTHCARE MANAGEMENT, INC.

**Employer identification number**
58-1973570

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

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

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

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

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

## Part II Conservation Easements.

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

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

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

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 on line 2a | 2c | |
| d | Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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 Term 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 | | 37,285,782. | | 37,285,782. |
| b Buildings | | 274,482,918. | 101,269,163. | 173,213,755. |
| c Leasehold improvements | | 12,041,174. | 9,922,336. | 2,118,838. |
| d Equipment | | 245,482,378. | 169,922,655. | 75,559,723. |
| e Other | | 31,157,718. | | 31,157,718. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))* | | | | 319,335,816. |

## 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, line 12, col. (B)) | | |

## 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, line 13, col. (B)) | | |

## 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, line 15, col. (B))* | |

## 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 | 0. |
| (2) ACCRUED PENSION | 12,094,462. |
| (3) MALPRACTICE CLAIMS | 7,367,335. |
| (4) CAPITAL LEASES | 34,636,653. |
| (5) OTHER LIABILITIES | 583,425. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))* | 54,681,875. |

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED UNCERTAIN TAX POSITIONS FOR ITS CALENDAR YEARS ENDED DECEMBER 31, 2023 AND 2022, INCLUDING A QUANTIFICATION OF TAX RISK IN AREAS SUCH AS UNRELATED BUSINESS TAXABLE INCOME AND THE TAXATION OF ITS JOINT VENTURES. THIS EVALUATION DID NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS FOR CALENDAR YEARS ENDED DECEMBER 31, 2023 AND 2022.

**SCHEDULE H (Form 990)**

Department of the Treasury
Internal Revenue Service

# Hospitals

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

**Name of the organization**
FLOYD HEALTHCARE MANAGEMENT, INC.

**Employer identification number**
58-1973570

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

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

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

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

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| **a** Financial Assistance at cost (from Worksheet 1) | | | 22405475. | | 22405475. | 3.81% |
| **b** Medicaid (from Worksheet 3, column a) | | | 87751187. | 95329404. | 0. | .00% |
| **c** Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| **d** **Total.** Financial Assistance and Means-Tested Government Programs | | | 110156662 | 95329404. | 22405475. | 3.81% |
| **Other Benefits** | | | | | | |
| **e** Community health improvement services and community benefit operations (from Worksheet 4) | | | 2525214. | | 2525214. | .43% |
| **f** Health professions education (from Worksheet 5) | | | 316,946. | | 316,946. | .05% |
| **g** Subsidized health services (from Worksheet 6) | | | | | | |
| **h** Research (from Worksheet 7) | | | | | | |
| **i** Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 41,790. | | 41,790. | .01% |
| **j** **Total.** Other Benefits | | | 2883950. | | 2883950. | .49% |
| **k** **Total.** Add lines 7d and 7j | | | 113040612 | 95329404. | 25289425. | 4.30% |

**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 | | | 12,083. | | 12,083. | .00% |
| 3 | Community support | | | 7,000. | | 7,000. | .00% |
| 4 | Environmental improvements | | | | | | |
| 5 | Leadership development and training for community members | | | | | | |
| 6 | Coalition building | | | | | | |
| 7 | Community health improvement advocacy | | | | | | |
| 8 | Workforce development | | | | | | |
| 9 | Other | | | | | | |
| 10 | Total | | | 19,083. | | 19,083. | .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 18,862,225. | | |
| 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 0. | | |
| 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 | 228,072,321. |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 148,448,229. |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | 79,624,092. |
| 8 | Describe in Part VI the extent to which any shortfall reported on 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 ☒ Cost to charge ratio ☐ Other | | |

**Section C. Collection Practices**

| | | | Yes | No |
|---|---|---|---|---|
| 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 % |
|---|---|---|---|---|
| | | | | |
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**Part V Facility Information**

**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? 2

| 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 ATRIUM HEALTH FLOYD MEDICAL CENTER<br>304 TURNER MCCALL BLVD<br>ROME, GA 30162-0233<br>WWW.FLOYD.ORG<br>057-556 | X | X | | X | | | X | | HOSPICE, CLINICS, REHAB, PSYCH | A |
| 2 ATRIUM HEALTH FLOYD CHEROKEE MEDICAL C<br>400 NORTHWOOD DRIVE<br>CENTRE, AL 35960<br>WWW.FLOYD.ORG<br>010-033 | X | X | | | | | X | | SWING BED SNF; RHCS | A |

**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:** FLOYD HEALTHCARE MANAGEMENT, INC.

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1, 2

| | | | Yes | No |
|---|---|---|---|---|
| **Community Health Needs Assessment** | | | | |
| **1** | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | | X |
| **2** | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | | X |
| **3** | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | 3 | X | |
| | If "Yes," indicate what the CHNA report describes (check all that apply): | | | |
| **a** | [X] A definition of the community served by the hospital facility | | | |
| **b** | [X] Demographics of the community | | | |
| **c** | [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| **d** | [X] How data was obtained | | | |
| **e** | [X] The significant health needs of the community | | | |
| **f** | [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| **g** | [X] The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| **h** | [X] The process for consulting with persons representing the community's interests | | | |
| **i** | [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | | |
| **j** | [ ] Other (describe in Section C) | | | |
| **4** | Indicate the tax year the hospital facility last conducted a CHNA: 20 21 | | | |
| **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): SEE PART V | | | |
| **b** | [ ] Other website (list url): | | | |
| **c** | [X] Made a paper copy available for public inspection without charge at the hospital facility | | | |
| **d** | [ ] Other (describe in Section C) | | | |
| **8** | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | X | |
| **9** | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21 | | | |
| **10** | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | X | |
| **a** | If "Yes," (list url): SEE PART V | | | |
| **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:** FLOYD HEALTHCARE MANAGEMENT, 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 300 % and FPG family income limit for eligibility for discounted care of 400 % | | | |
| b | [ ] Income level other than FPG (describe in Section C) | | | |
| c | [ ] Asset level | | | |
| d | [X] Medical indigency | | | |
| e | [X] Insurance status | | | |
| f | [X] Underinsurance status | | | |
| g | [X] Residency | | | |
| h | [X] 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 their application | | | |
| b | [X] Described the supporting documentation the hospital facility may require an individual to submit as part of their 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): SEE PART V | | | |
| b | [X] The FAP application form was widely available on a website (list url): SEE PART V | | | |
| c | [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V | | | |
| d | [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e | [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f | [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g | [X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| h | [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i | [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations | | | |
| j | [ ] Other (describe in Section C) | | | |

**Schedule H (Form 990) 2023**

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

**Billing and Collections**

**Name of hospital facility or letter of facility reporting group:** FLOYD HEALTHCARE MANAGEMENT, INC.

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

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

- **a** ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

**Policy Relating to Emergency Medical Care**

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

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

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

**Name of hospital facility or letter of facility reporting group:** FLOYD HEALTHCARE MANAGEMENT, INC.

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

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

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

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: ATRIUM HEALTH FLOYD MEDICAL CENTER

- FACILITY 2: ATRIUM HEALTH FLOYD CHEROKEE MEDICAL CENTER

FLOYD HEALTHCARE MANAGEMENT, INC.

PART V, SECTION B, LINE 5: DURING THE CONDUCTION OF ITS MOST RECENT CHNA, THE HOSPITAL FACILITY SOUGHT COMMUNITY INPUT THROUGH A COMMUNITY HEALTH SURVEY CONDUCTED BY THE HOSPITAL FACILITY TO VALIDATE DATA, GIVE MEMBERS OF THE COMMUNITY AN OPPORTUNITY TO COMMENT ON THE PREVIOUS CHNA, AND TO PROVIDE COMMUNITY-LEVEL INSIGHT INTO THE HEALTH NEEDS OF THE PRIMARY SERVICE AREAS. THE SURVEY WAS SOLICITED ELECTRONICALLY AND PARTICIPANTS WERE RECRUITED FROM HOSPITAL PATIENT-FAMILY ADVISORY PANELS, VOLUNTEER ADVISORY AND ADVOCACY GROUPS, AND COMMUNITY LEADERS, BOTH ELECTED AND VOLUNTEER.

ADDITIONALLY, THE HOSPITAL FACILITY USED SECONDARY DATA SOURCES INCLUDING NATIONAL AND STATE SOURCES PROVIDING TARGET VIEWS OF THE PROGRAM SERVICE AREA; AS WELL AS, HOSPITAL-SPECIFIC DATA.

FLOYD HEALTHCARE MANAGEMENT, INC.

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S MOST RECENT CHNA WAS CONDUCTED WITH ATRIUM HEALTH FLOYD POLK MEDICAL CENTER, A RELATED HOSPITAL FACILITY.

FLOYD HEALTHCARE MANAGEMENT, INC.

PART V, SECTION B, LINE 11: THE HOSPITAL FACILITY'S MOST RECENT COMMUNITY

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

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

HEALTH NEEDS ASSESSMENT (CHNA) IDENTIFIED NUMEROUS COMMUNITY HEALTH NEEDS AND CONCERNS. EACH IDENTIFIED HEALTH NEED WAS REVIEWED AND PRIORITIZED BASED ON THE BURDEN OF THE HEALTH NEED, THE FEASIBILITY OF INTERVENTIONS, AND THE IMPORTANCE THE COMMUNITY PLACES ON ADDRESSING THE HEALTH NEED. THE FOLLOWING HEALTH NEEDS WERE PRIORITIZED BY THE HOSPITAL FACILITY IN ITS MOST RECENT CHNA INCLUDE ACCESS TO CARE, CARDIOVASCULAR DISEASE, MENTAL HEALTH SERVICES, AND NUTRITION.

THE HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY OUTLINES THE PROGRAMS AND RESOURCES THE HOSPITAL FACILITY WILL USE TO ADDRESS THE AFOREMENTIONED PRIORITIZED HEALTH NEEDS. ALL EFFORTS IN COMBINATION WITH THE HOSPITAL'S VALUE OF NONDISCRIMINATION AND COMPASSIONATE CARE ARE DESIGNED TO MEET THE SIGNIFICANT HEALTH NEEDS OF THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT.

THE HOSPITAL FACILITY ACKNOWLEDGES THE IMPORTANCE OF ALL COMMUNITY HEALTH NEEDS THAT WERE IDENTIFIED IN THE CHNA; HOWEVER, THE HOSPITAL FACILITY'S RESOURCES AND ASSETS WERE BEST ALIGNED TO FOCUS ON THE PRIORITIZED NEEDS MENTIONED ABOVE. THE CHNA PROVIDES A COMPREHENSIVE LIST OF AVAILABLE RESOURCES IN THE COMMUNITY FOR THOSE NEEDS THAT WERE NOT PRIORITIZED BY THE HOSPITAL FACILITY. ALTHOUGH NOT PRIORITIZED, THE HOSPITAL FACILITY WILL CONTINUE TO PARTNER WITH COMMUNITY AND NON-PROFIT ORGANIZATIONS TO HELP ADDRESS THESE NEEDS.

FLOYD HEALTHCARE MANAGEMENT, INC.

PART V, SECTION B, LINE 13B: THE HOSPITAL USES A PRESUMPTIVE PROCESS TO DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY FOR (CATEGORY II) SERVICES.

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

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

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

PART V, LINE 16A, FAP WEBSITE:

WWW.FLOYD.ORG/PATIENTS-VISITORS/BILLING/PAGES/DEFAULT.ASPX

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.FLOYD.ORG/PATIENTS-VISITORS/BILLING/PAGES/DEFAULT.ASPX

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.FLOYD.ORG/PATIENTS-VISITORS/BILLING/PAGES/DEFAULT.ASPX

**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? 5

| Name and address | Type of facility (describe) |
|---|---|
| 1 AH FMC HEYMAN HOSPICE CARE<br>PO BOX 233<br>ROME, GA 30165 | HOME HOSPICE CARE |
| 2 AH FLOYD EMERGENCY MEDICAL SERVICES<br>PO BOX 233<br>ROME, GA 30165 | EMERGENCY SERVICES |
| 3 AHFCMC RURAL HEALTH CLINIC CHEROKEE<br>395 NORTHWOOD DRIVE<br>CENTRE, AL 35960 | RURAL HEALTH CLINIC |
| 4 AHFCMC RURAL HEALTH CLINIC PIEDMONT<br>32 ROUNDTREE DRIVE<br>PIEDMONT, AL 36272 | RURAL HEALTH CLINIC |
| 5 AHFCMC RURAL HEALTH CLINIC CENTRE<br>391 NORTHWOOD DRIVE<br>CENTRE, AL 35960 | 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 (for example, open medical staff, community board, use of surplus funds, etc.).

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

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

PART I, LINE 3C:

THE FINANCIAL ASSISTANCE PROGRAMS ARE DESIGNED TO ENSURE ASSISTANCE IS PROVIDED TO PATIENTS DEMONSTRATING A FINANCIAL NEED AND TO ENSURE THE ORGANIZATION COMPLIES WITH ANY REQUIRED FEDERAL OR STATE REGULATIONS RELATED TO FINANCIAL ASSISTANCE. THOSE ELIGIBLE FOR FINANCIAL ASSISTANCE WILL NEVER BE BILLED MORE THAN THE AMOUNTS GENERALLY BILLED (AGB) TO AN INSURED PATIENT. THE ORGANIZATION USES THE LOOK-BACK METHOD TO CALCULATE AGB.

PART I, LINE 6A:

THE ORGANIZATION PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THAT IS AVAILABLE ON ITS WEBSITE.

PART I, LN 7 COL(F):

THE ORGANIZATION'S PATIENT BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS WAS $92,757,467 FOR THE YEAR ENDED DECEMBER 31, 2023. THIS AMOUNT IS NOT INCLUDED IN THE CALCULATION OF CHARITY CARE FOR PART I, LINE 7.

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

PART II, COMMUNITY BUILDING ACTIVITIES:

THE ORGANIZATION PROVIDES RESOURCES AND FINANCIAL SUPPORT TO OTHER LOCAL ORGANIZATIONS WHOSE MISSIONS ARE TO IMPROVE PUBLIC HEALTH BY ADDRESSING THE ROOT CAUSES OF HEALTH ISSUES BY FOCUSING ON THE SOCIAL DETERMINANTS OF HEALTH SUCH AS POVERTY, LACK OF EDUCATION, RACISM, AND OTHER SOCIAL DISPARITIES.

ADDITIONALLY, HOSPITAL EMPLOYEES PROVIDE COMMUNITY SUPPORT BY SERVING ON LOCAL BOARDS FOR COMMUNITY BASED ORGANIZATIONS OR PARTICIPATING IN COMMUNITY COALITIONS OR TASKFORCES.

PART III, LINE 2:

AMOUNTS INCLUDED ON PART III LINE 2 REPRESENT THE AMOUNT OF CHARGES CONSIDERED UNCOLLECTIBLE AFTER REASONABLE ATTEMPTS TO COLLECT, AND WRITTEN OFF TO BAD DEBT EXPENSE.

PART III, LINE 4:

FOOTNOTE 2 (PATIENT SERVICE REVENUE) ON PAGE 20 OF THE AUDITED FINANCIAL STATEMENTS DESCRIBES THE TREATMENT OF BAD DEBT.

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:

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

THE HOSPITAL MAKES A REASONABLE EFFORT TO DETERMINE AN INDIVIDUAL'S ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE ENGAGING IN ANY COLLECTION ACTIONS.

ALL COLLECTION ACTIONS WILL BE SUSPENDED IF THE INDIVIDUAL SUBMITS A COMPLETED FAP APPLICATION DURING THE APPLICATION PERIOD, OR IF THE INDIVIDUAL SUBMITS AN INCOMPLETE APPLICATION DURING THE APPLICATION PERIOD THAT IS SUBSEQUENTLY COMPLETED WITHIN A REASONABLE TIME AFTER THE HOSPITAL REQUESTS FURTHER INFORMATION. IF THE INDIVIDUAL IS DETERMINED NOT TO BE ELIGIBLE FOR A FULL DISCOUNT UNDER THE FAP, ANY COLLECTION ACTIVITIES WILL BE RESUMED AS TO THE OUTSTANDING BALANCE OWED. IF THE INDIVIDUAL IS DETERMINED TO BE ELIGIBLE FOR ASSISTANCE UNDER THE FAP, APPROPRIATE MEASURES ARE TAKEN TO REFUND ANY AMOUNTS OWED TO THE INDIVIDUAL AND REVERSE OR MODIFY COLLECTION ACTIONS CONSISTENT WITH THE NEW BALANCE OWED AFTER APPLYING THE APPLICABLE FAP DISCOUNTS.

PART VI, LINE 2:
THE HOSPITAL FACILITY'S MOST RECENT CHNA WAS BASED ON A SET OF BEST PRACTICES FOR COMMUNITY HEALTH ASSESSMENTS WITH THE PURPOSE OF IDENTIFYING REGIONAL PRIORITY AREAS TO FOCUS ON FOR CY2022 TO CY2024. THE PROCESS WAS DESIGNED TO RELY ON EXISTING PUBLIC DATA, DIRECTLY ENGAGING COMMUNITY STAKEHOLDERS, AND COLLABORATE WITH LOCAL PUBLIC HEALTH AND OTHER HEALTH CARE PROVIDERS. COMMUNITY FEEDBACK IN THE FORM OF A COMMUNITY HEALTH SURVEY AND INTERVIEWS WITH COMMUNITY LEADERS, HEALTHCARE PROFESSIONALS, AND FOCUS GROUPS.

THE HOSPITAL FACILITY DEVELOPED AN IMPLEMENTATION STRATEGY TO IDENTIFY THE MEANS THROUGH WHICH IT PLANS TO ADDRESS THOSE PRIORITIZED. BEYOND PROGRAMS

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

ADDRESSED IN THE IMPLEMENTATION STRATEGY, THE HOSPITAL FACILITY WILL CONTINUE TO ADDRESS MANY OF THE PRIORITIES BY PROVIDING CARE TO ALL, REGARDLESS OF ABILITY TO PAY.

PART VI, LINE 3:

THE ORGANIZATION USES A VARIETY OF MEANS TO EDUCATE AND INFORM PATIENTS OF THEIR FINANCIAL ASSISTANCE OPTIONS. INFORMATION REGARDING FINANCIAL ASSISTANCE CAN BE FOUND ON THE HOSPITAL FACILITY'S WEBSITE, CONSPICUOUSLY DISPLAYED SIGNAGE THROUGHOUT THE HOSPITAL FACILITY, PATIENT BILL STATEMENTS, AND FROM TEAMMATES DURING CONVERSATIONS CONCERNING A PATIENT'S LIABILITY FOR SERVICES DURING PREADMISSION, DISCHARGE, AND THE "COLLECTION" PERIOD.

PART VI, LINE 4:

THE FILING ORGANIZATION, ALONG WITH RELATED ORGANIZATION ATRIUM HEALTH FLOYD POLK MEDICAL CENTER, HAS A PRIMARY SERVICE AREA WHICH SERVES FOUR COUNTIES: CHATTOOGA, FLOYD, POLK, ALL LOCATED IN GEORGIA, AND CHEROKEE COUNTY IN ALABAMA.

BELOW IS A DEMOGRAPHIC SNAPSHOT OF THE POPULATION OF SERVICING AREA:

TOTAL POPULATION: 192,096 (2021)

INCOME:

-MEDIAN HOUSEHOLD INCOME: $41,600 (CHATTOOGA), $50,500 (FLOYD), $47,900 (POLK), $46,000 (CHEROKEE)

-PERCENT IN POVERTY: 19% (CHATTOOGA), 18% (FLOYD), 18% (POLK), 14% (CHEROKEE)

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

EDUCATION:

% OF HIGH SCHOOL GRADUATES: 86% (CHATTOOGA), 92% (FLOYD), 80% (POLK), 94% (CHEROKEE)

PERCENT UNINSURED: 14% (CHATTOOGA), 13% (FLOYD), 16% (POLK), 9% (CHEROKEE)

PART VI, LINE 5:

THE ORGANIZATION IS COMMITTED TO BEING RESPONSIVE TO THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES THROUGH A NUMBER OF PROGRAM ACTIVITIES AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES. THE ORGANIZATION HAS ADOPTED AND MAINTAINED A FINANCIAL ASSISTANCE POLICY, PROVIDES SUBSIDIZED HEALTH SERVICES TO PATIENTS IN NEED, AND ACCEPT ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL OPERATES AN EMERGENCY ROOM THAT IS OPEN 24/7, AND MAINTAINS STATUS AS A LEVEL II TRAUMA CENTER. IT IS ALSO THE SITE FOR THE REGIONAL POISON CONTROL CENTER, THE REGION'S ONLY LEVEL III NEONATAL INTENSIVE CARE UNIT, AND OPERATES A FAMILY MEDICINE RESIDENCY PROGRAM THAT OPERATES THE FLOYD COUNTY CLINIC TO PROVIDE BASIC HEALTH SERVICES FOR THE ECONOMICALLY DISADVANTAGED IN THE COMMUNITY. THE GOVERNING BOARD IS COMPRISED OF LEADERS WITHIN THE COMMUNITY THE HOSPITAL SERVES. FUNDS ARE REINVESTED IN HEALTH IMPROVEMENT INITIATIVES TO BETTER SERVE THE COMMUNITY HEALTH NEEDS, INCLUDING PROVIDING SCHOOL-BASED CHILD SAFETY PROGRAMS, MOBILE MAMMOGRAPHY, CHILDBIRTH CLASSES, COMMUNITY HEALTH SCREENINGS AND HEALTH FAIRS, HEALTH CARE INTERNSHIPS, EXTERNSHIPS AND SHADOWING OPPORTUNITIES, AND SUPPORT FOR COMMUNITY-WIDE INITIATIVES WITH HEALTH PARTNERS INCLUDING THE NORTHWEST GEORGIA CANCER COALITION, CANCER NAVIGATORS, AND THE FREE CLINIC OF ROME.

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

PART VI, LINE 6:

THE FILING ORGANIZATION IS PART OF ADVOCATE HEALTH, WHICH IS HEADQUARTERED IN CHARLOTTE, NORTH CAROLINA, AND IS THE THIRD-LARGEST NONPROFIT HEALTH SYSTEM IN THE UNITED STATES, CREATED FROM THE COMBINATION OF ATRIUM HEALTH AND ADVOCATE AURORA HEALTH. TOGETHER WITH AN INTEGRATED GROUP OF 501(C)(3) HOSPITALS, PHYSICIAN NETWORKS, OTHER HEALTHCARE PROVIDERS, THE ORGANIZATION IS COMMITTED TO PROVIDING SIGNIFICANT BENEFITS TO THE COMMUNITIES IT SERVES ACROSS NORTHWEST GEORGIA AND NORTHEAST ALABAMA. EACH HOSPITAL ORGANIZATION IN THE ADVOCATE HEALTH SYSTEM REPORTS ITS OWN COMMUNITY BENEFIT ON FORM 990, SCHEDULE H.

THE CONSOLIDATED COMMUNITY BENEFIT TOTAL OF THE HEALTH SYSTEM IS REPORTED AT HTTPS://WWW.FLOYD.ORG/ABOUT-FLOYD/PAGES/REPORTS.ASPX.

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

GA

**PUBLIC DISCLOSURE COPY**

**SCHEDULE I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

**Attach to Form 990.**

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
FLOYD HEALTHCARE MANAGEMENT, INC.

**Employer identification number**
58-1973570

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

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| GEORGIA HEALTHY FAMILY ALLIANCE<br>NORTHLAKE COMMONS, 3760 LAVISTA SUI<br>TUCKER, GA 30084 | 58-6212478 | 501(C)(3) | 10,000. | 0. | | | SUPPORTING EDUCATION AND OUTREACH PROGRAMS |
| ROME CITY SCHOOLS<br>508 EAST SECOND STREET<br>ROME, GA 30161 | 58-0871809 | GOVERNMENT | 7,000. | 0. | | | FUNDING REACH SCHOLARSHIPS |
| FLOYD POLK FOUNDATION<br>304 TURNER MCCALL BLVD<br>ROME, GA 30165 | 87-2546864 | 501(C)(3) | 2,886,585. | 0. | | | SUPPORTING FLOYD AND POLK MEDICAL CENTERS |
| FREE CLINIC OF ROME<br>3 PROFESSIONAL COURT SW<br>ROME, GA 30165 | 20-5296305 | 501(C)(3) | 26,000. | 0. | | | SUPPORTING FREE CLINIC |
| ROME FLOYD CHAMBER<br>1 RIVERSIDE PKWY<br>ROME, GA 30161 | 58-0410560 | 501(C)(6) | 12,083. | 0. | | | ECONOMIC DEVELOPMENT |
| | | | | | | | |

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

3 Enter total number of other organizations listed in the line 1 table ..... 2.

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---|---|---|---|---|
| PATIENT ASSISTANCE | 46 | 8,222. | 0. | | |
| PATIENT TRANSPORTATION | 2648 | 0. | 402,369. | FMV | TRANSPORTATION FOR INDIGENT PATIENTS |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

THE ORGANIZATION FOLLOWS A POLICY USED IN REVIEWING THE ELIGIBILITY AND SELECTION OF GRANTEES RECEVING CERTAIN EXEMPT PURPOSE FUNDS. THE ORGANIZATION MAINTAINS DOCUMENTATION OF THE ELIGIBILITY AND SELECTION CRITERIA AND RECORDS OF THE AMOUNTS DISBURSED.

**PUBLIC DISCLOSURE COPY**

**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

**2023**

**Open to Public Inspection**

Name of the organization

FLOYD HEALTHCARE MANAGEMENT, INC.

**Employer identification number**

58-1973570

## 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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? | 4a | X | |
| **b** | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X | |
| **c** | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| **a** | The organization? | 5a | | X |
| **b** | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? | 6a | | X |
| **b** | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X | |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) KEN HAYNES | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| DIRECTOR | (ii) | 1,553,910. | 1,200,600. | 239,317. | 401,550. | 39,117. | 3,434,494. | 160,246. |
| (2) KURT STUENKEL | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| EX-OFFICIO DIR, PRES/SEC/CEO | (ii) | 1,067,111. | 549,763. | 27,966. | 23,100. | 29,734. | 1,697,674. | 0. |
| (3) CHAD J. BECK, M.D. | (i) | 702,814. | 76,312. | 21,597. | 10,009. | 55,339. | 866,071. | 0. |
| PHYSICIAN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) KENNETH JONES, JR. M.D. | (i) | 560,865. | 175,914. | 40,705. | 13,200. | 53,238. | 843,922. | 52,501. |
| SVP & CMO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) THOMAS MANNING | (i) | 422,349. | 136,744. | 69,038. | 13,200. | 55,736. | 697,067. | 37,525. |
| CORP COUNSEL & SEC | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) JEFFREY D. BUDA | (i) | 339,593. | 149,533. | 61,228. | 13,200. | 55,190. | 618,744. | 28,539. |
| CH INFO OFF | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) SHEILA BENNETT | (i) | 395,375. | 125,349. | 67,414. | 4,967. | 15,833. | 608,938. | 0. |
| SVP CHIEF OF PATIENT SVCS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) WARRNEN "SONNY" RIGAS | (i) | 0. | 0. | 605,078. | 0. | 0. | 605,078. | 0. |
| FORMER OFFICER (6/22) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) MATTHEW GORMAN | (i) | 382,064. | 114,163. | 33,525. | 12,910. | 53,118. | 595,780. | 29,314. |
| VP CORP/NTWRK SVC | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) KRIS SHEPARD | (i) | 328,995. | 149,484. | 40,763. | 39,926. | 36,017. | 595,185. | 0. |
| DIRECTOR (TO 6/30/23) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) JOEL JAGER, M.D | (i) | 356,894. | 121,218. | 17,673. | 13,160. | 51,144. | 560,089. | 0. |
| PHYSICIAN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) SAMUEL QUAYNOR, M.D. | (i) | 370,935. | 131,283. | 10,807. | 7,269. | 36,658. | 556,952. | 0. |
| PHYSICIAN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) MATTHEW CORNFORTH, M.D. | (i) | 427,573. | 80,659. | 15,113. | 9,068. | 18,354. | 550,767. | 0. |
| PHYSICIAN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) BRIDGETTE DINGLE, M.D. | (i) | 440,597. | 19,822. | 12,158. | 9,297. | 54,489. | 536,363. | 0. |
| PHYSICIAN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) KEERTHY KRISHNAMANI | (i) | 361,541. | 115,830. | 23,839. | 9,379. | 19,501. | 530,090. | 29,920. |
| EXEC MED DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (16) RICHARD CHILDS | (i) | 255,941. | 92,402. | 73,235. | 11,082. | 38,469. | 471,129. | 0. |
| VP REV CYCLE MGT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

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

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

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

| **(A)** Name and Title | | **(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| (17) E. CLARICE CABLE | (i) | 299,856. | 72,223. | 36,397. | 10,048. | 41,291. | 459,815. | 10,509. |
| FORMER OFFICER (6/22) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (18) SHANNON JOE VAUGHN, M.D. | (i) | 353,036. | 42,209. | 4,040. | 12,454. | 47,112. | 458,851. | 0. |
| DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (19) PHILIP WHEELER | (i) | 316,397. | 74,527. | 22,892. | 28,801. | 9,294. | 451,911. | 0. |
| CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (20) TAUNYA FAULKNER | (i) | 285,703. | 83,720. | 18,563. | 13,330. | 46,797. | 448,113. | 16,342. |
| VP PERF IMPROV | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (21) BETH BRADFORD | (i) | 0. | 0. | 399,375. | 0. | 0. | 399,375. | 0. |
| CH HR OFF | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (22) DAVID EARLY | (i) | 0. | 0. | 372,750. | 0. | 0. | 372,750. | 0. |
| DIRECTOR SPRT SVC | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (23) ROBERT HOLCOMBE, JR. M.D. | (i) | 251,828. | 31,787. | 4,908. | 11,327. | 35,925. | 335,775. | 0. |
| DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (24) TIFANI KINARD | (i) | 218,799. | 52,299. | 5,030. | 8,267. | 32,893. | 317,288. | 14,158. |
| VP RURAL HEALTH | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (25) CHARMAINE THOMAS | (i) | 198,752. | 49,186. | 28,374. | 8,659. | 20,075. | 305,046. | 12,396. |
| VP BH & RISK MGMT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (26) AIMEE GRIFFIN | (i) | 199,084. | 46,123. | 1,585. | 1,099. | 49,154. | 297,045. | 0. |
| VP PROF SVCS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (27) JAMES COLLINS, JR. M.D. | (i) | 169,302. | 33,894. | 1,535. | 9,931. | 30,471. | 245,133. | 0. |
| DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (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, LINES 4A-B:

CERTAIN DIRECTORS, OFFICERS, AND KEY EMPLOYEES OF THE FILING ORGANIZATION PARTICIPATED IN AND/OR RECEIVED PAYMENTS FROM A NON-QUALIFIED DEFERRED COMPENSATION PLAN (RESTORATION OR SERP) AND/OR RECEIVED PAYMENTS FOR SEVERANCE. THE DETERMINATION OF THE PAYMENT AMOUNT FROM NON-QUALIFIED DEFERRED COMPENSATION PLANS FOLLOWED THE EMPLOYMENT ORGANIZATION'S COMPENSATION PROCEDURES. THE FOLLOWING DIRECTORS, OFFICERS, AND KEY EMPLOYEES RECEIVED PAYMENTS FOR SEVERANCE AND/OR PAYMENTS FROM NON-QUALIFIED DEFERRED COMPENSATION PLANS DURING THE CURRENT TAX YEAR:

SEVERANCE PAYMENTS:

| | |
|---|---|
| WARREN RIGAS | 605,078 |
| BETH BRADFORD | 399,375 |
| DAVID EARLY | 372,750 |

NON-QUALIFIED DEFERRED COMPENSATION PAYMENTS:

| | |
|---|---|
| AIMEE GRIFFIN | 13,261 |
| CHARMAINE THOMAS | 12,396 |
| E. CLARICE CABLE | 18,823 |

**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.

| | |
|---|---|
| JEFFREY D. BUDA | 28,539 |
| KEERTHY KRISHNAMANI | 29,920 |
| KEN HAYNES | 160,246 |
| KENNETH JONES, JR. M.D. | 52,501 |
| MATTHEW GORMAN | 29,314 |
| TAUNYA FAULKNER | 16,342 |
| THOMAS MANNING | 37,525 |
| TIFANI KINARD | 14,158 |

PART I, LINE 7:

CERTAIN OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES HAVE INCENTIVE COMPENSATION COMPONENTS CONTAINED IN THEIR EMPLOYMENT AGREEMENTS THROUGH THE FILING ORGANIZATION'S OR APPLICABLE RELATED ORGANIZATIONS' POLICIES. THESE ARE OFTEN GOAL-BASED AND ARE DETERMINED IN THE COURSE OF EVALUATION OF THE INDIVIDUAL'S PERFORMANCE BY HIS/HER DEPARTMENT CHAIR, SUPERVISOR OR THE COMPENSATION COMMITTEE OF THE BOARD, AS APPLICABLE.

**PUBLIC DISCLOSURE COPY**

**SCHEDULE L**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
FLOYD HEALTHCARE MANAGEMENT, INC.

**Employer identification number**
58-1973570

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

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

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

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

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

## Part II Loans to and/or From Interested Persons

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

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

## Part III Grants or Assistance Benefiting Interested Persons

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

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

## Part IV Business Transactions Involving Interested Persons

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | Yes | No |
| (1) BENJAMIN RIGAS | FAMILY-KEY EMP | 11,699. | EMPLOYEE WA | | X |
| (2) RUSSELL BISHOP | FAMILY-KEY EMP | 95,879. | EMPLOYEE WA | | X |
| (3) DEBORAH BISHOP | FAMILY-KEY EMP | 84,323. | EMPLOYEE WA | | X |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

## Part V Supplemental Information

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

**SCHEDULE O (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
FLOYD HEALTHCARE MANAGEMENT, INC.

**Employer identification number**
58-1973570

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

FLOYD HEALTHCARE MANAGEMENT, INC. (FHMI) OPERATES TWO HOSPITALS, A BEHAVIORAL HEALTH FACILITY, AND A PRIMARY CARE AND URGENT CARE NETWORK WITH LOCATIONS THROUGHOUT THE SERVICE AREA OF NORTHWEST GEORGIA AND NORTHEAST ALABAMA. THE MISSION OF FHMI IS TO IMPROVE HEALTH, ELEVATE HOPE, AND ADVANCED HEALING TO THE COMMUNITY IT SERVES.

PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS

FLOYD HEALTHCARE MANAGEMENT, INC. (FHMI) OPERATES TWO HOSPITALS AND A BEHAVIORAL HEALTH FACILITY. AT THE CENTER OF THESE SERVICES IS ATRIUM HEALTH FLOYD MEDICAL CENTER (AHFMC), A 304-BED FULL-SERVICE, ACUTE CARE HOSPITAL AND REGIONAL REFERRAL CENTER. ATRIUM HEALTH FLOYD EMPLOYS MORE THAN 3,800 EMPLOYEES WHO PROVIDE CARE IN OVER 40 MEDICAL SPECIALTIES AT THREE HOSPITALS: ATRIUM HEALTH FLOYD MEDICAL CENTER IN ROME, GEORGIA; ATRIUM HEALTH FLOYD CHEROKEE MEDICAL CENTER IN CENTRE, ALABAMA; ATRIUM HEALTH FLOYD POLK MEDICAL CENTER IN CEDARTOWN, GEORGIA, AS WELL AS ATRIUM HEALTH FLOYD MEDICAL CENTER BEHAVIORAL HEALTH, A FREESTANDING 53-BED BEHAVIORAL HEALTH FACILITY, ALSO IN ROME; AND A PRIMARY CARE AND URGENT CARE NETWORK WITH LOCATIONS THROUGHOUT THE SERVICE AREA OF NORTHWEST GEORGIA AND NORTHEAST ALABAMA.

DURING 2023, AHFMC HAD OVER 96,000 PATIENT DAYS AND OVER 64,632 EMERGENCY ROOM VISITS.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

ATRIUM HEALTH FLOYD CHEROKEE MEDICAL CENTER (AHFCMC) IS A 60-BED

HOSPITAL IN CENTRE, ALABAMA, AND IS PART OF THE ATRIUM HEALTH FLOYD SYSTEM'S COMPREHENSIVE NETWORK OF CARE. AHFCMC ALSO OPERATES THREE RURAL HEALTH CLINICS LOCATED IN CENTRE AND PIEDMONT, ALABAMA. THE HOSPITAL PROVIDES EMERGENCY CARE, IMAGING, DRUG AND ALCOHOL TREATMENT, LAB WORK, A PHARMACY, RESPIRATORY CARE, AND SURGICAL SERVICES.

AHFCMC IS OPERATED BY FLOYD CHEROKEE MEDICAL CENTER, LLC (FCMC), AN ALABAMA LIMITED LIABILITY CORPORATION WHOSE SOLE MEMBER IS THE FILING ORGANIZATION.

DURING 2023, AHFCMC HAD APPROXIMATELY 7,600 PATIENT DAYS AND OVER 8,500 EMERGENCY ROOM VISITS.

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

THE FILING ORGANIZATION'S SOLE MEMBER IS AH GEORGIA, INC.

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

AH GEORGIA, INC., THE FILING ORGANIZATION'S SOLE MEMBER, MUST RATIFY A NOMINEE TO BECOME ONE OF THE FOURTEEN ELECTED DIRECTORS. ADDITONALLY, THREE OF THE ELECTED DIRECTORS MUST BE MEMBERS OF THE HOSPITAL AUTHORITY OF FLOYD COUNTY, THREE MUST BE PHYSICIANS EMPLOYED BY THE FILING ORGANIZATION AND TWO MUST BE SERVING AS DIRECTORS OF POLK MEDICAL CENTER, INC., A RELATED TAX-EXEMPT ORGANIZATION. TWO ADDITIONAL VOTING DIRECTORS SHALL BE APPOINTED BY THE SOLE MEMBER AND TWO DIRECTORS SHALL BE EX-OFFICIO DIRECTORS BY VIRTUE OF THEIR POSITIONS WITHIN THE ORGANIZATION (CHAIRMAN OF THE BOARD AND CEO/PRESIDENT).

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

THE POWER TO UNDERTAKE THE FOLLOWING ACTIONS ARE HEREBY RESERVED TO THE SOLE MEMBER, SUBJECT TO THE BOARD'S AUTHORITIES AND APPROVAL RIGHTS:

A. REMOVE THE PRESIDENT & CHIEF EXECUTIVE OFFICER OF THE CORPORATION, AND APPROVE ANY NEW APPOINTMENTS TO THE POSITION OF PRESIDENT & CHIEF EXECUTIVE OFFICER PROPOSED BY THE BOARD;

B. APPROVE AMENDMENTS TO THE BYLAWS OR THE CORPORATION'S ARTICLES OF INCORPORATION (OR THOSE OF ITS AFFILIATES AND SUBSIDIARIES) IN ACCORDANCE WITH THE TERMS THEREOF AND THE MSA, AND IN EACH CASE AS PROPOSED BY THE BOARD;

C. APPROVE THE ADOPTION OF OPERATING AND CAPITAL BUDGETS PROPOSED BY THE BOARD;

D. THE ADOPTION OR MODIFICATION OF STRATEGIC PLANS OR CAPITAL PLANS OF THE CORPORATION THAT ARE PROPOSED BY THE BOARD;

E. APPROVE ANY CHANGE IN THE MISSION OF THE CORPORATION PROPOSED BY THE BOARD, OR PROPOSE TO THE BOARD FOR APPROVAL A CHANGE IN ITS MISSION;

F. AFTER REVIEW AND CONSULTATION WITH THE COMPENSATION COMMITTEE, APPROVE ANY INCREASE OR DECREASES IN COMPENSATION OF, OR ANY MATERIAL CHANGES TO, THE COMPENSATION AND/OR BENEFITS PLANS APPLICABLE TO, THE FLOYD SENIOR EXECUTIVES;

G. APPROVE ANY NEW DEBT PROPOSED BY THE BOARD TO BE INCURRED IN THE CORPORATION'S NAME, OR PROPOSE TO THE BOARD FOR APPROVAL, THE INCURRENCE OF NEW DEBT IN THE CORPORATION'S NAME;

H. THE INCURRENCE, RESTRUCTURE, REFINANCE, DISCHARGE OR DEFEASANCE OF DEBT OF THE CORPORATION (OTHER THAN INCURRING NEW DEBT IN THE CORPORATION'S NAME, WHICH REQUIRES BOARD APPROVAL);

I. THE AMENDMENT, TERMINATION, OR ANY ACTION THAT MAY CAUSE THE AMENDMENT OR TERMINATION, OF ANY LEASE BETWEEN THE CORPORATION AND ANY LOCAL HOSPITAL AUTHORITY, IN EACH CASE, SUBJECT TO APPROVAL BY THE BOARD;

J.APPROVE ANY CLOSURE, SALE, LEASE, TRANSFER, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE LEGACY ASSETS OF THE CORPORATION PROPOSED BY THE BOARD, OR PROPOSE ANY SUCH ACTION TO THE BOARD FOR APPROVAL;

K. APPROVE THE MERGER, CONSOLIDATION OR OTHER BUSINESS COMBINATION OF THE CORPORATION WITH ANOTHER ENTITY;

L. THE CREATION, MAJOR CHANGE OR MATERIAL REDUCTION OR DISCONTINUATION OF MAJOR SERVICES OR KEY CLINICAL PROGRAMS OF THE CORPORATION AND ITS AFFILIATES AND SUBSIDIARIES; AND

M. ANY ACTION PROPOSED BY THE BOARD THAT CAUSES OR IS LIKELY TO CAUSE A CHANGE IN THE TAX STATUS OF THE CORPORATION.

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

THE FILING ORGANIZATION'S BOARD OF DIRECTORS RECEIVES COPIES OF THE FORM 990 WITH SUFFICIENT TIME TO PERMIT REVIEW, COMMENT, AND QUESTIONS PRIOR TO ITS FILING. IF MODIFICATIONS ARE REQUIRED FOLLOWING SUCH REVIEW AND COMMENT, THE REVISED FORM 990 IS REDISTRIBUTED TO ALL DIRECTORS PRIOR TO ITS FILING WITH THE IRS, ALONG WITH A REPORT NOTING THE MODIFICATIONS.

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

THE ORGANIZATION REQUIRES ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES TO ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY AND DETERMINE ANY POTENTIAL CONFLICTS OF INTEREST. ANY POTENTIAL CONFLICTS NOTED IN THE QUESTIONNAIRE ARE REVIEWED BY A STANDING COMMITTEE FOR APPROPRIATE RESOLUTION. ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO DETERMINE AND REPORT ANNUALLY, AND AS THEY ARISE, ANY POTENTIAL CONFLICTS OF INTEREST TO THE SECRETARY OF THE BOARD OF DIRECTORS. THE RESOLUTION OF POTENTIAL AND ACTUAL CONFLICTS IS SUBJECT TO THE APPROVAL OF THE CHAIR OF THE BOARD.

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

THE ORGANIZATION'S CEO & PRESIDENT AND ONE DIRECTOR ARE COMPENSATED BY CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY (CMHA), A RELATED ORGANIZATION. THE ORGANIZATION'S OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE COMPENSATED BY THE FILING ORGANIZATION AND THE DETERMINATION OF THE COMPENSATION OF SUCH INDIVIDUALS IS CONDUCTED VIA THE PROCESS UTILIZED BY THE FLOYD HEALTHCARE MANAGEMENT (FHMI) BOARD, AS FOLLOWS:

THE ADVOCATE HEALTH COMPENSATION AND BENEFITS COMMITTEE ("THE COMMITTEE") OF THE ADVOCATE HEALTH, INC. BOARD OF DIRECTORS ("THE BOARD") HAS AUTHORITY AS THE BOARD DELEGATES TO IT, FOR THE REVIEW AND APPROVAL OF EXECUTIVE COMPENSATION. THE COMMITTEE RELIES UPON AN EXTERNAL, INDEPENDENT COMPENSATION CONSULTANT RETAINED DIRECTLY BY THE COMMITTEE TO PROVIDE THIRD-PARTY COMPENSATION COMPARABILITY DATA FOR EVALUATING THE COMPETITIVENESS AND REASONABLENESS OF EXECUTIVE COMPENSATION AND BENEFITS PROGRAMS RELATIVE TO MARKET PRACTICES FOR SIMILARLY SITUATED HEALTHCARE ORGANIZATIONS. IN EVALUATING COMPENSATION, THE COMMITTEE FOLLOWS CORPORATE GOVERNANCE BEST PRACTICE SUCH AS ADHERENCE TO THE COMPANY'S EXECUTIVE COMPENSATION PHILOSOPHY AND REVIEW PROCESSES; PROCESSES TO ENSURE COMMITTEE MEMBER AND COMPENSATION CONSULTANT INDEPENDENCE; DATA FROM HEALTHCARE ORGANIZATIONS OF COMPARABLE SIZE, STRUCTURE, AND COMPLEXITY; AND ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS, PER IRS GUIDELINES. MINUTES OF THE DELIBERATIONS OF THE COMMITTEE ARE MAINTAINED IN THE ADVOCATE HEALTH, INC. LEGAL DEPARTMENT.

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

THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON REQUEST. THE ORGANIZATION'S BYLAWS ARE NOT PUBLISHED, BUT PROVISIONS FROM

Name of the organization: FLOYD HEALTHCARE MANAGEMENT, INC.

Employer identification number: 58-1973570

THE BYLAWS ARE INCLUDED AS NECESSARY IN THE ORGANIZATION'S POLICIES AND ARE ATTACHED TO THE FORM 1023 FILED FOR THE ORGANIZATION WITH THE IRS, WHICH IS PUBLICLY AVAILABLE. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST.

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

INTERCOMPANY TRANSFER 45,416,699.

**PUBLIC DISCLOSURE COPY**

**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

**2023**

**Open to Public Inspection**

Name of the organization

FLOYD HEALTHCARE MANAGEMENT, INC.

**Employer identification number**

58-1973570

**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 |
|---|---|---|---|---|---|
| FLOYD PHYSICIANS, LLC - 20-5415285<br>304 TURNER MCCALL BLVD<br>ROME, GA 30162-0233 | HEALTHCARE | GEORGIA | 5,275,801. | 3,212,750. | FHMI |
| FLOYD CHEROKEE MEDICAL CENTER, LLC -<br>82-5207287, 400 NORTHWOOD DRIVE, CENTRE, AL<br>35960-1023 | HOSPITAL | ALABAMA | 16,047,129. | 6,067,731. | FHMI |
| ACCOUNTABLE CARE ORGANIZATION OF -<br>47-4054900, 304 TURNER MCCALL BLVD, ROME, GA<br>30162-0233 | DORMANT | GEORGIA | | | FHMI |
| FLOYD EMERGENCY PHYSICIANS - 05-0608795<br>304 TURNER MCCALL BLVD<br>ROME, GA 30162-0233 | DORMANT | GEORGIA | | | FHMI |

**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 |
|---|---|---|---|---|---|---|---|
| FLOYD HEALTH CARE FOUNDATION, INC. -<br>58-1375074, PO BOX 233, ROME, GA 30162-0233 | FOUNDATION | GEORGIA | 501C3 | LINE 12A, I | FHMI | X | |
| POLK MEDICAL CENTER, INC. - 45-3957368<br>420 E SECOND AVENUE STE 102<br>ROME, GA 30161-3210 | HOSPITAL | GEORGIA | 501C3 | LINE 3 | FHMI | X | |
| CANCER NAVIGATORS, INC. - 03-0397867<br>255 W. 5TH STREET SUITE 300<br>ROME, GA 30165-2817 | EDUCATION | GEORGIA | 501C3 | LINE 7 | FHMI | X | |
| FLOYD-POLK HEALTHCARE FOUNDATION, INC. -<br>87-2546864, 304 TURNER MCCALL BLVD, ROME, GA<br>30162-0233 | SUPPORT | GEORGIA | 501C3 | LINE 12A, I | N/A | | X |

Schedule R (Form 990) FLOYD HEALTHCARE MANAGEMENT, INC. 58-1973570

**Part II** **Continuation of Identification of Related Tax-Exempt Organizations**

| (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 organization? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| AH GEORGIA, INC. - 83-1707383<br>PO BOX 32861<br>CHARLOTTE, NC 28232-2861 | HOLDING CO. | NORTH CAROLINA | 501C3 | LINE 7 | CMHA | | X |
| THE CHARLOTE-MECKLENBURG HOSPITAL -<br>56-0529945, 1000 BLYTHE BLVD., CHARLOTTE, NC<br>28203 | HEALTHCARE | NORTH CAROLINA | NC POLITICAL SUBDIVISION | | N/A | | X |
| NAVICENT HEALTH, INC. - 58-2149127<br>777 HEMLOCK STREET, MSC 111<br>MACON, GA 31201 | HEALTHCARE | GEORGIA | 501C3 | LINE 3 | AH GEORGIA, INC. | | X |
| ADVOCATE HEALTH, INC - 88-4157429<br>1000 BLYTHE BLVD.<br>CHARLOTTE, NC 28203 | HEALTHCARE | NORTH CAROLINA | 501(C)(3) | LINE 12B, II | | | X |
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**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**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 |
|---|---|---|---|---|---|---|---|---|---|
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**Part V** **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | POLK MEDICAL CENTER, INC. | A | 14,479,551. | COST |
| (2) | POLK MEDICAL CENTER, INC. | H | 146,345. | COST |
| (3) | POLK MEDICAL CENTER, INC. | Q | 14,691,134. | COST |
| (4) | POLK MEDICAL CENTER, INC. | S | 18,493,277. | COST |
| (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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part VII Supplemental Information**

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