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 $\{x_i\}_{i=1}^{n-1}$ 99 Form 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.



<u>A</u>	For the 2	117 calendar year, or tax year beginning $12/14/17$, and ending $09/30/1$	8									
В	Check if applic	ble: C Name of organization		D Employe	r identification number							
	Address chang											
\square	Name change	Doing business as	914925									
	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone h										
	Initial return Final return/	691 Cherry Street, Suite 400 City or town, state or province, country, and ZIP or foreign postal code		<u> </u>								
	terminated											
\square	Macon GA 31201 G Gross receipts\$ 49,059 Arriended return F Name and address of principal officer: Image: Contemportant interval and contemportant i											
$\overline{\mathbf{X}}$	Application pe		H(a) is this a gro	oup return for s	ubordinates? Yes X No							
<u> </u>	, bbuennen be	^{ding} Judy Ware	H(b) Are all sub	ordinates ion	Ves No							
					(see instructions)							
					(/							
<u> </u>	Tax-exempt s		-									
<u> </u>	Website: 🕨	www.navicentheatlh.org/nhb	H(c) Group exe									
K	Form of organ		ear of formation: 2	017	M State of legal domicile: GA							
<u> (</u>	ant I	Summary	·····.									
	1 Brie	fly describe the organization's mission or most significant activities: o provide high quality, safe, compassionate and patier	· · · · · · · · · · · · · · · · · · ·	-1 1 1								
õ			it-iocuse	d neal	tncare							
nar	,	o our community.										
Governance												
ő	1	ck this box ▶ if the organization discontinued its operations or disposed of more than 25										
ø		ber of voting members of the governing body (Part VI, line 1a)			8							
Activities		nber of independent voting members of the governing body (Part VI, line 1b)			6							
tivi		al number of individuals employed in calendar year 2017 (Part V, line 2a)			436							
Ac		al number of volunteers (estimate if necessary)			0							
		al unrelated business revenue from Part VIII, column (C), line 12			<u> </u>							
	b Net	unrelated business taxable income from Form 990-T, line 34			Current Year							
	0.00		Prior Ye		1,062,133							
ne		tributions and grants (Part VIII, line 1h)		47,824,992								
Revenue	9 10	gram service revenue (Part VIII, line 2g)	<u> </u>		42,862							
Re		estment income (Part VIII, column (A), lines 3, 4, and 7d)	·	129,677								
	1	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		49,059,664							
		al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			49,039,004							
		nts and similar amounts paid (Part IX, column (A), lines 1–3)			0							
	45 0-1	efits paid to or for members (Part IX, column (A), line 4)			24,965,571							
penses	15 Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			24,903,371							
en;	ToaPro	fessional fundraising fees (Part IX, column (A), line 11e)										
ЩЩ					27,685,372							
	111 00	er expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u></u>		52,650,943							
	1	al expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			-3,591,279							
		renue less expenses. Subtract line 18 from line 12	Beginning of Cu	rrent Year	End of Year							
Assets or	이 20 Tot	al assets (Part X, line 16)		0	37,233,914							
Ass	월 21 Tot	al liabilities (Part X, line 26)		0								
_Net	ž.	assets or fund balances. Subtract line 21 from line 20		0.								
	2 minute	Signature Block										
		ies of perjury, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the b	est of my k	nowledge and belief, it is							
t	rue, correct,	and complete. Declaration of preparer (other than officer) & based on all information of which preparer h	nas any knowled	ge.								
		PINIA MIA		6	1-25-2019							
Si	gn	Signature of officer		Date)							
	ere	Kenneth B. Banks EVP &	CorpSe	c/Gen	С							
		Type or print name and title										
	P	inl/Type preparer's name Preparer's signature	1 Date	Check	C if PTIN							
Pa	id w	illiam Edward Phillips	_ 6/2	S// self-er	mployed P00451499							
Pr	enarer	meane Draffin & Tucker LLP	/	Firm's EIN	58-0914992							
Us	se Only	HORPO DATES I. C TNCD	Γ^{T}	ד ד ז	JVI							
	F		じしも	Phone no.	J249-883-7878							
Ma		discuss this return with the preparer shown above? (see instructions)			X Yes No							
		k Reduction Act Notice, see the separate instructions.			Form 990 (2017)							

For Paperwork Reduction Act Notice, see the separate instructions.

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, Forn	1990 (2017) Navicent Health Baldwin, Inc. 82-3914925 Pa	ge 2
Sec. Carabilit	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
]	Briefly describe the organization's mission: To provide high quality, safe, compassionate and patient-focused healthca to our community.	are
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," describe these new services on Schedule O.	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	No
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.	
	(Code:)(Expenses \$ 44,679,692 including grants of \$) (Revenue \$ 47,898,85 Javicent Health Baldwin's mission is to provide high quality, safe, compassionate, patient-focused care. The hospital offers a wide range of medical services "from specialized treatment centers for cancer and wound care" to advanced imaging technologies that include digital mammography a high-speed CT scanning. In addition to its 24/7 Emergency Department, the hospital also offers a number of outpatient treatment programs, same-day surgery, health education programs, and a state-of-the-art laboratory for liagnostic testing. For inpatient treatment, the hospital is licensed for 40 acute care beds and for 15 beds in its Skilled Nursing Unit, which serves patients requiring extended care.	l and e
		<u> </u>
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	/
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40	; (Code:) (Expenses \$ including grants of \$) (Revenue \$)
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	Other program server Percented Perce	
4	a Total program service expenses ► 44,679,692	

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	n 990 (2017) Navicent Health Baldwin, Inc. 82-3914925		P	age 3
4.0.0		<u> </u>	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	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	L
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			X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		<u>X</u>
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			37
_	"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		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			l
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	र गर्भदाय	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.		1 1111	运动
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	<u>11a</u>	Х	<u> </u>
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		<u>X</u>
С	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	<u>11c</u>		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>	Х	
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	<u>11f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	<u>12a</u>		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	Х	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		Х
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		<u>X</u>
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	 	<u>X</u>
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	i	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? 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?			
	FOR PUBLIC INSPECTIO	19		X (2017)

Parkit@ Checklist of Required Schedules (continued) Yes No. 20a Did to organization operato ese or more hospital facilities if 1/Yes," complete Schemis H 20a X 21 Did to organization operato ese or more hospital facilities if 1/Yes," complete Schemis H 22a X 21 Did to organization report more thms 55,000 of grants or other assistance to any domestic organization or domestic organization area 22 X 22 Did to organization report more thms 55,000 of grants or other assistance to a for domestic organization area 22 X 23 Did to organization report more fibers, directors, turbutes, key employees, and highest and N 22 X 24 Did to organization more fibers, directors, turbutes, key employees, and highest compresside of dimense 246 24 X 24 Did to organization invest any proceeds of tax-extempt bond scats ariter are funding escarve at any time during thy evant 24a 24a 25 Did to organization invest any proceeds of tax-extempt bonds extending at any time during thy evant 24a 24a 26 Did to organization naries or a norther han a refunding escarve at any time during thy evant 24a 24a 26 Did to organization navant on Path of 0 Sisser fo		990 (2017) Navicent Health Baldwin, Inc. 82-3914925		F	Page 4
20a D bit the organization properties one or more hospital facilities of Virgs 'complete Schedule I, Part I and I 20a X 21 Dit the organization region more than 55 000 of grants or other assistance to any domestic organization or domestic organization region more than 55 000 of grants or other assistance to any domestic organization or domestic organization region more than 55 000 of grants or other assistance to other domessic individuals on Part IX, common NJ, the 21 Virgs, 'complete Schedule I, Part I and II 21 X 22 Did the organization region more than 55 000 of grants or other assistance to other domessic individuals on Part VI, Schedule I, Part I and II 22 X 23 Did the organization region more than 55 000 of grants or other assistance to a for domessic individuals on the organization frame officers. discost, thatese, key employees, and highest componensation of the organization have a tax exempt boot issue with an outstanding principal moreant of more than 52 000. 24 X 24 Did the organization have a tax exempt boot issue with an outstanding principal moreant of more than 52 000. 24 X 25 Did the organization have a tax exempt boot issue with an outstanding at any time during the year 24 X 26 Did the organization have at as account other than a refunding encrow at any time during the year 24 X 26 Did the organization and as an 'os bahal of 'issue for bonds outstanding at any time during the year? 24 X 27 Did the organization and as a 'os bahal of the same for bonds outstanding at any time during the year? 24 X 27 Sec	<u>_</u> Pa	Int IV Checklist of Required Schedules (continued)			T
b If Yes ¹⁴ to be 200, of Uthe organization statch a copy of B audited financial statements to this return? 200 K 2 DM the organization report when the SS.000 of Utrafis or chron assistance to any domestic organization or any diverse than \$5,000 of Utrafis or chron assistance to any for domestic individuals on Part IX, column (A), line 27 if Yes ¹ , complete Schedule I, Parts I and III 21 X 2 DM the organization answer 'Yes' to Part VII, Section A, line 3 A, or 5 about compensation of the organization states-attende J. 23 X 2 DM the organization answer 'Yes' to Part VII, Section A, line 3 A, or 5 about compensation of the organization answer 'Yes' to Part VII, Section A, line 3 A, or 5 about compensation of the organization answer 'Yes' to Part VII, Section A, line 3 A, or 5 about compensation of the organization mixet as tace-attende J. 24 X 2 DV the organization invest any proceeds of tax-eventp bond base with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2022 // 'Yea, 'answer lines 240 through 24 decomptiles Schedule L, Part I 24a X 2 DV the organization mixet any proceeds of tax-event I/ to rediscipation engage in an scenes benefit transaction with a disqualified person during the year? 24d 24d 2 DV the organization aware that 1 engaged I an access benefit transaction with a disqualified person if a prior year // 'wea', complete Schedule L, Part I 24a X </td <td></td> <td></td> <td>r</td> <td></td> <td>No</td>			r		No
11 Did the organization report more than \$5.000 of greats or other assistance to any domestic organization or domestic organization report more than \$5.000 of greats or cluber assistance to or for domestic individuals on Part IX, column (A), line 27 HT Ves, "complete Schedule / Parts 1 and H 22 X 12 Did the organization nerver view of the Yes, "complete Schedule / Parts 1 and H 22 X 14 Did the organization nerver view of the Yes, "complete Schedule / Parts 1 and H 22 X 14 Did the organization nerver view of the Yes, "complete Schedule / Parts 1 and H 23 X 14 Did the organization nerver view of the Yes, "complete Schedule / Parts 1 and H 23 X 15 Did the organization three at the yes, that live assigned ator Decomer 31, 2002 HT Wes," enswering 240 244 X 16 Did the organization methan any proceeder dise-scenapte bords beyond a temportary period exception? 246 X 16 Did the organization methan any discoverpt bords. 246 X 246 16 Did the organization methan any discoverpt bords. 246 246 246 16 Did the organization nerve that schedule / Part I 258 X 246 16 Did the organization	20a		· · · · · · · · · · · · · · · · · · ·		
domestic government on Part IX, column (A), line 17 // "Yes," complete Schedde /, Parts I and II 21 X 20 bit the organization record methan SS,000 did regards or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedde /, Parts I and III 22 X 23 Did the organization never "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current of forcer officers, directos, trusteen, key employees, and highest componsated employees 71 / "Se," complete Schedde J 23 X 24 Dut the organization mevel as ac-exempt bond issue with an outstanding principal amount of more than 3100,000 as of the last day of the year, that was issued after December 31, 2002 /ft "Yes," anawar //Max 240 through 24 and complete Schedde J. 24a X 25 Did the organization mixes any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 26 Did the organization mixes any proceeds of tax-exempt bonds. 24a X 26 Did the organization makes on a obbind of fissuer for bonds outstanding at any time during the year? 24a 26 Did the organization makes on an obbind of fissuer for bonds outstanding at any time during the year. 24a 26 Did the organization mixes any anount on Part X, line 6, 6, or 22 for receivables from or 900-E27? 24a 27 N 'bs, "complete Schedde L, Part II 25a X 28 Did the organization movide a grant or there assistance to an any of t			<u>20b</u>	<u> </u>	<u> </u>
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Pert IX, control in the activation of the analysis of the organization answer "Yes" to Part IVI. Section A, the 3 A, or 5 about compensation of the organization answer "Yes" to Part IVI. Section A, the 3 A, or 5 about compensation of the organization answer "Yes" to Part IVI. Section A, the 3 A, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal answert of more than \$100,000 as the last day of the year, fult was alsued after Coencempt 71. 2002 If "Yes," complete Schedule I, "At I have a sue after Docember 71. 2002 If "Yes," answer Inter 24. X. 24a D dth eorganization inves any proceeds of tax-exempt bonds beyond a temporary period acception". 24a X. 25b D dth eorganization maintain an ectore acceund there they and tart was also adae to coencent to band sort (2000 organizations. Did the organization any after the lengabed in an excelling escreen wit any time during the year? 24d X. 26 D dth eorganization avaid that lengaged in an excelling escreen wit any time during the year? 24d 25a X. 27 M Was disputation was an that lengaged in an excelling escreen to band solution in a priori year, and that the transaction has not been reported on any of the organization spirate that lengaged in an excelling escreen to band solution are priori year, and that the transaction was and file-dome to any of the organization any end the lengaged in an excelling escreen band solution are priori year, and that the transaction the assistance to an officer, director, trustes, key employees. 25b X.	21				
Part IX, column (A), line 27 // Yes," complete Schedule, 1, Parts 1 and II. 22 X. 23 Did the organization assert and former officers, directors, trustees, key employees, and highest compensation of the organization haves at tax-assempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year. It hat was issued after Decomber 31, 2007 // Yes," <i>answer lines</i> 240 23 X 24 Did the organization haves at tax-assempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year. It hat was issued after Decomber 31, 2007 // Yes," <i>answer lines</i> 240 X 24 Did the organization haves any proceeds of tax-exempt bonds beyond a temporary period exception? 240 25 Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization may may meet the decase benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and year of these organization provide Schedule 1, Part I 256 X 26 Did the organization provide Schedule 1, Part I Z50 X Z55 X 27 Did the organization provide grade or and the organization prove and the disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, andin the transactin or y amount on Part X. line					
23 Dit the organization assue: "Yes" to Part VII, Section A, line 3.4, or 5 shout compensation of the organization have a tax-exempt bond issue with an outstanding principal anount of more than \$100,000 as of the list day of the yesr, that was issued after Docember 31, 2002; If Yes, "complete Schedule A, If Yuo," go to fine 25e 24a X 24 Did the organization have a tax-exempt bond issue with an outstanding principal anount of more than \$100,000 as of the list day of the yesr, that was easied after Docember 31, 2002; If Yes," another line 24b Zata X 24 Did the organization inverse tax-exempt bond issue with an outstanding at any time during the year? Zata X 24 Did the organization maintain an eccore account other than a refunding eccare wat any time during the year? Zata X 25 Section 501(201), 561(201,44, and 561(2012) graphretrions. Did the organization regarge in an excess banefit transaction with a disqualified person during the year? Zata X 26 Section 501(201,5) 561(201,44, and 561(2012) graphretrions. Did the organization regore 1 organization regore 1 organization regore 1 organization regore 1 and society that a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person 1 in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a signal and the prior forms 900 or 906-E72 Zit Zit 27 Did the organization report anyound on Part X, line 5, 6, o	22				.,
argminization's current and former officers, directors, trutelees, key employees, and highest componsated 23 X 24a Did the organization have a tax-exampt bond issue with an outstanding principal amount of more than 3100,000 as of the list day of the year, that was issued after December 31, 2027; <i>I'</i> Yes, <i>Tanswer lines</i> 240 X 24a Did the organization himest any proceeds of tax-exampt bonds beyond a temporary period exception? 24a X 24b Did the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? 24a X 24c Did the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? 24a X 24b Did the organization wise and no behaft of the sucception of the organization energinge in an excess benefit transaction with a disqualified person in a prioring year, and that the transaction has not been reported on any of the organization's point Form 590 of 900-527 25b X 250 Did the organization expections, trustees, key employees, tipkest compensated employees, and disqualified persons 71 "Yes," complete Schedule I, Part I 25a X 250 Did the organization provide a grant selection committee members or to a 35% controlled on the assistance to an officer, functeor, trustee, tex, yee mployees, tipkes (see Schedule I, Part I W 25a X 25a					<u> </u>
employees // "Yes," complete Schedule J. 23 X 24a Did the organization have a teasexempt 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, 2027 // "Yes," answer lines 24b 24a X 24b Did the organization invest any proceeds of taxesempt bonds beyond a temporary period exception? 24a X 24c Did the organization invest any proceeds of taxesempt bonds outstanding at any time during the year 24d X 24d Did the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 24d X 24d Did the organization with a dispualified person during the year? 24d X 25a Section 50(1c)(3), 56(1c)(4), and 56(1c)(2) organization. Did the organization's prior Forms 590 or 590-E2? 25b X 25a Did the organization expert that engaged in an excess benefit transaction with a dispualified person at more access banefit transaction with a dispualified person at more access banefit transaction with a dispualified person at more access banefit transaction with a dispualified person at more access banefit transaction with a dispualified person at more access banefit transaction with a dispualified person at more access banefit transaction with a dispualified person at more access banefit transaction with a dispualified person at more access banefit transaction with a dispualified person at more access banefit transaction with a dispualified person at more access banefit transaction with a dinter access banefit transaction with a dispualified person at more	23				
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 Yos," or <i>bine</i> 25a 24a X. Did the organization maintain a necrow account other than a refunding excersion? 24d 24d 24d 24d X. 24d 24d X. 24d 24d X. 24d X. 24d 24d X. 24d X. 24d X. 24d 24d X. 24d X. 24d 24d X. 24d X. 24d X. 24d X. 24d X. 24d X. X. 24d X. X. 24d X. X. X. Did the organization maints an exore out other than a refunding excrow at my time during the year? X. X. X. X. Section B01(c)(3), 501(c)(4), and 501(c)(30 organization monitors in an or organization any other any anothin a signal orbit or any of the organization any other any anothin a signal orbit or any other any anothin a signal orbit organization reports any anothin or any of these sisislance to any of these sisislance to any other asisla					
\$100,000 is of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b 24 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 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)(a), 501(c)(a), and 501(c)(29) organizations. Du the organization rengage in an excess benefit transaction with a disqualified person tar a prior year, and that the transaction has not been reported on any of the organization's prior form 500 s90 E27 7 /* yes, "complete Schedule L, Part I 25b X 27b Did the organization apprior any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustees, key employees, or discustification parts (a grant action benerod, a grant action organization reports any of any of these persons 11 "Yes," complete Schedule L, Part II 27b 27b V was the organization apprive any of these persons 21 If "Yes," complete Schedule L, Part II 27b 27b M structurons for applicable lifting threadole, conditions, and doceptions): 27b X 27b Was the organization ceevors 11 If "Yes," complete Schedule L, P		employees? If "Yes," complete Schedule J	23	Х	
through 24d and complete Schedule K. If "No." go to line 25a 24a X b Did the organization mest any proceeds of the x-exempt bonds beyond a tomporary period excerption? 24b 24b c Did the organization as any processed of the x-exempt bonds beyond a tomporary period excerption? 24c 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 with a given if the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization's prior 25a 25a Section 501(c)(3), 601(c)(4), and 501(c)(24) organization's prior forms 900 or 990-E27 25b 25a Section 501(c)(3), 601(c)(4), and 501(c)(24) organization's prior forms 900 or 990-E27 25b 25a Comparization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified persons? If "Yes," complete Schedule L, Part II 26 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified persons? If "Yes," complete Schedule L, Part II 27 26b X Was the organization provide reacer, trustee, or key employee? If "Yes," complete Schedule L, Part IV 26 27 Was the organization a party to a businese transaction with one of the following parties (see Schedule L, Part IV 28a<	24a				
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28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 20 dit the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 21 dit he organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I, III, or V, and Part V, line 1 33 X 34 Was the organization nealed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or V, and Part V, line 1 35a Z 35a Did the organization nealet to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or V, and Part V, line 1 35a Section 501			27		X
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 32 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 34 X 35a Did the organization acount nore than 5% of its activities through an entity tharsacton with a controlled entity within the meaning of section 51	а		28a	1)67×42++1	A BEAUTING ALL A
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Form	990 (2017) Navicent Health Baldwin, Inc. 82-3914925	Page	6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and		-
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se		
	Check if Schedule O contains a response or note to any line in this Part VI	X	
Sec	tion 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 8		8
	If there are material differences in voting rights among members of the governing body, or	1	2
	if the governing body delegated broad authority to an executive committee or similar		8
	committee, explain in Schedule O.		8
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6		ä.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	8
-	any other officer, director, trustee, or key employee?	2 X	885
3	Did the organization delegate control over management duties customarily performed by or under the direct		-
5	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 X	
_		6 X	-
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint		
7a		7a X	
h	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,		-
b		76 X	
•	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		.
8	• • • • • • • • • •		8 8
a	The governing body?	8a X 8b 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		
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 X	—
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co		-
		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	—
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	<u>88</u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		88
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		
	describe in Schedule O how this was done	12c	<u> </u>
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?		8
а	The organization's CEO, Executive Director, or top management official	15a X	
b	Other officers or key employees of the organization	15b X	र र र
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		#
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		8
	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	
Sec	tion C. Disclosure		_
17	List the states with which a copy of this Form 990 is required to be filed ► GA		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)		
	available for public inspection. Indicate how you made these available. Check all that apply.		
	Own website Another's website X Upon request Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and		
	financial statements available to the public during the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records: >		
C	hris Wilde 691 Cherry Street, Suite 400		
_M	acon GA 31201 478	<u>8–633–145</u>	<u>,2</u>
DAA		Form 990 (201	

Form 990 (20 Part VII	17) Navicent	Health H	Bal	.dw	in	/	In	<u>c.</u>	82-391	4925 hest Compensated	Page 7
	Independent Co	ontractors								-	
Section A.						,		,	o any line in this Part ` Compensated Employee		<u></u>
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									ons for definition of "key em er than an officer, director,		
who received	reportable compensati	on (Box 5 of For	m W	-2 a	nd/o	r Bo	x 7 o	f Fo	rm 1099-MISC) of more that	an \$100,000 from the	
•	and any related organiz of the organization's fo		ey en	nploy	/ees	, and	l higi	hest	compensated employees v	who received more than	
	reportable compensation								ganizations. in the capacity as a former	director or trustee of the	
organization,	more than \$10,000 of r	reportable comp	ensa	tion	from	the	orga	iniza	tion and any related organi	zations.	
	n the following order: ir employees; and forme		s or o	direc	tors;	inst	itutic	onal t	rustees; officers; key empl	oyees; highest	
		•	y rela	ted	orga	niza	tion	com	pensated any current office	r, director, or trustee.	
	(A)	(B)				C)			(D)	(E)	(F) Estimated
N	ame and Title	Average hours per			check		than o		Reportable compensation from	Reportable compensation from related	amount of other
		week (list any			nd a d		s both r/trust	ee)	the organization	organizations (W-2/1099-MISC)	compensation from the
		hours for related organizations	Indivi or din	Institu	Officer	Key e	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1035-MIOO)	organization and related
		below dotted	Individual trustee or director	stional	1	Key employee	st con	9			organizations
		line)	ustee	Institutional trustee		e	Ipensa				
	1			ð			ited.				·
(1) Rhond	da Perry	1.00									
Treasure		49.00	X		X				0	671,512	45,136
(2) Chris	stopher A. H	lendry									
Director	· · · · · · · · · · · · · · · · · · ·	1.00 41.00	x						0	516,857	100,777
	r Boylan	41.00		-	-		-	-	<u>_</u>		<u> </u>
	-	1.00									<u> </u>
Chairper	ie Thomas	0.00	X		X			-	0	0	0
(4) MOLL.	Le monas	1.00									
	airperson	0.00	X		X				0	0	0
(5)David	d Waddell	1.00	ł								
Director	······	0.00	X						0	0	0
	Dennis			1			-				
		1.00					}		0	0	0
Director	t Harrison	0.00	X				┢		0	0	0
(., 0 0.10		1.00									
Director		0.00	X		_	-	┢		0	0	0
(8) Lucre	etia Coleman	h, MD 1.00									
Director		0.00	X						0	0	0
(9) Ralpl	h McMullen	1					Τ				
Director	~	1.00	x						0	0	0
Directon (10) Kenne	eth B. Bank					-	-	+	<u>├</u>	<u>_</u>	<u>_</u>
		1.00									
	orpSec/Gen C	44.00		<u> </u>	X		_	-	0	500,610	216,081
(11) Judy	ware	20.00									
Presider	nt (Interim)_	25.00	·		X				0	173,776	26,549
DAA				•							Form 990 (2017)

(A) Name and title	(B) Average hours per week (list any	Average Position hours per (do not check more than one week box, unless person is both ar (list any officer and a director/trustee bours for						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(w2/1055-11100)	organization and related organizations
12) Todd Dixon	1 00		-	-		Ä				
President & CEO	1.00 44.00			x			-	0	0	
					<u></u>	$\left - \right $	_			
									1.000 855	
b Sub-total c Total from continuation she	ets to Part VII, S	Sect	ion A			I			1,862,755	388,54
d Total (add lines 1b and 1c) 2 Total number of individuals (ir reportable compensation from	ncluding but not I	imite	d to i	thos	e lis	ted al		e) who received more than	1,862,755 \$100,000 of	388,54
 3 Did the organization list any for employee on line 1a? <i>If "Yes,</i> 4 For any individual listed on lin organization and related organization 	ormer officer, dir <i>" complete Sche</i> e e 1a, is the sum nizations greater	ecto dule of re thar	r, or t <i>J for</i> porta n \$15	<i>suci</i> able 0,00	h ind com 10? I	dividu npens If "Yes	al atio s, " c	n and other compensation complete Schedule J for su	from the	Yes N 3 2 4 X
individual 5 Did any person listed on line of for services rendered to the o	la receive or acc	rue	comp	ensa	atio	n from	an	y unrelated organization or		<u>4</u> X
ection B. Independent Contractor 1 Complete this table for your fi	ve highest comp	ensa	ted i	ndep	oenc	lent c	ontr	ractors that received more	than \$100,000 of	
compensation from the organ	ization. Report c (A) I business address	omp	ens <u>at</u>	ion	for t	<u>he ca</u>	lend		in the organization's tax yea (B) tion of services	ar(C) Compensation
Quantum HC, LLC Macon		<u>3</u>	12	01			H	ock Street Iospitalists		2,288,9
Clinical Colleagues Philadelphia	PA		.91	82			A	24246 Anesthesia Ser	<u>^v</u>	1,146,6
Endura Acute Care So Dallas			'52		P0	Вох		54072 Rehablitation		1,001,5
2 Total number of independent							<u> </u>			

Form **990** (2017)

	II Statement of Rever							-
	Check if Schedule O	<u>conta</u>	iins a	response	or note to any line (A) Total revenue	(B) (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a	2.01.2.002.002					
	Membership dues	1b						
с	Fundraising events	1c						
d	Related organizations	1d						
е	Government grants (contributions)	1e				물란 이상 가락을 수 있는 물란 방문 공동 가입		
f	All other contributions, gifts, grants,							
	and similar amounts not included above	1f	1,	062,133				
-	Noncash contributions included in lines 1a-1f							
h	Total. Add lines 1a-1f	<u></u>	· · · · · · · · · ·		1,062,133			
<u>-</u>				Busn. Code	47 625 607	47,635,607	[19] 20일 20일 11일 20일 20일 20일 20일 20일 20일 20일 20일 20일 20	날 <u>방문감이 관광하는 것</u> 을 것이 가지 않는
2a		• • • • • • • •		<u>623000</u> 621110				
b	Rental Income			021110	109,303	109,303		
с Л	• • • • • • • • • • • • • • • • • • • •							
e	• • • • • • • • • • • • • • • • • • • •							
f	All other program service reven							
	Total. Add lines 2a–2f			•	47,824,992			
	Investment income (including di				·····			
	and other similar amounts)		,	· •	14			
	Income from investment of tax-	exempt	bond p	roceeds 🕨				
5 Royalties								
	(i) Real			Personal				Lange Ster
6a	Gross rents							. And the second se
b	Less: rental exps.				275 Pro 27 - 32			
C	Rental inc. or (loss)							
d	Net rental income or (loss)	<u></u>	<u></u>	<u> </u>	Name and a start of the second strength		normenan a constru Antena al construitori	्र क्रोटिन्स् २२ - १७१५ स्टब्स् स्टब्स् स्टब्स् स्ट
/a	Gross amount from (i) Securities sales of assets		(ii)	Other				
	other than inventory			42,848				
b	Less: cost or other				A-12-			
	basis & sales exps.						在 你的问题。""我	1 Contraction
	Gain or (loss)			42,848				
	Net gain or (loss)	·	<u></u>	🕨	42,848		· · · · · · · · · · · · · · · · · · ·	42,8
8a	Gross income from fundraising even	ts						944 6 .5
	(not including \$]			電解電子 マーカ			
	of contributions reported on line 1c).							
	See Part IV, line 18	 						
	Net income or (loss) from fundr	. ~∟	wonte		- 新学校開始構成的ななない。そこうない 4 10 m 10		에 가지 있는 것이 있는 것이요. 	1911 (1998) - 1911 (1997) 1911 - Mariel Mariello, 1911 - 1913 1917 - 1918 - 1918 (1918)
	Gross income from gaming activities		sventa .					
Ja	Can Dart IV line 10	_				nga dari Ang ang ang ang ang ang ang ang ang ang a		
h	Less: direct expenses	Б						
	Net income or (loss) from gami	. ~ ∟. no activ	vities			e nervige provense andreas an en exploration en la seconda de la seconda de la seconda de la seconda de la seco	PL PL PRESSERTER CONSELL FOR	A LOCE IN COME PERSONNELS IN A MARKET
	Gross sales of inventory, less			····· /			Sacara and S	
	returns and allowances	a					가격관 공장가 가	
b	Less: cost of goods sold	b		····	1997年1月1日			
	Net income or (loss) from sales	of inve	entory	🕨				
	Miscellaneous Revenue			Busn. Code				
11a	Business Loss Insurand	ce		623000				55,8
b	Operating - Other			623000	· · · · · · · · · · · · · · · · · · ·			
С	Wellness			713940				
	All other revenue			1	4,461	4,461	1	
	Total. And ines 11-1d	<u></u>	· · · · · · · ·		129767			

· · · · ·							
Form 990 (2017)	Navicent	Health	Baldwin,	Inc.	82-39	14925	
Part IX St	atement of Fur	nctional Ex	penses		· · ·	<u> </u>	
Section 501(c)(3) a	and 501(c)(4) organi	izations must d	complete all colum	ns. All oti	her organizations must co	mplete column (A).	
Cł	eck if Schedule O d	contains a resp	oonse or note to ar	y line in	this Part IX	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
			(0)		(8)	(C)	

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			1997년 19 1997년 1997년 199 1997년 1997년 199	
	individuals. See Part IV, line 22				(a) And the second sec second second sec
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				
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	19,377,041	16,563,495	2,813,546	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,588,530	4,777,075	811,455	
10	Payroll taxes				·
11	Fees for services (non-employees):				
а	Management	1,860,910		1,860,910	
b	Legal		. <u>.</u>		
С	Accounting				
d	Lobbying		nang alin at in a biographic in a campion was as		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			· · · · · · · · · · · · · · · · · · ·	L
g		0 0 4 0 0 0 7	0 044 000	1 005 100	
	(A) amount, list line 11g expenses on Schedule O.)	9,940,087	8,844,889	<u>1,095,198</u> 32,666	
12	Advertising and promotion	32,666	234,993		
13	Office expenses	274,910	234,993		· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties	2 142 001	1,758,538	384,453	
16	Occupancy	<u>2,142,991</u> 48,945	41,838		
17	Travel	40, 943	<u> </u>	·····	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	20,026	17,118	2,908	
19 20		355,403	291,644	63,759	
20	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	2,302,821	1,889,695	413,126	
23		76,566	62,830	13,736	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Medical Supplies	4,507,621	4,507,621		
b	Pharmaceutical Supplies	2,662,588	2,662,588		
c	Repair & Maintenance	1,750,860	1,436,756	314,104	
d	Provider Tax	834,366	834,366		ļ
е	All other expenses	874,612	756,246		
25	Total functional expenses. Add lines 1 through 24e	52,650,943	44,679,692	7,971,251	0
26	Joint costs. Complete this line only if the organization epiriton, courp. (B) joint rosis from a comb red educatorancampaign and fundraising solicitation. Creck liere ► T if	BLIC	INSP	ECTI	ON
DAA	following SOP 98-2 (ASC 958-720)	I	l <u></u>	<u> </u>	Form 990 (2017)

X

		(2017) Navicent Health Baldwi	ln, I	nc.	82-3914925		Page 11
P	art X						
		Check if Schedule O contains a response or note	e to any li	ne in this Part X	····		·····
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing				1	3,062,237
	2	Savings and temporary cash investments				2	571,380
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	8,238,841
	5	Loans and other receivables from current and former o	fficers, di	rectors,	- 2019년 - 2019년 - 1919년 - 2019년 - 2019년 - 2019년 - 2019년		
		trustees, key employees, and highest compensated em	ployees.		장상은 것 같은 것 같은 것	163	
		Complete Part II of Schedule L		·		5	
	6	Loans and other receivables from other disqualified per	rsons (as	defined under section	1		
		4958(f)(1)), persons described in section 4958(c)(3)(B)	, and con	tributing employers a	nd 🚰 🖓 🖓 🖓 🖓 🖓		가 문가 있는 것이 가 있는 것이 가 있는 것이 가 있다. 같은 것이 가 있는 것이 가 있는 것이 가 있는 것이 있는 같은 것이 같은 것이 같은 것이 같은 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 같은 것이 있는 것이 없는 것
		sponsoring organizations of section 501(c)(9) voluntary	employe	es' beneficiary			
ដ		organizations (see instructions). Complete Part II of Sc	hedule L			6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	1,719,095 256,743
	9	Prepaid expenses and deferred charges				9	256,743
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	14,838,8	<u>41</u>		
	b		10b	2,302,82	21	10c	12,536,020
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	10,849,598
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)				37,233,914
	17	Accounts payable and accrued expenses				17	3,525,803
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability. Complete Part IV	of Sched	lule D		21	
S	22	Loans and other payables to current and former officer	s, directo	ers,			
iliti		trustees, key employees, highest compensated employ	yees, and	1			
Liabilities		disqualified persons. Complete Part II of Schedule L $_{\dots}$				22	
 i	23	Secured mortgages and notes payable to unrelated thi	rd parties	;		23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24					15 000 000
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25) 26	18,525,803
ſ		Organizations that follow SFAS 117 (ASC 958), che		► X and			
lče:		complete lines 27 through 29, and lines 33 and 34.				24 관리	18,708,111
alar	27	Unrestricted net assets		27			
ñ	28	Temporarily restricted net assets			···	28	
Net Assets or Fund Balances	29	Permanently restricted net assets				29	
ц Ц		Organizations that do not follow SFAS 117 (ASC 95	oð), chec	к nere 🗭 📋 and	"我的学生的这些 都		
ŝ		complete lines 30 through 34.			BARRAR MARKEN		
set	30	Capital stock or trust principal, or current funds				30	<u> </u>
t As	31	Paid-in or capital surplus, or land, building, or equipme				31	
Net	32	Retained earnings, endowment, accumulated income,				32	
	33	Total net assets or fund balances				_	
	34	Total liabilities and net assets/fund balances				月 34	1 31,233,914

Form **990** (2017)

FOR PUBLIC INSPECTION

82-301/025

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Form	1990 (2017) Navicent Health Baldwin, Inc. 82-3914925			Page 12
Section Revenues	rt XI Reconciliation of Net Assets			¥
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,05	59,664
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,65	50,943
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,59)1,279
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	22,29	99,390
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	18,70)8,111
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			, 1 , 2, 2, 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			李峰之
	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:			STI.
	Separate basis Consolidated basis Both consolidated and separate basis			· 酒水
b	Were the organization's financial statements audited by an independent accountant?		2b	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х
	If the organization changed either its oversight process or selection process during the tax year, explain in			영양관계
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	<u>.</u> 3b	
			Forr	n 990 (2017)

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,	v	11	UI	чι.	ID.	~~	v

SCHEDULE A (Form 990 or 990-EZ)

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-	ΕZ
	/			000	v .		000	

0	MB No	o. 154	5-0047	
	2	01	17	
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Department of the Treasury Internal Revenue Service		Attach to Form 9	Openito Public					
Intern	al Rev	enue Service	► Go to	www.irs.gov/Form990 for in	latest information.	Inspection		
Name	of th	e organization		· · · · · ·	ification number			
				<u>ilth Baldwin, Ir</u>	4925			
P	art I	Reaso	n for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.
The	orga	nization is not a	private foundation becaus	se it is: (For lines 1 through 12,	check only	y one box.	.)	
1	Ц	A church, conv	vention of churches, or ass	ociation of churches described	in sectio	n 170(b)(1)(A)(i).	
2		A school desc	ribed in section 170(b)(1)	A)(ii). (Attach Schedule E (For	m 990 or 9	990-EZ).)		
3	Χ			ce organization described in se				
4		A medical rese city, and state:		d in conjunction with a hospital			n 170(b)(1)(A)(iii). Enter the h	ospital's name,
5	\square	•	•••••••••••••••••••••••••••••••••••••••	of a college or university owned			vernmental unit described in	
•	L.,)(1)(A)(iv). (Complete Part			ou by u g		
6	\square			overnmental unit described in s	section 17	70(b)(1)(A)(v).	
7		An organizatio		substantial part of its support fr				•
8	\square			170(b)(1)(A)(vi). (Complete Par	t 11.)			
9	H			scribed in section 170(b)(1)(A)		ed in coni	unction with a land-grant colle	ae
	ι		r a non-land grant college	of agriculture (see instructions).	. Enter the	name, cil		
10		An organizatio receipts from a support from g	n that normally receives: (activities related to its exer ross investment income a	1) more than 33 1/3% of its sup npt functions—subject to certai nd unrelated business taxable i :0, 1975. See section 509(a)(2	port from n exceptio ncome (le	contributions, and (2) cons, and (2) construction	2) no more than 33 1/3% of its 511 tax) from businesses	DSS
11	\square			exclusively to test for public sal				
12	Π	-	•	exclusively for the benefit of, to	•			ses
				zations described in section 50 hat describes the type of suppo				
	а	the suppor	ted organization(s) the por	erated, supervised, or controlle wer to regularly appoint or elect complete Part IV, Sections A a	a majority	•••		ng
	b	control or r	management of the suppo	pervised or controlled in conne rting organization vested in the Part IV, Sections A and C.				ed
	С	Type III fu	nctionally integrated. A	supporting organization operate structions). You must complete	d in conne e Part IV.	ection with Sections	, and functionally integrated w A, D, and E.	ith,
	d			d. A supporting organization op				on(s)
			• -	e organization generally must s				ess
		·		nust complete Part IV, Sectio				
	е			ceived a written determination find the service of			s a Type I, Type II, Type III	
	f		ber of supported organizat		ing organ	nzation.		
	g			ne supported organization(s).				·····
(i) Nam	e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)			· · · · ·				,	
(B)								
(C)								
(D)								
(E)								

Schedule A (Form 990 or 990-EZ) 2017

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			vicent Hea				-3914925	Page
Par	tll	Support Schedule for C						
		(Complete only if you che Part III. If the organization	ecked the box o	n line 5, 7, or 8 under the test	of Part I or if t	ne organizatior	h failed to qualify	under
Sect	ion A.	Public Support	Tails to quality		s listed below,	blease comple		
		or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	0.14							
	member	ants, contributions, and ship fees received. (Do not any "unusual grants.")						
	organiza	nues levied for the ation's benefit and either paid pended on its behalf						
	furnisheo organiza	e of services or facilities d by a governmental unit to the tion without charge						
4	Total. A	dd lines 1 through 3			n - 1 may set data on the and going a data data going and the Andrew			
!	each per governm supporte line 1 tha	ion of total contributions by rson (other than a tental unit or publicly ed organization) included on at exceeds 2% of the amount n line 11, column (f)						
		ipport. Subtract line 5 from line 4.	Sharafasha					
		Total Support	E.F. ministration of an international state of the second state		TOTA AT MARINA STATISTICS (Second Second S			
Calend	lar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts	s from line 4					-	
8	Gross in payment rents, ro	come from interest, dividends, is received on securities loans, yalties, and income from ources						
	activities	me from unrelated business , whether or not the business rly carried on					-	<u>.</u>
	loss fron	come. Do not include gain or n the sale of capital assets in Part VI.)						
11	Total su	pport. Add lines 7 through 10						
		ceipts from related activities, etc		••••••				
		e years. If the Form 990 is for the	-					
0 6	organiza	tion, check this box and stop he	re	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Sect	ion C.	Computation of Public S	upport Percen	tage			14	
14	Public si	upport percentage for 2017 (line	6, column (f) alviae	a by line 11, colun	in (T))	•••••	14	C
15 16-	PUDIIC SI	upport percentage from 2016 Scl support test—2017. If the orga	nequie A, Part II, IIr	le 14	12 and line 14 is	33 1/3% or more		
								►
		stop here. The organization qua support test—2016. If the orga						•••••
		and stop here. The organization						►
		ts-and-circumstances test-20						
		more, and if the organization me						
		now the organization meets the "	facts-and-circumsta	ances" test. The or	ganization qualifie	s as a publicly sup	oported	•
	-	ts-and-circumstances test-20						
		% or more, and if the organizatio	-					
	Explain i supporte	in Part VI how the organization medical organization medical organization	neets the "facts-and	l-circumstances" t	est. The organizati	on qualifies as a p	publicly	
18	Private	foundation. If the organization d	lid not check a box	on line 13, 16a, 16	ib, 17a, or 17b, ch	eck this box and s	ee	
		ons						

Schedule A (Form 990 or 990-EZ) 2017

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, Scho	dule A (Form 990 or 990-EZ) 2017 Nav	ricent He	<u>alth Baldv</u>	in Inc	82	-3914925	Page 3
	art III Support Schedule for O						
	(Complete only if you chee	cked the box o	n line 10 of Par	t I or if the orga	anization failed		Part II.
	If the organization fails to	qualify under t	he tests listed b	elow, please c	omplete Part II	.)	
	tion A. Public Support				(1) 00 (0)	() 0017	(0) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					├ ──── │ [─]	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	line 6.) tion B. Total Support				<u>Bathing of Constant</u>		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				<u>`</u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	organization's fir					►
Sec	tion C. Computation of Public Su	upport Percer	ntage				
15	Public support percentage for 2017 (line 8			ın (f))		15	%
<u>16</u>	Public support percentage from 2016 Sch	edule A, Part III, I	ine 15	<u></u>	<u></u>		%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2017 (, column (f))			%
18	Investment income percentage from 2016					<u>18</u>	%
19a							
	17 is not more than 33 1/3%, check this b						P L.
b	33 1/3% support tests—2016. If the orga						_ ▶「
20	line 18 is not more than 63 1/3%, enorsk t Private foundation If my organization d	d rot check a box	on lite 14, 19a, or	19b, check this b	an see instruc	tons () N	► [

Schedule A (Form 990 or 990-EZ) 2017

2 3a b c 4a)	 Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, com and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete A. All Supporting Organizations 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. 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). Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. Did the organization confirm that each support 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. 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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization in describe in Part I, answer (b) and (c) below. <	t I, complete
2 3a b c 4a)	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. 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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 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. 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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	1 2 3a 3b 3b
2 3a b c ia	documents? <i>If "No," describe in</i> Part VI how the supported organizations are designated. <i>If designated by</i> <i>class or purpose, describe the designation. If historic and continuing relationship, explain.</i> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in</i> Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i> (<i>b</i>) <i>and</i> (<i>c</i>) <i>below.</i> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in</i> Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in</i> Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i> <i>"Yes," and if you checked 12a or 12b in</i> Part <i>I</i> , answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1 2 3a 3b 3b
2 3a b c ia	documents? <i>If "No," describe in</i> Part VI how the supported organizations are designated. <i>If designated by</i> <i>class or purpose, describe the designation. If historic and continuing relationship, explain.</i> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in</i> Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i> (<i>b</i>) <i>and</i> (<i>c</i>) <i>below.</i> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in</i> Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in</i> Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i> <i>"Yes," and if you checked 12a or 12b in</i> Part <i>I</i> , answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	3a 3b 3c
2 3a b c 1a N	class or purpose, describe the designation. If historic and continuing relationship, explain. 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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 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. 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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	3a 3b 3c
2 3a b c 1a	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported</i> organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i> (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the</i> <i>organization made the determination</i> . Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use</i> . Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i> <i>"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below</i> . Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	3a 3b 3c
Ba I b I c I ta	under section 509(a)(1) or (2)? <i>If</i> "Yes," explain in <i>Part VI</i> how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If</i> "Yes," answer (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If</i> "Yes," describe in <i>Part VI</i> when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If</i> "Yes," explain in <i>Part VI</i> what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i> "Yes," and <i>if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	3a 3b 3c
3a b c la	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i> (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the</i> organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i> <i>"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	3a 3b 3c
Ball bl cl la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i> (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the</i> <i>organization made the determination</i> . Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use</i> . Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i> <i>"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	3a 3b 3c
b i c i ia	 (b) and (c) below. (b) and (c) below. (c) below. (3b 3c
bi ci ta	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	3b 3c
c I I Ia N	satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the</i> organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i> <i>"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	3c
c I I Ia	Did the organization made the determination. 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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	3c
la N	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	
la N	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	
la N	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	<u>4a</u>
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a
b i		
	supported organization? If "Vas." describe in Part VI how the organization had such control and discretion	
;	supported organization? If res, describe in Part vi now the organization had such control and discretion	国家を必要にな
ſ	despite being controlled or supervised by or in connection with its supported organizations.	4b
c l	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	
t	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	
I	ourposes.	
	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and ElN	
	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
	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?	<u>5b</u>
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c
	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	Tate Service Service
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	6
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8
	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1. A. C.
	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
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90
	Was the organization subject to the excess business holdings rules of section 4943 because of section	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	
	supporting organizations)? If "Yes," answer 10b below.	10a
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	

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ALC: NOT THE REAL PROPERTY OF	ule A (Form 990 or 990-EZ) 2017 Navicent Health Baldwin, Inc.	82-3914925	<u>.</u>	Page 5
ि ता	t IV Supporting Organizations (continued)	·····	Vaa	Na
11	Has the organization accorded a sift or contribution from any of the following persons?		Yes	No
a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			가 같다. 사람이들의
ų	below, the governing body of a supported organization?	11a	29- <u>64</u> 110- 2 1	ellanderr B
b	A family member of a person described in (a) above?	11b		
	<u>A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part</u>			
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supporte	d 🕴		
	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			a landi
	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		
Sect	on C. Type II Supporting Organizations			
		Particular State	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		1891-2	
Sect	the supported organization(s). on D. All Type III Supporting Organizations			
	on D. An Type in 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 pr	ior fax		5.99
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provide		010120-0009U	and a set of the con-
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			e car
	significant voice in the organization's investment policies and in directing the use of the organization's	147 A		કુ શિકુ જેવું
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		222) 	
	supported organizations played in this regard.	3		
Sect	ion 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	r (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government	nt entity (see instructions).		
~	Activities Test Annual (a) and (b) testand		Vac	No
	Activities Test. Answer (a) and (b) below.	2005 B. 2005 B. 2005	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes or the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the organization was responsive in res, then in ran violentity those supported organizations and explain how these activities directly furthered their exempt purposes,		$\gamma = 0$	
	how the organization was responsive to those supported organizations, and how the organization determine	France 101		\$2.1%月 於中心月
	that these activities constituted substantially all of its activities.	2a	an a	ane an an an tha sha sha sha sh
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mo	NO 1998 1998		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		(1)	
	reasons for the organization's position that its supported organization(s) would have engaged in these		13	
	activities but for the organization's involvement.	_2b		and story where the
		1.3 MEA	- a C 1 1 8 1 1 2 2 1 1	200 C 200

- 3 Parent of Supported Organizations. Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees the activities of the supported organizations? Provide details in Part VI. The polyage and appendix the polyage and activities of activities of the organization exercise a substantian degree of direction over the polyage and activities of activities of activities of the organization exercise as a substantian degree of direction over the polyage and activities of activities of activities of the organization exercise as a substantian degree of direction over the polyage and activities of activities of a substantian degree of direction over the polyage and activities of a substantian degree of direction over the polyage and activities of a substantian degree of direction over the polyage and activities of a substantian degree of direction over the polyage and activities of a substantian degree of direction over the polyage and activities of a substantian degree of direction over the polyage and activities of a substantian degree of direction over the polyage and activities of a substantian degree of direction over the polyage and activities of a substantian degree of direction over the polyage and activities of a substantian degree of direction over the polyage and activities of a substantian degree of direction over the polyage and activities over a substantian degree of direction over the polyage and activities over a substantian degree of direction over the polyage and activities over a substantian degree of direction over the polyage and activities over a substantian degree of direction over the polyage and activities over a substantian degree of direction over the polyage and activities over a substantian degree of direction over the polyage and activities over a substantian degree over a substantian
 - of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			
instructions. All other Type III non-functionally integrated supporting organization	s must com	plete Sections A through E	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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):	Rent Parts		
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			and the second design
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	- Hanning		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	10 17 1 1 1 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	
4 Enter greater of line 2 or line 3.	4	ALL PARTY OF THE REAL PROPERTY OF	
5 Income tax imposed in prior year	5	2条件 来非我们的关闭	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990 or 990-EZ) 2017

Secti	Type III Non-Functionally Integrated 509(a)(3) S on D - Distributions		, . <i>i</i> , . <i>i</i>	Current Year
	Amounts paid to supported organizations to accomplish exempt purpos	ses		
	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity	or supported		
	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
	Amounts paid to acquire exempt-use assets	iller organizationo		
	Qualified set-aside amounts (prior IRS approval required)		· · · · · · · · · · · ·	· · · ·
	Other distributions (describe in Part VI). See instructions.		· · · · · · · · · · · · · · · · · · ·	
	Total annual distributions. Add lines 1 through 6.		· · · · · · · · · · · · · · · · · · ·	
	Distributions to attentive supported organizations to which the organizations	tion is responsive		
	(provide details in Part VI). See instructions.	aton is responsive		
	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	$\sum_{\substack{i=1,\dots,n\\i=1,\dots,i}}^{n} \sum_{\substack{i=1,\dots,n\\i=1}}^{n} \sum_{i=1,\dots,n\\i=1$		
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			建筑依然是为近
	instructions.		and includes the same of the second state of the	State Mary
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
_C	From 2014		A	
d	From 2015			ELA ANTA
e	From 2016		1	
f	Total of lines 3a through e			S. B. Constr
g	Applied to underdistributions of prior years		New constants (1995) is not to be defined as a second state of the	Part State of Cart
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			Gen (3.545)
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			Charles State
4	Distributions for 2017 from			
	Section D, line 7: \$	$\sum_{i=1}^{n} (i \in \mathbb{R}^n) = \sum_{i=1}^{n} (i \in $		State Carline
а	Applied to underdistributions of prior years	and the second		
b	Applied to 2017 distributable amount		1999 (S. 1999)	
С	Remainder. Subtract lines 4a and 4b from 4.			10.3×12.52
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			<u> 1972 - S. A. A. A. A. A.</u> A.
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			a para se a companya da se a companya da companya da companya da companya da companya da companya da companya d
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.		这一般的主义的能力。	and the second
8	Breakdown of line 7:		Second International Contractor	
a	Excess from 2013	ent they destrict	3. 水小、水花·松林	Bet Provide
b	Excess from 2014	Set and the set	的 是什么好的"你们"。	M. MARINE SAN
	Excess from 2015		Service Medical	BARRAN AND AN
	Excess from 2016	1. 1. 1. 1. 1. 1. S.		Provide States
	Excess from 2017			Participation of the second

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Im 990 or 990-EZ) 2017Navicent Health Baldwin, Inc.82-3914925PagSupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; PartIII, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, SectionB, 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.)
	intes 2, 5, and 6. Also complete this part for any additional mormation. (See instructions.)
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	FOR PUBLIC INSPECTION

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

	OMB No. 1545-0047
	2017
ļ	Open to Public
ļ	Inspection

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

Employer identification n	number
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Part I. Organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, Inc 6. D) Finds well drive incounts 4 Aggregate value of contributions to (during year)	Na	avicent Health Baldwin, Inc.			82-3	3914925
1 Total number at end of year. 4 Aggregate value of contributions to (during year). 3 Aggregate value of contributions to (during year). 4 Aggregate value of contributions to (during year). 6 Ub the organization inform all donors advisors in writing that the assets held in donor advised 1 Munds and the organizations property, subject to the organizations and of the these and of the these and of the during of the organizations in writing that grant funds can be used 1 Of the organization property, subject to the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposet() of conservation Easements. 2 Complete If the organization nativersed "Yes" on Form 990, Part IV, line 7. 1 Purposet() of onservation canamits held by the organization in the organization assements? 2 Complete line 32 through 2d if the organization held a qualified conservation cancervation divise structure in the base day of the tax year. 2 Complete line 32 through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included in (a). 2 Number of conservation easements includes in (a) cancervation easements in contention, inspecting, handling o	1 10 x - MO2	rt I Organizations Maintaining Donor Advised Fu	nds o	r Other Similar Funds o	r Accoun	ts.
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only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 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 app). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural hebitat Preservation of a certified historic structure Preservation of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement to the lax year. 3 Total number of conservation easements 2a 2b 4 Total number of conservation easements included in (a) acquired after /72500, and not on a historic structure listed in the National Register 4 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, inspecting, handling of violations, and enforcing conservation easements during the year 6 Staff and voluncer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation						Yes No
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For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

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Using the organization's acquisition, accession collection items (check all that apply):	a, and other records, cheo	ck any of the foll	owing that are	a significant us	e of its	
Public exhibition		or exchange prog				
Scholarly research	e Other			• • • • • • • • • • • • • • • • • • • •	· · · · · · · ·	
Preservation for future generations						
Provide a description of the organization's colle XIII.	ections and explain how t	they further the c	organization's e	exempt purpose	e in Part	
During the year, did the organization solicit or r	oncine denotions of art	historical troasur	on or other sin	ailar		
assets to be sold to raise funds rather than to t						Yes
art IV Escrow and Custodial Arra		the organization	a concentring.	<u></u>		
Complete if the organization a		Form 990, Pa	rt IV, line 9,	or reported	an amo	ount on Form
990, Part X, line 21.						
Is the organization an agent, trustee, custodiar	n or other intermediary fo	r contributions o	r other assets r	not		
included on Form 990, Part X?						Yes
If "Yes," explain the arrangement in Part XIII ar	nd complete the following	g table:				
						Amount
Beginning balance					1c	
Additions during the year					1d	
Distributions during the year					1e	
Ending balance					1f	
Did the organization include an amount on For						
If "Yes," explain the arrangement in Part XIII. C	neck here if the explana	tion has been pr	ovided on Part	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Int V Endowment Funds.	newered "Vee" on F	Form 000 Bo	rt IV line 10			
Complete if the organization a			(c) Two years		nree years b	oack (e) Four years
Paulania dan shakara	(a) Current year	(b) Prior year	(c) Two years		nee years i	Jack (e) Four years
Beginning of year balance					· · ·	··
Contributions						
Net investment earnings, gains, and						
					<u> </u>	
Grants or scholarships						
Other expenditures for facilities and						
programs						
Administrative expenses						
End of year balance	t year and helence (line	1g. column (a))	held as:	I	••	
Provide the estimated percentage of the current Board designated or quasi-endowment		rg, column (a))	neiu as.			
Permanent endowment ► %						
Temporarily restricted endowment	%					
Temperatily reactioned endowinent						
The percentages on lines 2a 2h and 2c should			administered for	or the		
The percentages on lines 2a, 2b, and 2c shoul Are there endowment funds not in the possess	sion of the organization th	hat are neid and				Yes
Are there endowment funds not in the possess	sion of the organization th	hat are held and				·····
Are there endowment funds not in the possess organization by:	-					3a(i)
Are there endowment funds not in the possess organization by: (i) unrelated organizations						
Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations						3a(ii)
Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations	ions listed as required on	Schedule R?				3a(ii)
 Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organization 	ions listed as required on organization's endowmen	Schedule R?				3a(ii)
 Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organization 	ions listed as required on organization's endowmen	n Schedule R? nt funds.				3a(ii) 3b
Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the organization Land, Buildings, and Equip	ions listed as required on organization's endowmen	n Schedule R? nt funds.	<u>rt IV, line 11</u>		n 990, F	3a(ii) 3b
Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the organization Land, Buildings, and Equip Complete if the organization of	ions listed as required on organization's endowmen o ment. answered "Yes" on F	n Schedule R? <u>ht funds.</u> Form 990, Pa (b) Cost or c (othe	rt IV, line 11 ther basis er)	a. See Forn (c) Accumulai depreciatio	n 990, F	3a(ii) 3b Part X, line 10. (d) Book value
Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the organization art. VII Land, Buildings, and Equip Complete if the organization a Description of property	ions listed as required on organization's endowmen o ment. answered "Yes" on F (a) Cost or other basis	n Schedule R? <u>ht funds.</u> Form 990, Pa (b) Cost or c (othe	rt IV, line 11 other basis	a. See Forn (c) Accumulai depreciatio	n 990, F	3a(ii) 3b Part X, line 10. (d) Book value
Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the organization art VI Land, Buildings, and Equip Complete if the organization a Description of property	ions listed as required on organization's endowmen o ment. answered "Yes" on F (a) Cost or other basis	n Schedule R? nt funds. Form 990, Pa (b) Cost or c (othe 3	rt IV, line 11 ther basis er)	a. See Forn (c) Accumulai depreciatio	<u>n 990, F</u> ^{ed} n	3a(ii) 3b Part X, line 10. (d) Book value 395,
Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the organization art VI Land, Buildings, and Equip Complete if the organization a Description of property Land Buildings	ions listed as required on organization's endowmen o ment. answered "Yes" on F (a) Cost or other basis	n Schedule R? nt funds. Form 990, Pa (b) Cost or c (othe 3	rt IV, line 11 other basis er) 95,000	a. <u>See Forn</u> (c) Accumula depreciatio	<u>n 990, F</u> ^{ed} n	3a(ii) 3b Part X, line 10. (d) Book value 395,
Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the organization art.VI: Land, Buildings, and Equip Complete if the organization a Description of property Land Buildings Leasehold improvements	ions listed as required on organization's endowmen o ment. answered "Yes" on F (a) Cost or other basis	n Schedule R? t funds. Form 990, Pa (b) Cost or c (other 3 10, 3	rt IV, line 11 other basis er) 95,000	a. <u>See Forn</u> (c) Accumula depreciatio	n 990, F	3a(ii) 3b Part X, line 10. (d) Book value 395, 9,144,
Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations of If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the organization art VII Land, Buildings, and Equip Complete if the organization a Description of property	ions listed as required on organization's endowmen o ment. answered "Yes" on F (a) Cost or other basis	n Schedule R? t funds. Form 990, Pa (b) Cost or c (other 10, 3 4, 0	rt IV, line 11 sther basis er) 95,000 68,286	a. See Forn (c) Accumula depreciatio 1, 223	n 990, F	3a(ii) 3b Part X, line 10. (d) Book value 395, 9,144,

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Part VII	orm 990) 2017 Navicent Health Bald Investments—Other Securities.		82-3914925	Page
	Complete if the organization answered "Yes" o			
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of Cost or end-of-yea	
1) Financial of	······································		· · · · · · · · · · · · · · · · · · ·	
	ld equity interests			
3) Other				
(A)				·······
(B)	•••••••••••••••••••••••••••••••••••••••			
(C) (D)	•••••••••••••••••••••••••••••••••••••••			
(E)		•		
(F)				
(G)				
(H)			an dawar a say war fan ar san di salar warde. I say yydd strifer ar fel	
A COMPANY AND A	n (b) must equal Form 990, Part X, col. (B) line 12.)			$ \begin{array}{c} (2,2) \\ (2,2) $
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" o	n Form 000 Port IV/ li	no 110 Soo Form 000 B	art X lina 12
	(a) Description of investment	(b) Book value	(c) Method of	valuation:
		-	Cost or end-of-yea	r market value
<u>(1)</u>				
(2) (3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
(7)				
(8)				
(8) (9)	(h) must equal Form 000 Dart V. col. (D) line 12)			
(8) (9)	n (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.			
(8) (9) Fotal. (Columi	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, li		art X, line 15.
(8) (9) Total. (Columi Part IX	Other Assets. Complete if the organization answered "Yes" o (a) Description			art X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1)	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivab			art X, line 15. (b) Book value 10, 183, 98
(8) (9) Fotal. (Column Pant IX (1) (2)	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivable Other Receivables	les		rart X, line 15. (b) Book value 10, 183, 98 339, 45
(8) (9) Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivab	les		rart X, line 15. (b) Book value 10, 183, 98 339, 45
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(8) (9) Fotal. (Column Part 1X (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivable Other Receivables	les		rart X, line 15. (b) Book value 10, 183, 98 339, 45
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivable Other Receivables	les		rart X, line 15. (b) Book value 10, 183, 98 339, 45
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(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivable Other Receivables	les		art X, line 15.
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" of the organization answered "Yes" or the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" or the organization answered "Yes	les Settlements	ne 11d. See Form 990, P	Part X, line 15. (b) Book value 10, 183, 98 339, 45 326, 15 10, 849, 59
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(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivable Other Receivables Estimated Third Party (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25.	les Settlements n Form 990, Part IV, li	ne 11d. See Form 990, P	Part X, line 15. (b) Book value 10, 183, 98 339, 45 326, 15 10, 849, 59
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivable Other Receivables Estimated Third Party (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability	les Settlements n Form 990, Part IV, li	ne 11d. See Form 990, P	Part X, line 15. (b) Book value 10, 183, 98 339, 45 326, 15 10, 849, 59
(8) (9) fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) fotal. (Column Part X - (1) Federal (2) Due t	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivable Other Receivables Estimated Third Party (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability income taxes	Les Settlements n Form 990, Part IV, li	ne 11d. See Form 990, P	Part X, line 15. (b) Book value 10, 183, 98 339, 45 326, 15 10, 849, 59
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) Due t (3) (4)	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivable Other Receivables Estimated Third Party (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability income taxes	Les Settlements n Form 990, Part IV, li	ne 11d. See Form 990, P	Part X, line 15. (b) Book value 10, 183, 98 339, 45 326, 15 10, 849, 59
(8) (9) Total. (Column Part 1X (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) Due t (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivable Other Receivables Estimated Third Party (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability income taxes	Les Settlements n Form 990, Part IV, li	ne 11d. See Form 990, P	Part X, line 15. (b) Book value 10, 183, 98 339, 45 326, 15 10, 849, 59
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (9) Total. (Column (1) Federal (2) Due t (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivable Other Receivables Estimated Third Party (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability income taxes	Les Settlements n Form 990, Part IV, li	ne 11d. See Form 990, P	Part X, line 15. (b) Book value 10, 183, 98 339, 45 326, 15 10, 849, 59
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(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) Due t (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" o (a) Description Intercompany Receivable Other Receivables Estimated Third Party (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability income taxes O Navicent Health	Les Settlements n Form 990, Part IV, li	ne 11d. See Form 990, P	Part X, line 15. (b) Book value 10, 183, 98 339, 45 326, 15 10, 849, 59

Part XI Reconciliation of Revenue per Audited Financial S	Inc. 82-	- <u>3914925</u>	Page 4
Complete if the organization answered "Yes" on Form		ue per return.	
1 Total revenue, gains, and other support per audited financial statements		1	····
 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	•••••••••••••••••••••••••••••••••••••••		
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.)			
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 S			
Complete if the organization answered "Yes" on Form		•	
		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	20		
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)	2d	\$\$V(%)	
e Add lines 2a through 2d			
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		<u>4c</u>	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10	3.)	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; Pa	rt 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 inform:	ation.	
	orovide any additional informa		
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Schedule D (Form 990) 2017 Navicent Health Bal Part XIII Supplemental Information (continued)	dwin,	Inc.	82-3914925	Page 5
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sc⊦	IEDULE H		F	lospitals		OME	3 No. 1	545-0047	,
(For	m 990)	Complete if t		wered "Yes" on Form 9	90, Part IV, question	20.	20	17	
Depart	► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.								lic
	I Revenue Service	GO LO WA	w.irs.gov/Form990			ployer identification nu		ction	
Name	-	icent Healt	h Polduin	The		2-3914925	IDCI		
Pa				munity Benefits at		2 3914923			
ALC: NO				indinty Dononto ut				Yes	No
1a	Did the organization have a	financial assistance	policy during the tax y	vear? If "No," skip to que	stion 6a	Γ	1a	Х	
b	If "Yes," was it a written pol	iou?					1b	Х	
2	If the organization had mult	· · · · · · · · · · · · · · · · · · ·							
	the financial assistance pol			-					
	X Applied uniformly to all	hospital facilities	Applied unifo	rmly to most hospital fac	ilities				
	Generally tailored to inc	lividual hospital facilit	ies						
3	Answer the following based	on the financial assis	tance eligibility criter	ia that applied to the larg	est number of				
	the organization's patients of	during the tax year.							
а	Did the organization use Fe	deral Poverty Guideli	nes (FPG) as a facto	r in determining eligibility	for providing	0. 1 1 1 1 1	Contraction Contraction Contraction		
	free care? If "Yes," indicate				/ for free care:		3a	X	
	100% 150		L	r_ <u>125</u> %					
b	Did the organization use FF			-	? If "Yes,"	i.e	1999 - 1999 1999 - 1999 1999 - 1999	िति तिहासि र र	N BRAN
	indicate which of the followi	· · · · · · · · · · · · · · · · · · ·		r~-1	<u>षि २</u> ०	70%	3b	X	
	200% 250	· 🔟			X Other 2	<u>/0</u> %			
С	If the organization used fac								
	for determining eligibility for					5 			
	an asset test or other thresh	noid, regardless of ind	come, as a factor in d	letermining enginity for t					
4	discounted care. Did the organization's finan	cial assistance policy	that applied to the la	rgest number of its natie	nts during the				
-	tax year provide for free or				nto during the		4	Х	
5a	Did the organization budget			• • • • • • • • • • • • • • • • • • • •	sistance policy during	the tax year?	5a	Х	
b	If "Yes," did the organizatio	n's financial assistanc	e expenses exceed t	the budgeted amount?			5b		X
C	If "Yes" to line 5b, as a resu	It of budget consider	ations, was the organ	ization unable to provide	free or				
	discounted care to a patien						5c		
	Did the organization prepar			x year?			<u>6a</u>	<u> </u>	X
b	If "Yes," did the organizatio						6b	der Stall	<u>লি চেল্লি</u> ৰ
	Complete the following tabl	-	ts provided in the Sch	hedule H instructions. Do	not submit		1		
	these worksheets with the		it. Depetite et Cent			Ř		\$1.53E	<u>11.003</u>
_7	Financial Assistance and C Financial Assistance and	(a) Number of	(b) Persons	(c) Total community	(d) Direct offsetting	(e) Net community		(f) Perci	ent
Mear	is-Tested Government Program	s activities or programs (optional)	served (optional)	benefit expense	revenue	benefit expense		of tota expens	
	-								
а	Financial Assistance at cost (from			1,091,054		1,091,05	54	2	.07
b	Worksheet 1) Medicaid (from Worksheet 3, column a			1,001,004					• • •
ų	איטעיטעמיט איטראאופפרט, טטעוווא ז	<i>y</i>		7,555,262	6,131,785	1,423,47	17	2	.70
С	Costs of other means-tested								
	government programs (from			67,396	43,626	23,77	70	0	.05
d	Worksheet 3, column b)				45,020	2371			
u	Means-Tested Government Program	ns		0 712 712	6,175,411	2,538,30	71	٨	.82
				8,713,712	0,173,411	2;550;50			.02
•	Other Benefits								
e	Community health improvement services and community benefit								
	operations (from Worksheet 4)						-0	0	.00
f	Health professions education		1					Ω	.00
~	(from Worksheet 5)	-					+	0	.00
g	Worksheet 6)						0	0	.00
h	Research (from Worksheet 7)						0	0	.00
i	Cash and in-kind contributions								
	for community benefit (from Worksheet 8)						ъ	0	.00
i	Total, Other L efits		BLIC		PECI		0		.00

Total. Add lines 7d and 7j For Paperwork Reduction Act Notice, see the Instructions for Form 990.

k

4.82

2,538,301

6,175,411

8,713,712

Schedule H (Fo	rm 990) 2017 Nav	icent Hea	lth Baldwi	ln, Inc.	82-	39149	925			F	age 2
Part II	Community Bui	ilding Activitie	s Complete this	table if the organiz	ation cond	ucted a	iny col	mmunity k	build		
	activities during f	the tax year, ar	nd describe in Pa	art VI how its comm	nunity build	ing acti	vities (promoted	the		
······································	health of the con	nmunities it ser	ves.	·····	1			·	_ _		
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct o reven	-		Net community uilding expense		(f) Perce total exp	
1 Physical impr	ovements and housing	(optional)					+		0	(00.00
2 Economic de					+		-		0		0.00
3 Community s	support								0	(0.00
4 Environment	al improvements								0		0.00
5 Leadership de for communit	evelopment and training y members								0	(0.00
6 Coalition bui	Iding								0		0.00
7 Community I	ealth improvement advocacy								0	(0.00
8 Workforce d	evelopment						<u> </u>		0		0.00
9 Other									0).00
10 Total				<u>]</u>				·····	0	(0.00
Part III	Bad Debt, Medi	care, & Collec	tion Practices	····						Yes	No
	ad Debt Expense	laht avnanga in an	eardance with Haalt	hcare Financial Manage	mont Accori	ation Sta	tomont	No. 152	1	105	X
	amount of the organiza				entent Associ	alion Sla	tement	NO. 157			
	ogy used by the organiz					2	8,	277,002			
	estimated amount of th				• • • • • • • • • • • • •		·•	· · · ·			
	ligible under the organi	-									÷.
methodol	ogy used by the organiz	zation to estimate	this amount and the	rationale, if any,							
for includ	ing this portion of bad d	lebt as community	benefit		<i>.</i> 	3					
			-	statements that descril							19 () 14 ()
-		which this footnote	e is contained in the	attached financial state	ements.						
Section B. M							12	946,691	e.		5
	al revenue received fron dicare allowable costs o	•	-		<u> </u>		283,578				
	line 6 from line 5. This i		1 (<i>I</i> . (I)			7		663,113			See.
				hould be treated as con							
				ed to determine the amo							
on line 6.	Check the box that des	scribes the method	d used:							19 X 4	
Cost	accounting system	X Cost to charge	e ratio 🔄 Other								
	ollection Practices			_							学会社
	rganization have a writt								9a	<u> </u>	<u> </u>
b If "Yes," (lid the organization's co	followed for patien	t applied to the large	est number of its patient qualify for financial ass	s during the t sistance? Des	ax year c scribe in l	ontain p Part VI	provisions	9b	X	
RartIV			and a second	6 (owned 10% or more by officer							1
and the stand watched and the	a) Name of entity		(b) Descripti	ion of primary		(c) Organi	zation's	(d) Officers, dire	ctors,	(e) Phys	
			activity	ofentity		profit % c owners		trustees, or k employees' pro	•	profit % c owners	
. <u></u>								or stock owners			
1											
2											
3											
4			· · · · · · · · · · · · · · · · · · ·	·····							
5	· · · · · · · · · · · · · · · · · · ·		·	······································						<u>.</u>	
<u>6</u> 7									-+		
8				<u></u>	·····						
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10											
11											
12					• <u> </u>				_		
13	FOR		$\mathbf{X}\mathbf{T}\mathbf{T}\mathbf{\Gamma}$	<u>I NS</u>	$\mathbf{P}\mathbf{F}$				1		
				, T T I F			┻┛	ch	un H	(Form 99	0) 2017

Schedule H (Form 990) 2017 Navicent Health Balo Part V Facility Information	dw:	in		Ind	<u>.</u>		<u> </u>		82-3914925	Page 3
Section A. Hospital Facilities	۲.	ច្ច	ç	a	9	R	щ	щ		1
(list in order of size, from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year?	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other		
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)		surgical			oital				Olher (describe)	Facility reporting group
1 Navicent Health Baldwin										
821 N Cobb Street Milledegeville GA										
005-727	X	X					X			
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Schedule H (Form 990) 2017 Navicent Health Baldwin, Inc. 82-3914925	Page 4
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 Navicent Health Baldwin	
Line number of hospital facility, or line numbers of hospital	
facilities in a facility reporting group (from Part V, Section A): 1	
	Yes No
Community Health Needs Assessment	
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the	
current tax year or the immediately preceding tax year?	<u>1 X</u>
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 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a	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 A definition of the community served by the hospital facility	
b Demographics of the community	
c Existing health care facilities and resources within the community that are available to respond to the	月日 11月1日日
health needs of the community	
d 🔄 How data was obtained	
e The significant health needs of the community	
f [] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,	
and minority groups	
g The process for identifying and prioritizing community health needs and services to meet the community health needs	
h D The process for consulting with persons representing the community's interests	
i The impact of any actions taken to address the significant health needs identified in the hospital	
facility's prior CHNA(s)	
j Other (describe in Section C)	
4 Indicate the tax year the hospital facility last conducted a CHNA: 20	
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	E
persons who represent the community, and identify the persons the hospital facility consulted 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	5
	6a
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
7 Did the hospital facility make its CHNA report widely available to the public?	7
If "Yes," indicate how the CHNA report was made widely available (check all that apply):	
a Hospital facility's website (list url):	
b Other website (list url):	
c Made a paper copy available for public inspection without charge at the hospital facility	
 d [_] Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs 	
identified through its most recently conducted CHNA? If "No," skip to line 11	8
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20	
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10
a If "Yes," (list url):	
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	
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 be 1 (a) d morganization fle florm 72D to refort fe section 4959 entist @? TO ET COM T	
b If "Yes" to per 1 (a did the organizatio) if a florin 72) to report the section 4959 excise as D.F. C. If "Yes" to the 125 when is the totar amount of occilion 4959 excise tax the organization reported on Firm	
4720 for all of its hospital facilities?	

Schedule H (Form 990) 201	Sched	lule H	(Form	990)	201
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15176NHBALD	
Schedule H (Form 990) 2017 Navicent Health Baldwin, Inc. 82-3914925	Page 5
Part V Facility Information (continued)	
Financial Assistance Policy (FAP)	
Name of hospital facility or letter of facility reporting group <u>Navicent Health Baldwin</u>	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? 	Contraction of the second s
If "Yes," indicate the eligibility criteria explained in the FAP:	
a \overline{X} Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 %	
and FPG family income limit for eligibility for discounted care of 270 %	
b Income level other than FPG (describe in Section C)	
c 🗌 Asset level	
d 🔀 Medical indigency	
e X Insurance status	
f X Underinsurance status	
g 🛄 Residency	
h Other (describe in Section C)	
14 Explained the basis for calculating amounts charged to patients?	14 X
15 Explained the method for applying for financial assistance?	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying	
instructions) explained the method for applying for financial assistance (check all that apply):	
a X Described the information the hospital facility may require an individual to provide as part of his or her	
application	
b X Described the supporting documentation the hospital facility may require an individual to submit as part	
of his or her application c 🔀 Provided the contact information of hospital facility staff who can provide an individual with information	24
c X Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process	
d Provided the contact information of nonprofit organizations or government agencies that may be	
sources of assistance with FAP applications	
e Other (describe in Section C)	
16 Was widely publicized within the community served by the hospital facility?	16 X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	
\mathbf{a} X The FAP was widely available on a website (list url): www.navicenthealth.org	
b X The FAP application form was widely available on a website (list url): www.navicenthealth.org	
c X A plain language summary of the FAP was widely available on a website (list url): www.navicenthealth.org	
d X The FAP was available upon request and without charge (in public locations in the hospital facility and	
by mail)	
e X The FAP application form was available upon request and without charge (in public locations in the	
hospital facility and by mail)	
f 🔀 A plain language summary of the FAP was available upon request and without charge (in public	
locations in the hospital facility and by mail)	
${f g}$ $ig X$ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of	
the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via	
conspicuous public displays or other measures reasonably calculated to attract patients' attention	
h $ X $ Notified members of the community who are most likely to require financial assistance about availability	
of the FAP	
i X The FAP, FAP application form, and plain language summary of the FAP were translated into the	
primary language(s) spoken by LEP populations	
j Other (describe in Section C)	《公司》 3.66-56-66

Schedule H (Form 990) 2017

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Sche	dule H (Form 990) 2017 Navicent Health Baldwin, Inc. 82-3914925	P	age 6
_ P a	The Facility Information (continued)		
	ng and Collections		
Nam	e of hospital facility or letter of facility reporting group <u>Navicent Health Baldwin</u>		
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?	Yes	<u>No</u>
18 a b c d e f	 Selling an individual's debt to another party 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 Actions that require a legal or judicial process 		
19 a b c d e 20 a	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	19	X
b c d e f	 FAP at least 30 days before initiating those ECAs Made a reasonable effort to orally notify individuals about the FAP and FAP application process Processed incomplete and complete FAP applications Made presumptive eligibility determinations Other (describe in Section C) None of these efforts were made 		
	cy Relating to Emergency Medical Care	·····	
21 a	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?	<u>21 X</u>	
a b c	The hospital facility's policy was not in writing		

FOR PUBLIC INSPECTION

Schedule H (Form 990) 2017

d [

Other (describe in Section C)

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If "Yes," explain in Section C.

Schedule H (Form 990) 2017 Navicent Health Baldwin, Inc. 82-391492	2.5 Page 7
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 Navicent Health Baldwin	
	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 X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service	는 것 같은 것 같은 물일을 했다. 2014년 1월 1994년 1월 19
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	이라. 전체 전체 전체 전체 전체 전체 2017년 1월 2017년 1월
all private health insurers that pay claims to the hospital facility during a prior 12-month period	19월 20일 - 1 19월 20일 - 19월 20일 - 1 19월 20일 - 19월 20일 - 1 19월 20일 - 19월 20일 - 1 19월 20일 - 19월 20일 - 1 19월 20일 - 19월 20일 - 19 19월 20일 - 19월 20일 - 19 19월 20일 - 19월 20] - 198
c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in	지 않는 것이 있는 것이 있는 것이 있다. 것이 있는 것이 있다. 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 없는 것이 않는 것이 없는 것이 것이 없는 것이 있는 것이 없는 것이 없는 것이 없는 것이 않는 것이 없는 것이 않이
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?

Schedule H (Form 990) 2017

24

Schedule H (Form 990) 2017 Navicent Health Baldwin, Inc. 82-3914925 Page 8 Part V. Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
Facility 1, Navicent Health Baldwin - Part V, Line 2
Navicent Health Baldwin was incorporated on December 14, 2017. It was
organized to acquire the assets and to operate a 140-bed nonprofit hospital
in Milledgeville, Georgia. The previous operator declared bankruptcy.
As a newly formed enitiy and newly licensed hospital facility, the
organization is not required to have conducted a Community Health Needs
Assessment for fiscal year ended September 30, 2018.
FOR PUBLIC INSPECTION

15176NHBALD			
Schedule H (Form 990) 2017 Navicent Health Bal	dwin, Inc.	82-3914925	Page 9
Part V Facility Information (continued)			
Section D. Other Health Care Facilities That Are Not Lice (list in order of size, from largest to smallest)	nsed, Registered, or S	Similarly Recognized as a Hospital	Facility
How many non-hospital health care facilities did the organization opera	ate during the tax year?	0	
Name and address	Type of Facility (descri	ibe)	
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Schedule H (Form 990) 2017	Navicent Heal	th Baldwin,	Inc.	82-3914925	Page 10
Part VI Supplen Provide the following inform	nental Information		· · · ·		,
_		equired for Part I, lines	3c, 6a, and 7; P	art II and Part III, lines 2, 3, 4, 8 and	
9b. 2 Needs assessment	. Describe how the organizatio	n assesses the health	care needs of the	e communities it serves, in addition to	
any CHNAs reported	d in Part V, Section B.			nd educates patients and persons	
who may be billed fo	or patient care about their eligib	ility for assistance und		or local government programs or	
4 Community inform	on's financial assistance policy ation. Describe the community		es, taking into ac	count the geographic area and	
demographic consti 5 Promotion of com		er information importa	nt to describing h	ow the organization's hospital facilities or	
other health care fac board, use of surplu		se by promoting the he	alth of the comm	unity (e.g., open medical staff, community	
6 · Affiliated health ca			-	n, describe the respective roles of the	
7 State filing of com	munity benefit report. If applic community benefit report.			rganization, or a related	
-			т 	- +	
	e 6a - Related (<u>Jrganizatio</u>	<u>n intorma</u>		, .
Navicent Hea	alth	·			, , , , `
	······································			· · · · · · · · · · · · · · · · · · ·	
Part I, Line	27, Column (f)	- Exclusio	ns from H	Percent of Total Expe	nse
Bad debt exp	oense of \$8,277,	,002 is exc	luded fro	om total expenses. Fo	<u>r both</u>
<u>audit</u> and ta	ax purposes, bad	<u>d debt expe</u>	<u>nse is ar</u>	<u>n offset in determini</u>	<u>ng net</u>
patient reve	enue.				
Part I, Line	e 7 - Costing Me	ethodology	Explanati	lon	
The organiza	ation uses the a	<u>cost-to-cha</u>	<u>rge ratio</u>	<u>calculated using Wo</u>	<u>rksheet 2</u>
	990 Schedule H	Instructio	ns.		
Part III, L	ine 2 – Bad Debt	t Expense M	ethodolog	Т	
Bad debts re	epresent patient	<u>t charges w</u>	<u>ritten of</u>	ff that not paid by t	<u>hird-</u>
party_insura	ance, government	t programs,	patient	payments or otherwis	e written
	ne hospital's F				
			· · · · · · · · · · · · · · · · · · ·		
Part III, L:	ine 4 - Bad Deb'	t Expense F	<u>ootnote</u> t	co Financial Statemen	ts
					dule H (Form 990) 2017
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15176N	BALD
Schee	ule H (Form 990) 2017 Navicent Health Baldwin, Inc. 82-3914925 Page 10
Pa	t VI Supplemental Information
Provi	e 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 experimentation of the
4	under the organization's financial assistance policy. Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
5	Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or
	other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
6	Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the
7	organization and its affiliates in promoting the health of the communities served. State filing of community benefit report. If applicable, identify all states with which the organization, or a related
	organization, files a community benefit report.
<u> </u>	ne allowance for uncollectible accounts is based upon management's
<u>a</u>	ssessment of historical and expected net collections, considering business
<u>a</u>	nd economic conditions, trends in health care coverage, and other
C	ollection indicators. Periodically management assesses the adequacy of the
<u>a</u>	llowance for uncollectible accounts based upon historical write-off
<u> </u>	sperience by category. The results of this review are then used to make
<u>a</u>	ny modifications to the provision for bad debts to establish an
<u>a</u>	opropriate allowance for uncollectible accounts. Navicent Health's
a	llowance for doubtful accounts for self-pay patients was 96% and 98% of
S	elf-pay accounts receivable at September 30, 2018 and 2017, respectively.
P	art III, Line 8 - Medicare Explanation
	edicare allowable costs are computed in accordance with cost reporting
m	ethodologies utilized on the Medicare Cost Report and in accordance with
r	elated regulations. Indirect costs are allocated to direct service areas
<u>u</u>	sing the most appropriate statistical basis.

Part III, Line 9b - Collection Practices Explanation

Schedule H (Form 990) 2017 Navicent Health Baldwin, Inc. 8 Part VI Supplemental Information	2-3914925 Page 10
Provide the following information.	
1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and F	art III, lines 2, 3, 4, 8 and
 9b. 2 Needs assessment. Describe how the organization assesses the health care needs of the communiany CHNAs reported in Part V, Section B. 	es it serves, in addition to
3 Patient education of eligibility for assistance. Describe how the organization informs and educate who may be billed for patient care about their eligibility for assistance under federal, state, or local go	
 under the organization's financial assistance policy. Community information. Describe the community the organization serves, taking into account the g demographic constituents it serves. 	eographic area and
5 Promotion of community health. Provide any other information important to describing how the orgother health care facilities further its exempt purpose by promoting the health of the community (e.g., board, use of surplus funds, etc.).	
6 Affiliated health care system. If the organization is part of an affiliated health care system, describe 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 organization, files a community benefit report.	, or a related
Patients are notified of the organization's Financi	al
Assistance Policy prior to discharge. Each billing	
statement contains a conspicuous notice that finance	ial
assistance is available to individuals that qualify	. Once
a patient is determined to qualify for financial	
assistance, it is noted in the patient's financial	record
and all collection efforts cease. Any amounts prev	iously
billed are written-off and any excess amounts colle	cted
are refunded as provided by the Financial Assistanc	e
Policy.	<u> </u>
The Assistant Vice President of Revenue Cycle revie	WS
financial activity on acconts receivable to determa	ne if
an account should be turned over to outside collect	ions.
If a patient account that has been turned over for	
collections is later determined to qualify for fina	ncial
assistance, the account is returned to the hospital	and
prompltly written-off.	

15176NH	BALD				
	ule H (Form 990) 2017 Navicen	t Health Baldwi	n, Inc.	82-3914925	Page 10
	e the following information.			······	
1	Required descriptions. Provide the d	descriptions required for Part I, I	nes 3c, 6a, and 7;	Part II and Part III, lines 2, 3, 4, 8 and	
2	9b. Needs assessment. Describe how the	e organization assesses the he	alth care needs of t	ne communities it serves, in addition to	
3	any CHNAs reported in Part V, Section Patient education of eligibility for as	n B.			
	who may be billed for patient care abo under the organization's financial assis	out their eligibility for assistance			
4	Community information. Describe th	• •	erves, taking into a	ccount the geographic area and	
5			-	how the organization's hospital facilities or	
	other health care facilities further its ex board, use of surplus funds, etc.).	kempt purpose by promoting the	health of the com	nunity (e.g., open medical staff, community	
6	Affiliated health care system. If the corganization and its affiliates in promotion			m, describe the respective roles of the	
7	State filing of community benefit reported organization, files a community benefit	port. If applicable, identify all st		organization, or a related	
P			of Fligib	ility for Assistance	
		1 OI AVAIIADIE I	<u>inancial</u>	assistance through th	3
<u></u>	ollowing methods:				
_1	<u>Patients are noti</u>	fied upon admiss	ion and a	re offered a plain la	nguage
SI	ummary of the FAP at	t that time,			
_ 2	Signage throughout	<u>t the facility r</u>	<u>otifies p</u>	atients and visitors	of the
<u>a</u>	vailabiltiy of finar	ncial assistance	and of t	he FAP at all access	points.
3	Billing statements	<u>s contain a cons</u>	picuous c	omment to contact the	business
0	ffice to appyly for	financial assis	tance.		
4	Our website notif:	ies visistors of	<u>availabl</u>	e financial assistanc	e. The
F2	AP, a plan language	summary of the	FAp and t	he application to app	ly for
	ssistance is availab				
				P and the application	are
	ranslated into Span				
<u> </u>	Lanstated Into Span	1511.	· · · · · · · · · · · · · · · · · · ·		
				<u></u>	
	art VI, Line 4 - Cor			<u></u>	
<u>N</u>	avicent Health Baldw	win is located i	<u>n Milledg</u>	eville which is the co	ounty
S	eat of Balwin County	y, Georgia. The	hospital	serves the 135,493 res	sidents Jule H (Form 990) 2017

FOR PUBLIC INSPECTION

Schedule H (Form 990) 2017		82-3914925 Page *
Part VI Suppler	mental Information	
-	ions. 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 assessmen	nt. Describe how the organization assesses the health care needs of the	he communities it serves, in addition to
any CHNAs reporte	ed in Part V, Section B. of eligibility for assistance. Describe how the organization informs a	
who may be billed for	for patient care about their eligibility for assistance under federal, state tion's financial assistance policy.	
	nation. Describe the community the organization serves, taking into a	ccount the geographic area and
5 Promotion of com	munity health. Provide any other information important to describing	
board, use of surplu		
organization and its	are system. If the organization is part of an affiliated health care syste s affiliates in promoting the health of the communities served.	
	munity benefit report. If applicable, identify all states with which the community benefit report.	organization, or a related
living in th	he 7-county service area which inc	ludes Baldwin, Greene,
Hancock, Jas	sper, Putnam, Washington and Wilki	nson Counties.
Part VI, Lin	ne 6 – Affiliated Health Care Syst	em
The organiza	ation is a member of the Navicent	Health, Inc. Navicent Health
is the pare	nt organization of a multi-entity	healthcare system of
<u>organizatio</u>	ns serving the central Georgia reg	ion. The system includes:
1) Medical (Center of Central Georgia, Inc., a	637-bed general short term
acute care	facility that is designated as a L	evel 1 trauma center and
magnet hosp	ital for nursing.	
2) Medical (Center of Peach County, a 25-bed c	ritical access hospital
serving the	residents of Peach County, Georgi	a
3) Health Se	ervices of Central Georgia, Inc. p	provides faculty to the
residency t:	raining programs of the Medical Ce	enter of Central Georgia, as
	er physicians, nurse practitioners	
	the central Georgia region.	
	Georgia Senior Health operates a c	continuing care retirement
	hat offers independent living, ass	
_	R PUBLIC TNS	Schedule H (Form 990) 24

Schedule H (Form 990) 2017 Navicent Health Baldwin, Inc. 82-3914925 Part VI Supplemental Information	Page 10
Provide the following information.	
 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 	I
9b.	
2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition t any CHNAs reported in Part V, Section B.	.0
9 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for actions to be the initial formation 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 other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community care facilities for the staff) and the staff.	
 board, use of surplus funds, etc.). Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the 	е
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.	
and skilled nursing.	
5) Medcen Foundation provides fundraising and financial support	for the
system.	
6) Central Georgia Rehabilitation Hospital, LLC is a disregard	ed entity
owned by Navicent Health operating a nonprofit rehabilitation h	ospital.
	· · · · · · · · · · · · · · · · · · ·
<u>Part VI, Line 7 - State Filing of Community Benefit Report</u>	
Georgia	·
	,,
	<u></u>
FOR PUBLIC INSPECTIO	Schedule H (Form 990) 2017
TOV LODITO INDLECIIO	JIN

SCHEDULE J	0	Compensation Information		OMB No.	1545-0047				
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest							
, , , , , , , , , , , , , , , , , , ,	Complete if the o	Compensated Employees rganization answered "Yes" on Form 990, Part IV,	line 23		17				
Department of the Treasury		Attach to Form 990.	ine 25.	- P.C	o Public				
nternal Revenue Service	►Go to www.irs.g	ov/Form990 for instructions and the latest inform	ation.	insp	ection				
lame of the organization		The state of the state	Employer identifie						
	Navicent Health B		82-3914	925					
	ns Regarding Compensation				Yes No				
1a Check the appropriate	e box(es) if the organization provide	ed any of the following to or for a person listed on For	'n						
••••	., .	wide any relevant information regarding these items.							
First-class or cha	•	Housing allowance or residence for persor	nal use						
Travel for compar	nions	Payments for business use of personal res	sidence						
Tax indemnification	on and gross-up payments	Health or social club dues or initiation fees							
Discretionary spe	ending account	Personal services (such as, maid, chauffe	ur, chef)						
•	-	nization follow a written policy regarding payment scribed above? If "No," complete Part III to							
	•			1b					
слріаш 		•••••••••••••••••••••••••••••••••••••••							
2 Did the organization r	require substantiation prior to reimb	oursing or allowing expenses incurred by all							
-		cutive Director, regarding the items checked in line							
1a?				2					
•		tion used to establish the compensation of the							
-		oply. Do not check any boxes for methods used by a							
	•	EO/Executive Director, but explain in Part III.							
Compensation co	ommittee	Written employment contract							
Form 990 of othe		Approval by the board or compensation co	ommittee						
	l organizations								
4 During the year, did a	any person listed on Form 990, Par	t VII, Section A, line 1a, with respect to the filing							
organization or a rela	• •	· · · · · · ·							
	payment or change-of-control pay				<u> </u>				
b Participate in, or rece	eive payment from, a supplemental	nonqualified retirement plan?		<u>4b</u>	X				
		compensation arrangement?		4c	Σ				
If "Yes" to any of line	s 4a–c, list the persons and provide	e the applicable amounts for each item in Part III.							
Only section 501/a)/	(2) $E01(a)(4)$ and $E01(a)(20)$ area	nizations must complete lines 5–9.							
		a 1a, did the organization pay or accrue any							
	gent on the revenues of:	, and the organization pay of accide any							
a The organization?	•			5a	Σ				
b Any related organizat	(t 0			56	Σ				
If "Yes" on line 5a or	5b, describe in Part III.								
-		e 1a, did the organization pay or accrue any							
	gent on the net earnings of:								
a The organization?					<u>}</u>				
If "Yee" on line 62 or	6b, describe in Part III.								
	oo, acovino in rait iii,								
7 For persons listed on	Form 990, Part VII, Section A. line	e 1a, did the organization provide any nonfixed							
		cribe in Part III		7	<u>></u>				
		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	2				
- 1610.6									
	-	buttable presumption procedure described in							
Regulations section	53.4958-6(C)?	· · · · · · · · · · · · · · · · · · ·	<u> </u>	9	I				

Schedule J (Form 990) 2017 Navicent Health Baldwin, Inc.

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.

	(B) Breakdown of				(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
(i)	0	0	C	0	0	0	
(ii)	543,028	127,660	824	35,918	9,218	716,648	
0	0	0		0	0	0	
(ii)	439,371	76,434	1,052	78,001	22,776	617,634	
[0]	0	0		0	0	0	
(ii)	314,438	73,144	113,028	216,081	0	716,691	
0	0	0	C	0	0	0	
(ii)	155,713	0	18,063	4,425	22,124	200,325	
(i)							
(ii)							
()							
(ii)							
(i)							
(ii)							
(i)							
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(ii) [.]		••••••	•••••••••		• • • • • • • • • • • • • • • • • • • •		
(i)							
(ii)			· · · · · · · · · · · · · · · · · · ·				
(i)			· · · · · · · · · · · · · · · · · · ·				
(ii)	••••••••••••••••••••••				,		
(i)		······································					h
(iii)							,
· · · · ·		(i) Base compensation (i)	(i) Base compensation (ii) Eonus & incentive compensation (i) 0 0 (ii) 543,028 127,660 (i) 0 0 (ii) 439,371 76,434 (i) 0 0 (ii) 314,438 73,144 (i) 0 0 (ii) 155,713 0 (ii) 155,713 0 (ii) 155,713 0 (ii) 1 1 (ii) 1 1 (iii) 1 1 (ii) 1 1 (iii) 1	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation (i) 0 0 0 (ii) 543,028 127,660 824 (ii) 0 0 0 (iii) 439,371 76,434 1,052 (ii) 0 0 0 (iii) 0 0 0 (iiii) 0 0	(i) Base compensation (ii) Borus & incentive compensation (iii) other compensation other deferred compensation (i) 0 0 0 0 0 (ii) 543,028 127,660 824 35,918 (i) 0 0 0 0 0 (iii) 439,371 76,434 1,052 78,001 (i) 0 0 0 0 0 (iii) 314,438 73,144 113,028 216,081 (iii) 0 0 0 0 0 (iii) 155,713 0 18,063 4,425 (iii) 0 0 0 0 0 (iii) 0 0 0 0 0 0 (iii) 0 0 0 0 0 0 0 (iii) 0 0 0 0 0 0 0 0 0 0 0 0 0 <	0) Base compensation (ii) Borus & Incentive compensation (iii) Other reportable compensation other defined compensation benefits 0) 0 </td <td>(f) Base compensation (fill Bone & incention compensation other reportable compensation other referred compensation benefits (B)()-(D) (f) 0 0 0 0 0 0 0 0 (f) 543,028 127,660 824 35,918 9,218 716,648 (f) 0 0 0 0 0 0 0 (f) 439,371 76,434 1,052 78,001 22,776 617,634 (f) 0 0 0 0 0 0 0 0 (f) 0</td>	(f) Base compensation (fill Bone & incention compensation other reportable compensation other referred compensation benefits (B)()-(D) (f) 0 0 0 0 0 0 0 0 (f) 543,028 127,660 824 35,918 9,218 716,648 (f) 0 0 0 0 0 0 0 (f) 439,371 76,434 1,052 78,001 22,776 617,634 (f) 0 0 0 0 0 0 0 0 (f) 0

Schedule J (Form 990) 2017

Page 2

82-3914925

Schedule J (Form 990) 2017 Navicent Health Baldwin, Inc. 82-3914925 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 3 - Related Org Methods Used for Compensation Explanation
The Compensation Committee of the Board of Directors of Navicent Health,
Inc. engages an executive consulting firm periodically to review and
provide recommendations regarding total compensation and benefits for the
executive leadership team. Base compensation, incentive compensation and
benefits are included in the review. The executive consultants review
organizational structure, individual job descriptions, and discuss scope of
leadership and span of control with HR, the COO and the CEO as part of the
process to determine proper placement of the pay grade and level of
participation in incentive and benefits programs. The Compensation
Committee periodically reaffirms the total compensation philosophy which
currently targets the 75th percentile of total compensation for our
leadership team. The peer group used in national hospitals and health
systems of similar size and scope. Out Human Resources Department surveys
those employed outside of the executive leadership team using tools that
provide comparable data in our market area to ensure the compensation is in
line with other healthcare organizations.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 Navicent Health Bal	dwin, Inc. 8	2-3914925		Page 3						
Provide the information, explanation, or descriptions requir for any additional information.	ed for Part I, lines 1a, 1b, 3, 4	a, 4b, 4c, 5a, 5b, 6a, 6b	7, and 8, and for Part II. Also c	complete this part						
Part I, Line 4 - Severance, Nonqua	lified, and Equity	-Based Payment	S							
Severance Nonqualified Equity-based										
Rhonda Perry	0	35,918	0							
Christopher A. Hendry	0	78,001	0							
Kenneth B. Banks	0	216,081	0							
				••••••						
				Schedule J (Form 990) 2017						

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specif						
Name of the organization	vicent Health Baldwin, Inc.	Employer identifie 82-39149					
			2.5				
	t VI, Line 6 - Classes of Members of						
	th, Inc. is the sole member of the o						
Health's Boar	d of Directors appoints and has the	power to remove	members of				
the Organizat	ion's Board of Directors.	·					
Form 990, Par	t VI, Line 7a - Election of Members						
THe Board of	Directors of Navicent Health appoint	ts the members of	the Board				
of Directors	of Navicent Health Baldwin. Navicent	t Health, as the	sole				
member of the	Organization, may also remove the r	nembers of the Bo	pard of				
Directors.	,						
			,				
Form 990, Par	t VI, Line 7b - Decisions Subject to	o Approval of Mer	nbers				
Navicent Heal	th Baldwin may not take certain act	ions without the	prior				
approval of N	Navicent Health, the Organization's s	sole member. The	ese actions				
are:							
1) Amend or r	estate the Articles of Incorporation	n or Bylaws of th	ne				
Organization,							
	remove the President or CEO of the						
2) Appoint or	remove the President or CEO of the	Organization,					
2) Appoint or 3) Appoint or	remove the President or CEO of the remove a member of the Organization	Organization,					
2) Appoint or 3) Appoint or 4) Organize a	remove the President or CEO of the remove a member of the Organization my subsidiary of the Organization or	Organization, n, r enter into any					
 2) Appoint or 3) Appoint or 4) Organize a Venture, 	remove the President or CEO of the remove a member of the Organization any subsidiary of the Organization of	Organization, n, r enter into any	Joint				
 2) Appoint or 3) Appoint or 4) Organize a Venture, 5) Adopt a pl 	remove the President or CEO of the remove a member of the Organization my subsidiary of the Organization or an of liquidation or dissolution,	Organization, n, r enter into any	Joint				
 2) Appoint or 3) Appoint or 4) Organize a Venture, 5) Adopt a pl 6) Enter into 	remove the President or CEO of the remove a member of the Organization any subsidiary of the Organization of	Organization, n, r enter into any ition of all or	Joint				

Navicent Health Baldwin, Inc. 82-3914 8) Adopt or amend an annual or capital budget or make any expendence except pursuant to policies established by Navicent Health, or 9) Amend, terminate or enter into any lease of a hospital to whith Organization is a party. Form 990, Part VI, Line 11b - Organization's Process to Review I Management provides financial and other data to a certified public accountant. The CPA prepares the return which is reviewed by mathematical provided to the members of the Board of for review prior to filing with the IRS. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explidence Documents are made available upon request. Form 990, Part IX, Line 11g - Other Fees for Services Description Program Service Mgt & General Func \$ 2,330,834 \$ 395,925 \$ 2,330,834 \$ 395,925 \$ 2,330,834 \$ 395,925 \$ 2,330,834 \$ 395,925 \$ 2,330,834 \$ 395,925 \$ 2,330,834 \$ 395,925 \$ 2,330,834 \$ 395,925 \$ 2,330,834 \$ 395,925 \$ 2,330,834 \$ 395,925 \$ 2,330,834 \$ 395,925 \$ 2,330,834 \$ 395,925 \$ 2,330,834 \$ 395,925	
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9) Amend, terminate or enter into any lease of a hospital to whi Organization is a party. Form 990, Part VI, Line 11b - Organization's Process to Review F Management provides financial and other data to a certified publ accountant. The CPA prepares the return which is reviewed by me A copy of the return is provided to the members of the Board of for review prior to filing with the IRS. Form 990, Part VI, Line 19 - Governing Documents Disclosure Expl Documents are made available upon request. Form 990, Part IX, Line 11g - Other Fees for Services Description Program Service Mgt & General Func Contract Labor \$ 2,330,834 \$ 395,925 \$ Professional Fees \$ 4,470,941 \$ 0 \$ 20 \$ Collection Fees \$ 0 \$ 499,602 \$ Contract Services - Clinical	
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<pre>for review prior to filing with the IRS. Form 990, Part VI, Line 19 - Governing Documents Disclosure Expl Documents are made available upon request. Form 990, Part IX, Line 11g - Other Fees for Services Description</pre>	
Form 990, Part VI, Line 19 - Governing Documents Disclosure Expl Documents are made available upon request. Form 990, Part IX, Line 11g - Other Fees for Services Description Program Service Mgt & General Func Contract Labor \$ 2,330,834 \$ 395,925 \$ Professional Fees \$ 4,470,941 \$ 0 \$ Collection Fees \$ 0 \$ 499,602 \$ Contract Services - Clinical	PTT COCOTS.
Documents are made available upon request. Form 990, Part IX, Line 11g - Other Fees for Services Description Program Service Mgt & General Func Contract Labor \$ 2,330,834 \$ 395,925 \$ Professional Fees \$ 4,470,941 \$ 0 \$ Collection Fees \$ 0 \$ 499,602 \$ Contract Services - Clinical	
Contract Labor \$ 2,330,834 \$ 395,925 \$ Professional Fees \$ 4,470,941 \$ 0 \$ \$ 4,470,941 \$ 0 \$ \$ Collection Fees \$ 395,925 \$ \$ \$ 4,470,941 \$ 0 \$ \$ \$ \$ 4,470,941 \$ 0 \$ \$ \$ Collection Fees \$ \$ \$ \$ \$ \$ 0 \$ 499,602 \$ \$ \$ \$ Contract Services - Clinical \$ \$ \$ \$ \$	
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Professional Fees \$ 4,470,941 \$ 0 \$ Collection Fees \$ 0 \$ 499,602 \$ Contract Services - Clinical	
\$ 4,470,941 \$ 0 \$ Collection Fees \$ <t< td=""><td></td></t<>	
Collection Fees \$ 0 \$ 499,602 \$ Contract Services - Clinical	0
\$ 0 \$ 499,602 \$ Contract Services - Clinical	
Contract Services - Clinical	
\$ 1,129,793 \$ 0 \$	0
	0
Contract Services - Nonclinic	0
FOR PUBLIC INSPECTIO	0

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page Employer identification number
Navicent Health Baldwin, Inc.	82-3914925
Total	
\$ 8,844,889 \$ 1,095,198	\$0
Form 990, Part XI, Line 9 - Other Changes in Net Asse	ets Explanation
Equity Transfers Affiliated Entities	\$ 22,299,390
······	
FOR PUBLIC INSPE	CTTON

· ___ · ___

SCHEDULE R	Related Oldani			Partner	ships			ļ	OMB No. 1	545-0047
(Form 990)		on answered "Yes" on Form 990, Part Ⅳ, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. gov/Form990 for instructions and the latest information.								17 Public ction
Internal Revenue Service								Employer ide	ntification numb	
	Navicent Health Baldwin, Inc.							82-391	4925	
Part Identifi	cation of Disregarded Entities. Complete if the o	organization answ	vered "Yes" on F	-orm 990,	, Part IV	', line 33.		r		
Nam	(a) e, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co			(d) Lincome		e) ear assets	(f) Direct con entit	trolling
		· ·								
(5)										
Part Identifi one or	cation of Related Tax-Exempt Organizations. (more related tax-exempt organizations during the	Complete if the or tax year.	ganization answ	vered "Yes	s" on Fc	orm 990, Pa	rt IV, line	34 becaus	se it had	
S H	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Coo		(e) Public charity s (if section 501(status c)(3))	(f) Direct controlling entity	Section controll Yes	g) 512(b)(13) ed entity? No
	alth, Inc. Street, Suite 400 58-2149127 GA 31201	Parent	GA	5010	с3	12c	N	/A		x
	ter of Central Georgia, Street, Suite 400 58-2149128 GA 31201	Hospital	GA	5010	с3	3	N	/A		X
	ter of Peach County, Inc Street, Suite 400 45-3765471 GA 31201	Hospital	GA	501	<u> </u>	3	N	/A		x
	ices of Central Georgia, Street, Suite 400 58-2307485		<u></u>							
	GA 31204 rgia Senior Health, Inc Street Swite 400 58-2345439	Physicians	GA	501	<u>c</u> 3	3	N	/A		X
Macon	Street, Suite 400 58-2345439 GA 31201	Retirement	GA	501	<u>c3</u>	12b	N	/A		X
For Paperwork Reduction	on Act Notice, see the Instructions for Form 990.							Scheo	lule R (Form	990) 2017

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SCHEDULE R (Form 990)	isury	Related Orga ► Complete if the organizati ► Go to www.irs.	on answered ''Yes' ▶ Attach to		IV, line 33, 34, 3	5b, 36, or 37.			OMB No. 15 20' Open to Inspec	17 Public
Internal R yonur Servio Name of the organization	n					······································			tification numb	
<u> </u>		Health Baldwin, Inc.				hill line 22		32-3914	925	
Part		egarded Entities. Complete if the			-orm 990, Par					
		a) pplicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co	le (state ountry)	(d) Total income	(e) End-of-year a	issets	(f) Direct cont entity	trolling
(4)	·····									
(5)										
Part	dentification of Rela	ted Tax-Exempt Organizations. (x-exempt organizations during the	Complete if the o tax year.	rganization answ	vered "Yes" on	Form 990, Part	IV, line 34	becaus	e it had	
- N		(a) N of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	(e) Public charity stat (if section 501(c)(tus Direc 3))	(f) ot controlling entity	Section 5 controlle Yes	g) 512(b)(13) ed entity? No
Macon	nt Health Founda erry Street, Sui		Fundraise	GA	501c3	7	N/A			x
				<u></u>						
(5)										
· · · · · · · · · · · · · · · · · · ·										
For Donomyork	Poduction Act Nation	the Instructions for Form 900						Sched	ule R (Form	9901 2017

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

Schedule R (Form 990) 2017

Schedule R (I	Form 990) 2017 Navicent Health Ba	aldwin, In	nc.	82-3	914925								F	Page 2
Part III	Identification of Related Organizati because it had one or more related or	ons Taxable canizations t	e as a reate	Partnership. d as a partner	Complete if th ship during the	e organizatio e tax vear.	n answered '	Yes" on	Form	n 990, Par	t IV, line	34		
FΟ	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(s Share of year a	end-of-	(h) Dispro portiona alloc.? Yes N	- Code te amount of Sche (Form	(i) V—UBI in box 20 indule K-1 i 1065)	(i) General managin partner	or Perc g Own	(k) entage iership
(1)Certere 1650 1 Macon 31-714	ardeman Avenue GA 31201	Imaging		N/A	N/A		N/A	N/F			N/A	N/Z		
(2)Seduce	Health Plans of Georgia lberry Street, Suite 100 GA 31201	Managed Ca			N/A]	N/A	N/F	N/.	A	N/A	N/7		
	5.54.9	Manageu Ce		N/A			-							
(4)														
Part	Identification of Related Organizati	ons Taxable	as a	Corporation	or Trust. Com	nplete if the or trust during the	ganization a	nswered	l "Yes	on Form	n 990, Pa	art IV,		
NS	(a) Name, address, and EIN of related organization	(b) Primary activi		(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 Shar nd-of-ye		(h) Percenta ownerst		Sec 512(cont	i) ction b)(13) rolled tity?
													Yes	No
(1)Centra 691 Ch Madon 58-71	erry Street, Suite 400 GA 31201	Manageme	ent	GA	N/A	С		N/A		n/a		N/F		x
(2)Navio 691 Ch Macon	nt HealthPlan, Inc. erry Street, Suite 400 GA 31201													
20-246	7391	Insuran	ce	GA	N/A	С								X
	۱ 													
(4)														

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 Navicent Health Baldwin, Inc. 82-3914925

Part V.	Transactions With Related Organizations. Complete if the organization a	inswered "Yes" on F	orm 990, Part IV, line 3	4, 35b, or 36.			•,
Note: Com	plete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	the tax year, did the organization engage in any of the following transactions with one or more re	lated organizations listed	in Parts II–IV?				
	t of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	ant, or capital contribution to related organization(s)						Х
c Ciffing	ant, or capital contribution from related organization(s)				1c	Х	
	or loan guarantees to or for related organization(s)						Х
e Loans (or loan guarantees by related organization(s)				1e	Х	
f Divide	ds from related organization(s)			, , ,	1f		X
g Sale of	assets to related organization(s)				1g		Х
h Furcha	se of assets from related organization(s)				1h		Х
i Ekopo	ge of assets with related organization(s)				<u>1i</u>		Х
j L	of facilities, equipment, or other assets to related organization(s)				<u> </u>		Х
·							Ling 1971 Ling 1977
k Leese	of facilities, equipment, or other assets from related organization(s)				1k		X
1 Perior	nance of services or membership or fundraising solicitations for related organization(s)				11		Х
m Perform	nance of services or membership or fundraising solicitations by related organization(s)				1m	Х	<u> </u>
n Sharin	of facilities, equipment, mailing lists, or other assets with related organization(s)				<u>1n</u>		Х
o Sharing	g of paid employees with related organization(s)				10	Х	
							KS.
p Reimb	ursement paid to related organization(s) for expenses				<u>1p</u>		X
q Reimbi	ursement paid by related organization(s) for expenses				. 1q		X
					in still	SE.	
r Other	ransfer of cash or property to related organization(s)				. <u>1r</u>		X
s Other	ransfer of cash or property from related organization(s)		<u></u>		. 1s		X
2 If the a	nswer to any of the above is "Yes," see the instructions for information on who must complete th	is line, including covered	relationships and transaction	thresholds.			
U U	(a)	(b)	(c)	(d)			
Ĥ	Name of related organization	Transaction type (as)	Amount involved	Method of determining an	nount involv	ed	
L⁴┛							
					·····		
(2)							
- <u>()</u>					<u> </u>		
							<u> </u>
					_		
(5)					<u> </u>		<u></u>
(6)							

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 Navicent Health Baldwin, Inc.

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

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 ravenue) 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	income (related, unrelated, excluded from tax under	Are all p sec 501(organiz	partners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tlions?	(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	(i Gene mana parti		(k) Percentage ownership
-		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(4)													
(5)													
·													
		ļ											
(9) –													
	•												

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82-3914925

Part VII	Form 990) 2017 Navicent Health Baldwin, Inc. Supplemental Information.	82-3914925	Page
AND DIGN ADDRESS	Provide additional information for responses to questions on Scl	nedule R. See Instructions.	
•••••			• • • • • • • • • • • • • • • • • • • •
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	FOR PUBLIC IN	SPECTTO	N

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

Tax Return File Schedules

Place behind return in T-file

FOR PUBLIC INSPECTION

•	Forms 990 / 99	90-EZ Return	Summary	
For calendar year 2	2017, or tax year beginning	g 12/14/17	, and ending 09 ,	30/18
Navicent	Health Baldw	vin, Inc.	82-3914	1925
Net Asset / Fund Balance at Beginr	ning of Year			
				<u> </u>
Revenue Contributions	1	062 133		
Program service revenue	47	,062,133 ,824,992		
Investment income		14		
Capital gain / loss		42,848		
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income				
Other income		129,677		
Total revenue			49,059,664	
Expenses				
Program services	44	,679,692 ,971,251		
Management and general	7	<u>,971,251</u>		
Fundraising				
Total expenses			52,650,943	
Excess / (deficit)				-3,591,279
Changes				22,299,390
-				
Reconciliation of Reconciliati	evenue	Total ex∣	Reconciliatior penses per financial state	
_ess:		Less:		
Unrealized gains			ated services	
Donated services		Prio		
DUIIALEU SELVICES			r year adjustments	
Recoveries	· · · · · · · · · · · · · · · · · · ·	Loss	r year adjustments ses	
-			ses	
Recoveries Other		Loss	ses	
Recoveries Other		Loss Othe Plus:	ses	
Recoveries _ Other _ Plus:		Loss Othe Plus:	ses er stment expenses	
Recoveries Other Plus: Investment expenses	49,059,664	Loss Othe Plus: Inve Othe	ses er stment expenses	rn <u>52,650,94</u>
Recoveries Other Plus: Investment expenses Other	49,059,664 Beginning	Loss Othe Plus: Inve Othe Balance Shee Ending 37, 233, 5	ses er stment expenses er Total expenses per retu et Difference 9 1 4	
Recoveries Other Plus: Investment expenses Other Total revenue per return		Loss Othe Plus: Inve Othe Balance Shee Ending	ses er stment expenses er Total expenses per retu et <u>914</u> <u>803</u>	
Recoveries	Beginning	Loss Othe Plus: Inve Othe Ending 37,233,9 18,525,8 18,708,3	ses er Stment expenses er Total expenses per retu et <u>914</u> <u>803</u>	

-3914925 Έ: 9/30/2018				atements			·····			
Taxable Interest on Investments										
Desc	cription		Unrelated	Exclusion	Postal An	auired after	US			
			Business Co	Exclusion de <u>Code</u>	Code	6/30/75	Obs (\$ or %)			
Total	\$ \$	<u> 14</u> 14		14						
	<u></u>	·····								
\mathbf{FO}	RT	DIRT		INS	DE	СПТ	N			
ТU	их <u>т</u>			TIND						

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description Contract Labor Professional Fees Collection Fees Contract Services - Clinical	Total Expenses \$ 2,726,759 4,470,941 499,602 1,129,793	Program Service \$ 2,330,834 4,470,941 1,129,793	Management & General \$ 395,925 499,602	Fund Raising \$
Contract Services - Nonclinic	1,112,992 \$ 9,940,087	913,321 \$	199,671 \$ 1,095,198	\$0
H Description	Form 990, Part IX, Line 24 Total Expenses	le - All Other Expense Program Service	e s Management & General	Fund Raising
Internal Allocations Parts Disposable Supplies Taxes and Fees Meal Allowances Recritment Fee Certification & Testing Unitorns Sales Tax	\$ 445,656 166,593 100,108 59,416 35,507 22,667 16,810 16,740 9,390 1,725	\$ 380,947 142,404 85,572 59,416 30,351 19,376 14,369 14,309 8,027 1,475	\$ 64,709 24,189 14,536 5,156 3,291 2,441 2,431 1,363 250	\$
FOTION.	\$ 874,612	\$756,246	\$ <u>118,366</u>	\$0

15176NHBALD Navicent Health Baldwin, Inc. 82-3914925

Platform Version: 17.3.10 Federal Version: 17.3.7

Critical Messages

None

Prepared by: William Edward Phillips 06/24/2019 04:44 PM EPhillips

2017

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