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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the	2008 ca	lendar yea		9-01-2008 and ending 08-31-20	009	D Franks von ide	atification number
		pplicable	Please	C Name of organization SFH Inc			D Employer ide	ntification number
Add	dress ch	ange	use IRS label or	Doing Business As			58-2504530 E Telephone nu	
Naı	me cha	nge	print or type. See	Doing Saciness /is				
Init	tial retu	rn	Specific Instruc-		box if mail is not delivered to street add	ress) Room/suite	(864) 255-1 G Gross receipt	
Ter	mınatıo	n	tions.	One St Francis Drive			d dross receipt	5 \$ 412,320,107
┌ Am	ended	return		City or town, state or count	y, and ZIP + 4	'	1	
┌ App	olication	pending		Greenville, SC 296013955				
			F Nan	ne and address of Princip	al Officer	H(a) Is the	s a group return	for
			Ronnie	Hyatt Francis Drive		affilia		⊤Yes ▼ No
				ille, SC 296053955		H(h) Are al	l affiliates include	d?
I Ta	x-exem	pt status	▽ 501(c))(3) ◄ (insert no)	7(a)(1) or	1 ` `		See instructions)
J W	eb sit	e: 🕨 www	w stfrancısh	nealth org			p Exemption Nur	
К Тур	e of org	janization	▽ Corporat	ion trust association	other ►	L Year of Fo	rmation 1932 M s	State of legal domicile SC
Pa	rt I	Sumi	marv					
	1			e organization's mission o	r most significant activities			
e,				re hospital services	•			
Ě								
Ĭ								
Governance	2		,		tinued its operations or disposed			
	3				body (Part VI, line 1a)			17
Activities &	4				he governing body (Part VI, line	1b)		14
Ē				nployees (Part V, line 2a)			_	3,610 315
ទូ	1			lunteers (estimate if nece tod business rayonus from	n Part VIII, line 12, column (C)		_	286,151
•					Form 990-T, line 34	• •	7a _ 7b	147,883
		Tree dill	ciated basi	ness taxable meeme non		Pric	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1		7	662,327	
횰	9				g)		373,907,038	407,073,437
Reveni	10	Invest	ment incor	ne (Part VIII, column (A)	, lines 3, 4, and 7d)		1,822,434	-403,917
芒	11	Other	revenue (P	art VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)		4,574,065	3,492,483
	12		evenue—a	dd lines 8 through 11 (mu	st equal Part VIII, column (A), l		200 202 527	410.824.220
	12	12) Cranto	and simila	ar amounts paid (Part IX,	solumn (A) lines 1 3)		380,303,537	410,824,330
	13 14			or for members (Part IX, c				
	15		•		enefits (Part IX, column (A), lines	. 5-		
82		10)	, στιιστ σσ	mpensation, employee by	ments (rare 1x, column (x), imes		120,831,342	153,360,273
Expenses	16a	Profes	sıonal fund	raising fees (Part IX, colu	ımn (A), lıne 11e)		122,706,519	0
ਡੌ	b	(Total fo	undraising exp	penses, Part IX, column (D), lın	e 25 <u>0</u>)			
_	17	Other	expenses ((Part IX, column (A), lines	11a-11d, 11f-24f)		94,411,299	221,235,922
	18	Totale	expenses—	add lines 13–17 (must e	qual Part IX, line 25, column (A))	337,949,160	374,596,195
. 07	19	Reven	ue less exp	penses Subtract line 18 f	rom line 12		42,354,377	36,228,135
Net Assets or Fund Balances						Beginni	ing of Year	End of Year
SSet Jaka	20	Total	assets (Par	t X, line 16)			405,668,892	465,951,046
A A	21	Totall	ıabılıtıes (F	Part X, line 26)			292,362,687	320,076,297
	22			d balances Subtract line	21 from line 20		113,306,205	145,874,749
Pai	rt II		ature Blo					
					mined this return, including accompanyi ion of preparer (other than officer) is ba			
Plea	se	k	,/	, , , , , , , , , , , , , , , , , , , ,		1	-07-13	,
Sign		Signa	ature of office	er	Date	0. 13		
Here	е	RON	NIE HYATT CI	hief Financial Officer				
			or print nam					
		Preparer		Have Court	Date	Check If	Preparer's PTIN (See Gen Inst)
Paid		signature	Emily I	Hayes Smith		self- empolyed •		
	arer's		ame (or yours	DELOITTE TAX LLP	<u> </u>	<u> </u>	EIN Þ	
Use (Only		nployed), and ZIP + 4	1750 TYSONS BLVD			ETIN &	
				MCLEAN, VA 221024219			Phone no 🕨 (70	03) 251-1000
May	the IR	s discus	s this retu	·	n above? (See instructions) .			✓ Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

	briefly describe the organizatio	11.5 1111551011								
	The mission is to bring compas commit ourselves to help bring	sion to health care and t people and communitie	o be good help t s to health and v	o those in need, especially holeness	those who are poor and dying A	s a system of caregivers, we				
2	Did the organization und the prior Form 990 or 99 If "Yes," describe these	90-EZ?			which were not listed on	┌ Yes ┌ No				
3	Did the organization cea services?	se conducting or ma	ake significan	t changes in how it con	ducts any program	┌ Yes ┌ No				
4										
4a	(Code See the Community Benefit) (Expenses \$ Report on Schedule O	343,020,062	including grants of \$) (Revenue \$	406,982,437)				
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)				
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)				
4d	Other program services		dule O) ding grants o	f\$) (Revenue \$)				
4e	Total program service	expenses \$	343,020,06	2 Must equal Part IX,	Line 25, column (B).					

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		N o
10	complete Schedule D, Part IV^{\otimes}	10		 N o
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	Yes	
12	Parts VI, VIII, IX, or X as applicable	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Part II	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

		ı	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable					
		1a	249			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?		dors and reportable	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	3,610			
b	If at least one is reported in 2a, did the organization file all required federal employm Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during return?	_		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (·	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities acacount)?	count	or other financial	4a		Νο
Ь	If "Yes," enter the name of the foreign country	port o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	elter transaction?	5b		Νo
C	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp.</i> Tax Shelter Transaction?	t Entit •	y Regarding Prohibited • • •	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore?	trıbutı	on of \$75 or	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	rty for	which it was required to			
	file Form 8282?			7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	iums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal transfer of the property of the pro	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi	ıle a F	orm 1098-C as	76	V	
8	required?	nd se	tion 509(a)(3)	7h	Yes	
Ū	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person	⁷ .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lleud	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Δ.	Governing	Body an	d Management
~~~		00101111119	Doug and	a i iaiiageiiieiie

			res	NO			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 17						
b	Enter the number of voting members that are independent 14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
b	each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νo			

#### Section B. Policies

Does the organization have a written conflict of interest policy? If "No", go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Yes	
to conflicts?	12b		
describe in Schedule O how this is done	12c		
Describes a second from the control of the control		Yes	
Does the organization have a written whistleblower policy /	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the	16h		No
	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. The organization's CEO, Executive Director, or top management official?	Does the organization have a written document retention and destruction policy?	Does the organization have a written document retention and destruction policy?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Ronnie Hyatt One St Francis Drive Greenville, SC 296053955 (864) 255-1000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

### Part VII Continued

	(B) Average hours per week		tion that a			all			(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			-				$\vdash$			
			-							
			-							
			+							
1b Total							•	3,349,815	3,103,155	679,127

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►10

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

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
SE Emergency Physicians PO Box 634706 Cincinnati, OH 45263	ER Physician Staffing	1,813,013
Fayetteville Lithotripsy PO Box 847324 Dallas, TX 75284	Lithotripsy Services	872,920
Carolina Perfusion Associates 703 Lakewinds Blvd Inman, SC 29349	Perfusion Services	853,281
TA Gregor Associates 7327 Selig Place Downers Grove, IL 60516	Accounts Receivable Collection	361,946
Thomas Shafer & Associates 3525 Piedmont Road NE Atlanta, GA 30305	Accounts Receivable Collection	312,416
Total number of independent contractors (including those in 1) who received more than \$ from the organization	100,000 in compensation	30

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Fodorated car	npaigns 1a			Revenue		512, 513, or 514
22			-					
E E	Ь	Membership a	lues					
ಕ್ಕ	С	Fundraising e	vents					
स इंस्		Dalakad assass	1c					
ਦੁੰ≣	d	_	izations1d					
뺤	e	_	nts (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f	All other contribu similar amounts i	tions, gifts, grants, and not included above	662,327				
윤황			<b>1f</b>					
필	g		ributions included in					
O a	h		es 1a-1f)		662,327			
				Business Code				
<u>a</u>	2a	Patient Service R	ev.	621,110	405,969,437	405,878,437	91,000	
e E		Disprop Share Inc					91,000	
æ	Ь	Disprop Share Inc	come	561,499	1,104,000	1,104,000		
93	С							
er E	d							
S =	е							
<u> </u>	f	All other prog	ram service revenue					
Program Service Revenue	g	Total. Add line  ▶ \$ 407,073,4	es <b>2a-2f</b>					
	3		icome (including divi	dends, ınterest				
			amounts)	·	1,216,367			1,216,367
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	-			•				
	5	Royalties .						
	_		(ı) Real	(II) Personal				
	6a	Gross Rents	82,435 14,784					
	Ь	Less rental expenses	·					
	С	Rental income or (loss)	67,651					
	d		ome or (loss)		67,651			67,651
			(ı) Securities	(II) O ther				
	7a	Gross amount	(i) Securities	66,789				
		from sales of assets other						
	١.	than inventory	1 506 620	100 424				
	Ь	Less cost or other basis and	1,586,639	100,434				
	c	sales expenses Gaın or (loss)	-1,586,639	-33,645				
	d	Net gain or (lo		· ·	-1,620,284			-1,620,284
	8a	events (not ın	from fundraising cluding					
Ë		\$ of contribution	ns reported on line					
듄		1c) See Part						
ě			le G ıf total exceeds					
Other Revenue	ь	, ,	xpensesb					
Ě	c		(loss) from fundrais					
0	0-			<u> </u>				
	9a	Gross income activities See	from gaming e part IV, line 19					
		Complete Sche	dule G ıf total					
		exceeds \$15,00	00 <b>a</b>					
	ь	less directe	xpensesb					
	c		(loss) from gaming a					
				<b>Þ</b> -				
	10a	Gross sales o returns and al	finventory, less lowances . a					
	ь	Less cost of	goods sold b					
	c		(loss) from sales of	Inventory				
		Miscellaneou		Business Code				
	11a	Regency Hosp		621,400	1,807,038			1,807,038
	ь	Other Misc Ii		900,099	1,425,760		3,117	1,422,643
	c	Laboratory Fe		621,500	192,034		192,034	
		·		,	,		,,	
	d		nue					
	е	Total. Add line	es 11a-11d	 \$ 3,424,832				
	12		<b>e.</b> Add lines 1h, 2g, 3		410,824,330	406,982,437	286,151	2,893,415
		8c, 9c. 10c. and 1	11e					
	1	, o , u iiu .		-				

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org	anizations mu	ıst complete	all columns. (B), (C), and (D)	
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,347,934		1,347,934	
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	117,786,303	107,220,812		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,147,060	4,632,354	514,706	
9	Other employee benefits	18,864,570	16,978,113	1,886,457	
10	Payroll taxes	10,214,406	10,092,966	121,440	
11	Fees for services (non-employees)				
а	Management				
b	Legal	179,056	161,150	17,906	
c	Accounting	209,033	188,130	20,903	
d	Lobbying	12,765	11,489	1,276	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	47,305,615	42,575,053	4,730,562	
12	Advertising and promotion	1,987,181	1,788,463	198,718	
13	Office expenses	2,320,099	2,088,089	232,010	
14	Information technology				
15	Royalties				
16	Occupancy	8,248,018	7,423,216	824,802	
17	Travel	773,796	696,416	77,380	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	15,747	14,172	1,575	
20	Interest	9,014,203	9,014,203		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,335,121	17,401,609	1,933,512	
23	Insurance	1,109,463	998,517	110,946	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Medical supplies	72,548,585	65,293,727	7,254,858	
Ь	Bad debt	40,820,635	40,820,635		
С	Repairs/Rental	6,208,795	5,587,916	620,879	
d	Tax and license fee	4,633,688	4,170,319	463,369	
e	UBIT expense	113,053	101,748	11,305	
f	All other expenses	6,401,069	5,760,965	640,104	
25	Total functional expenses. Add lines 1 through 24f	374,596,195	343,020,062	31,576,133	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2008)

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B)
	1	Cash—non-interest-bearing			Beginning of year	1	End of year -1
	2	Savings and temporary cash investments	70,484,070	$\vdash$	112,624,166		
	3	Pledges and grants receivable, net	70,404,070	3	112,024,100		
	4	Accounts receivable, net	•		52,723,996	H -	51,477,980
	5	Receivables from current and former officers, directors, trustee	· ·	· · · · · ·	32,723,330	-	31,477,300
		other related parties Complete Part II of Schedule L		•		5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			8,889,172	8	9,069,620
\$	9	Prepaid expenses and deferred charges			2,678,832	9	2,408,888
Assets	10a	Land, buildings, and equipment cost basis	۔ ا	l 054050 500			
⋖	_		10a	254,859,599	_		
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	76,836,317	161,248,015	10c	178,023,282
	11	Investments—publicly traded securities			, ,	11	, ,
	12	Investments—other securities See Part IV, line 11 Complete F	art VI.	I of	15,903,315	12	13,464,922
	13	Schedule D Investments—program-related See Part IV, line 11 Complete R	II				
		of Schedule D .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	93,741,492	15	98,882,189		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			405,668,892	16	465,951,046
	17	Accounts payable and accrued expenses .	30,417,962	17	38,262,924		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	ı			20	
<u>ē</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ę		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D	261,944,725	25	281,813,373		
	26	Total liabilities. Add lines 17 through 25			292,362,687	26	320,076,297
		Organizations that follow SFAS 117, check here 🕨 🗸 and comp	plet e l	ines 27			
ð		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			113,306,205	27	145,874,749
Balance	28	Temporarily restricted net assets				28	
됟	29	Permanently restricted net assets		29			
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ are lines 30 through 34.	ıplet e				
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
ė.	32	Retained earnings, endowment, accumulated income, or other fu	-		32		
Net /	33	Total net assets or fund balances		113,306,205	$\vdash$	145,874,749	
Ź	34	Total liabilities and net assets/fund balances			405,668,892		465,951,046
	1						, , , , , , , ,
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?			
c	If "Yes" to lines 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		
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		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

**Employer identification number** 

### **SCHEDULE A**

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

		58-2504530										
Pai	rt I	Reason for Public Charity Status (to be completed by all organizations) (See Instructions)										
The o	rganız	zation is not	a private found	ation because it is (Please	check onl	ly <b>one</b> org	anızatıon )	)				
1	Γ	A church, c	onvention of ch	urches, or association of ch	urches de	escribed in	Section 1	170(b)(1)(	(A)(i).			
2	Γ	A school de	escribed in <b>Sect</b>	ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E )						
3	✓	A hospital	hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)									
4	Γ	A medical i	esearch organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed i	n <b>Section</b> :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	hospital's name, city, and state									
5	Γ	Anorganiza	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		Section 170	)(b)(1)(A)(iv).	(Complete Part II )								
6		A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Г	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral publi	С
	_	described i	n <b>Section 170(b</b>	<b>)(1)(A)(vi)</b> (Complete Par	tII)							
8			•	ed in <b>Section 170(b)(1)(A)</b>		•	•					
9		-		ally receives (1) more than						•		SS
		•		ated to its exempt functions	-		•	, ,	•			
			<del>-</del>	estment income and unrelate			•			() from bu	sinesses	
	_		<u>-</u>	on after June 30, 1975 See					•			
10	<u> </u>			and operated exclusively to								
11	1	one or more the box tha	e publicly suppo t describes the	and operated exclusively foorted organizations describe type of supporting organiza	d in section	on 509(a) omplete li	(1) or sec nes 11e t	tıon 509(a hrough 11	a)(2) See h	Section 5	09(a)(3)	.Check
	_	a   T	•			- Function			d	' ''	III - Ot	
е	ı		foundation man	rtify that the organization is agers and other than one or								
f		check this	box	d a written determination fro						supportin	ig organi:	zation,
g		following pe	ersons?	as the organization accepted rindirectly controls, either a				·			Yes	No
			·	ng body of the the supported		_	pa.aa		()	11g(		110
			· -	erson described in (i) above	_					11g(		<del>                                     </del>
			•	ty of a person described in (		bove?				11g(		<del>                                     </del>
h				nation about the organizatio			supports					
		ame of	(ii) EIN	(iii) Type of organization		s the	` ' '	ou notify	` ′	s the		nount of
		orted		(described on lines 1-9 above or IRC section		ation in	_	inization i) of your	_	ation in rganized	supp	ort?
Organization above or IRC section col (i) listed in in col (i)  (See Instructions)) your governing suppo					in the							
	document?											
	Yes No Yes			No	Yes	No						

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	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 IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 58-2504530

Name: SFH Inc

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	1									
		Posit t	(C non (d hat a	chec		I			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Valında Rutledge , CEO	50 00	Х		Х				0	968,075	133,220
Pearlie Harris , Chairman (Jan - Aug)	6 00	Х		Х				0	0	0
Marshall J Collins Jr , Chairman (Sep - Dec)	6 00	Х		х				0	0	0
Leonard Byrne , Board Member	4 00	Х						0	0	0
Camılla Hertwig , Board Member	4 00	Х						0	0	0
Sr Rose Marie Jasinski , President	50 00	Х		Х				0	0	0
Eric Le Corre , Board Member	4 00	Х						0	0	0
Sam B Phillips , Board Member	4 00	Х						0	0	0
David Poole , Board Member	4 00	Х						0	0	0
Linton B Puckett , Board Member	4 00	Х						0	0	0
John Shea , Board Member	50 00	Х						0	1,057,719	131,291
Sister Rita Thomas , Board Member	4 00	Х						0	0	0
Varlerie Hollinger , Board Member	4 00	Х						0	0	0
Jeff Oak , Board Member	50 00	Х						0	401,837	72,846
Jane Grier , Board Member	4 00	Х						0	0	0
Robert Hitt , Board Member	4 00	Х						0	0	0
Fletcher Kırkland , Board Member	4 00	Х						0	0	0
Ronnie Hyatt , CFO and Treasurer	50 00			Х				482,031	0	28,683
Irene Holcombe , Secretary	50 00			Х				87,091	0	6,974
James Phil Feisal , Executive VP/COO	50 00				Х			0	264,436	36,308
Randall Romberger , Executive VP/COO	50 00				Х			0	411,088	54,778
Lisa Slayton , Senior V P/HR	50 00				Х			284,758	0	15,269
Johnna Reed , Senior V P/A ncillary	50 00				Х			222,343	0	18,137
Teresa Ficicchy , CNO	50 00				Х			234,585	0	17,799
Patrıcıa Fowler , VP/Surgery	50 00				Х			213,047	0	22,644
Mary Jo Cagle MD , Senior VP	50 00					Х		504,783	0	46,371
Mary Hassett , Senior V P	50 00					Х		471,628	0	18,523
Nancy Graebner , Senior VP	50 00					Х		373,621	0	31,299
Elizabeth Keith , Senior VP	50 00					Х		244,347	0	20,626
Rowena Timms , Senior VP	50 00					Х		231,581	0	24,359

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

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

Νa	ection 501(c)(4), (5), or (6) organi ime of the organization	•		Employer iden	ntification numbe	r			
SF	1 Inc			50 2504520					
Раг	t I-A To be completed b	y all organizations exem	pt under sectio	58-2504530 n <b>501(c)</b> and section					
		e the instructions for Schedu							
1	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	tivities in Part IV					
2	Political expenditures				\$				
3	V olunteer hours				\$  e the instructions  \$  Yes  Yes  Yes  1 section 501(c)(3)  \$  \$  Yes    Yes				
Pai	t I-B To be completed be for Schedule C for d	oy all organizations exem	pt under sectio	n 501(c)(3). (See the	instructions				
1		e tax incurred by the organization	under section 4955	5	\$				
2	Enter the amount of any excise	e tax incurred by organization mai	nagers under sectio	n 4955	\$				
3	If the organization incurred in	a section 4955 tax, did it file Fori	n 4720 for this year	r?	☐ Yes	┌ No			
4a	Was a correction made?				☐ Yes	☐ No			
ь	If "Yes," describe in Part IV								
Pai		oy all organizations exem for Schedule C for details.)	pt under sectio	n 501(c), except sect	tion 501(c)(3	·).			
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities	\$				
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contr	ibuted to other orga	nizations for section	\$				
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add I	nes 1 and 2 and en	ter here and on Form	\$				
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			☐ Yes	┌ No			
5	were made Enter the amount p political contributions received	nd Employer Identification Numbe paid and indicate if the amount wa d and promptly and directly delive action committee (PAC) If addition	s paid from the filing red to a separate po	g organization's own interna olitical organization, such a	ns to which payments al funds or were as a separate				
	(a) Name	( <b>b)</b> A ddress	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	contributions i and promptl directly delive separate po organization	received ly and ered to a litical If none,			
					\$  Yes  Yes  Yes  Yes  Yes  Yes  Sons to which paymer hal funds or were as a separate art IV  (e) A mount of pocontributions recand promptly directly delivere separate polit organization. If				

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization  Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Entert columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000  Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter - Output Interes	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply  Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000  Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000 \$100,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000 \$1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a Enter -0- if line g is more than line a  Subtract line 1ffrom line 1c Enter -0- if line f is more than line c  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the provisions apply  Check of the filling grand and limited controls and filling grand and limited controls and filling grand and limited controls and filling grand and limited controls apply  Limited controls and filling grand and limited controls apply  Limited controls and filling grand and limited controls apply  Limited controls and filling grand and limited controls apply  Total lobbying capenditures and subtract lobbying  Cotal lobbying capenditures  Lobbying capenditures  Cotal lobb	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$1,000,000 but not over \$1,000,000  Ver \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of line 1f)  Subtract line 1g from line 1a Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c  If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	
	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for details.)	

		(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
С	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		12,765
j	Total lines 1c through			12,765
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Dar	* TIT-A To be completed by all organizations exempt under section F01(c)(4) so	setion	E01/6	\/E\ or

### Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

# Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 1i	Activities	This is the portion of lobbying expense included in dues paid to American Hospital Association and included on cost report for year ended 8/31/09

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

## Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
SFH Inc

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if organization answered "Yes" to Form 990, Part IV, line 6.

Pa	ort I Organizations Maintaining Donor Action organization answered "Yes" to Form 99		unds or Ac	counts. Complete	e if the
		(a) Donor advised funds	<b>(b)</b> Fun	ds and other accoun	its
L	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	_	or advised	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	5 5	•	☐ Yes	┌ No
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990,	Part IV, line 7.	
L	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space	,	•	mportantly land area	
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	ified conservation contribution in the form	of a conserva	ation easement	
				Held at the End of t	he Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	s	2b		
c	Number of conservation easements on a certified hi	istoric structure included in (a)	2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d		

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►
- 4 Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- **6** Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year **F**
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

**-** \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

**.** 

**b** Assets included in Form 990, Part X

3	Using the organization's accession and other records, check any							,,,,,,,,,,,
•	items (check all that apply)	01 (11	e 101	wing that are a significant	use	or its conectio		
а	Public exhibition	d	Γ	Loan or exchange prograr	ns			
b	Scholarly research	e	Γ	O ther				
с	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	n hov	v the	further the organization's	exer	npt purpose in		
5	During the year, did the organization solicit or receive donations				ımıla		<b>W</b> = -	_ N.
Dar	assets to be sold to raise funds rather than to be maintained as p t IV Trust, Escrow and Custodial Arrangements. (			<u>-                                      </u>	wor	<u> </u>	Yes	No an
	Part IV, line 9, or reported an amount on Form 990				WCI	ed les tol	01111 3	50,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	liary	for c	ntributions or other asset	s not		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table	2						
						A mo	unt	
С	Beginning balance			10	:			
d	Additions during the year			10	t			
e	Distributions during the year			10	2			
f	Ending balance			11	f			
2a	Did the organization include an amount on Form 990, Part X, line	21?				Γ	Yes	Г No
	If "Yes," explain the arrangement in Part XIV							
Pai	rt V Endowment Funds. Complete if the organization						• <b>)</b> [ • · · · · V	aara Daak
1-	Beginning of year balance	(b)	Prior	ar (c)Two Years Back (	<b>a)</b> inr	ee Years Back (	e)Four Y	ears Back
1a b	Contributions							
_	Investment earnings or losses							
c d	Grants or scholarships							
e	Other expenditures for facilities							
-	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as	5						
а	Board designated or quasi-endowment							
ь	Permanent endowment 🕨							
С	Term endowment ▶							
3a	Are there endowment funds not in the possession of the organization	tion t	:hat a		or th	e		
	organization by			e held and admınıstered f	יווז וט			
				e held and admınıstered f	טו נווי		Yes	No
	(i) unrelated organizations		•	e held and admınıstered f		3a(i)		No
_	(ii) related organizations					3a(i)		No
	(ii) related organizations	on S	chec			3a(i)		No
4	(ii) related organizations	on S owme	chec ent fu		 	3a(i)		No
4	(ii) related organizations	on S owme	ched int fu ee F		 	3a(i)		No
4 Par	(ii) related organizations	on S owme	ched ent fu ee F (a)		· ·	3a(i)	(d) Bo	ok value
4 Par	(ii) related organizations	on S owme	ched ent fu ee F (a)	le R?	 	3a(i) 3b	(d) Bo	ok value
4 Par	(ii) related organizations	on S owme	ched ent fu ee F (a)	le R?	). ). ((	3a(i) 3b	(d) Bo	ok value 8,689,610
1a   b	(ii) related organizations	on S owme	ched ent fu ee F (a)	ds rm 990, Part X, line 10 ost or other investment) (b)Cost or other basis (other)  18,689,63	). ). ((	3a(i) 3b  c) Depreciation	(d) Bo	ok value 8,689,610 4,063,307
1a   b   c   d   f	(ii) related organizations	on S owme	ched ent fu ee F (a)	le R?	). T ((	3a(i) 3b  c) Depreciation	(d) Boo	
1a   b   c   d   f   e (	(ii) related organizations	on Sowme	ee F	le R?	). (10) 38) 57	3a(i) 3a(ii) 3b  c) Depreciation  27,422,181  570,788	(d) Bo	ok value 8,689,610 4,063,307 323,469

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	<u> </u>	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation ·year market value
Financial derivatives and other financial products		Cost of end-of-	year market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		d of valuation ·year market value
		Cost or end-or-	year market value
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II  (a) Descri			(b) Book value
Due from affiliates	ption		3,724,950
Goodwill net of accumulated amortization			86,844,523
Third party settlements			8,312,716
Time party settlements			0,312,710
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		98,882,189
Part X Other Liabilities. See Form 990, Part 3.			30,002,109
(a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes			
Due to affiliates	260,856,419		
Third party settlements	857,770		
Millennium building liability	17,059,631		
Other	1,971,541		
Minority Interest	1,068,012		
·			
	+		
	+		
	+		
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	281.813.373		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	4			
5	Donated services and use of fa	5			
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines <b>2a</b> through <b>2d</b> .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines <b>4a</b> and <b>4b</b>			. 4c	
5		d <b>4c.</b> (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	<b></b>   <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		<del> </del>	
b	Other (Describe in Part XIV)  Add lines <b>4a</b> and <b>4b</b>		. 4b	4c	
с 5		nd <b>4c.</b> (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16 )	.   3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

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### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. ► Attach to Form 990.

**Hospitals** 

Name of the organization SFH Inc

**Employer identification number** 

58-2504530 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Part I Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . . . . . . . . . **1**a **1**b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 100% **F** 200% Other Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . 3b If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . . . . Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . 5a If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5с **6a** Does the organization prepare an annual community benefit report? . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of **Charity Care and** (b) Persons activities or (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of **Means-Tested Government** served benefit expense total expense revenue expense programs (optional) **Programs** (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3. column a) Unreimbursed costs-other means-tested government programs (from Worksheet 3, column b) d Total Charity Care and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services

(from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions to community groups (from worksheet 8) j Total Other Benefits . . . k Total (line 7d and 7j) . . .

activities) (Optional i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsett revenue	(d) Direct offsetting revenue (e) Net communit building expense		(f) Perce	
1 Physical improvements and housing								
2 Economic development								
3 Community support								
4 Environmental improvements								
5 Leadership development and training								
for community members								
<ul><li>Coalition building</li><li>Community health improvement</li></ul>								
advocacy								
Workforce development  Other								
9 Other 0 Total								
Part IIII Bad Debt, Medicar	e, and Coll	ection Pract	tices (Optional fo	or 2008)				
1 Does the organization report b Statement No 15?	zation's bad de the organizate under the organizate under the organizate under the footnote to no methodological methodologica	ebt expense (ar lon's bad debt expense (ar lon's bad debt expense) and the organization of the organizatio	t cost)	anents that describes reported on lines  5  6  7  be treated as commine 6 and indicates  Other  Cother  Illection practices cribe in Part VI	pes bad debt expense s 2 and 3, or rationale munity benefit, and which of the	9a 9b		
Management Com  (a) Name of entity		Doint Ventu     Description of practivity of entity	rimary	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	pro	e) Physion of it % or wnership	r stock
1								
2						1		
· I								
						-		
3								
<u> </u>								
1								
	<u> </u>					-		
3								
9							_	
10								
1								
L &			I		i .	1		
						+		
12								

Part V Facility Information (Required for 2008) ER-other Children's hospital ER-24 hours Teaching hospital Research facility Licensed hospital General medical & Critical access hospital Name and address Other (Describe) . surgical SFH Inc dba St Francis - Downtown One St Francis Drive Χ Χ Х Greenville, SC 296013955 SFH Inc dba St Francis - Eastside 125 Commonwealth Drive Х Х Χ Greenville, SC 296154812

Schedule H (Form 990) 2008

P	art VI Supplemental Information (Optional for 2008)
	mplete this part to provide the following information
	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
_	
_	
_	
_	
_	
_	
2	<b>Needs Assessment.</b> Describe how the organization assesses the health care needs of the communities it serves
_	
3	Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
_	
4	<b>Community Information.</b> Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
_	
_	
5	Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
_	
_	
6	Provide any other information important to describing how the organization's hospitals 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 )
_	
_	
7	If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served
	Francisco de la communicació de
_	
_	
8	If applicable, identify all states with which the organization, or a related organization, files a community benefit report

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493194011570

**Employer identification number** 

**Schedule J** (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

### **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

SFR	Inc			58-2504530			
Pa	t I Questions Regarding Compensation		-				
						Yes	Νο
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t						
	First class or charter travel		Housing allowance or residence for				
	Travel for companions	$\sqcap$	Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiati	on fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauf	feur, chef)			
b	If line 1a is checked, did the organization follow a writ provision of all the expenses described above? If "No	•	, , , , ,	ment or	1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive $\mbox{\it I}$				2		Νo
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee  Independent compensation consultant Form 990 of other organizations	at appl	y Written employment contract				
4	During the year, did any person listed in Form 990, P.	art V I :	I, Section A, line 1a				
а	Receive a severance payment or change of control pa	yment	t?		4a		Νο
b	Participate in, or receive payment from, a supplement	tal non	iqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?		4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pro-	vide th	ne applicable amounts for each item i	n Part III			
	501(c)(3) and 501(c)(4) organizations only must com-	plete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ine 1a,	, did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of		, did the organization pay or accrue a	ny			
а	The organization?				6a		No
b	Any related organization?				6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, li payments not described in lines 5 and 6° If "Yes," de			-fıxed	7		No
8	Were any amounts reported in Form 990, Part VII, pa						

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Valında Rutledge	(ı) (ıı)		206,250	216,073	113,027	20,193	1,101,295	
John Shea	(ı) (ıı)		98,400	532,912	116,787	14,504	1,189,010	
Jeff O ak	(ı) (ıı)	279,672	51,820	70,345	52,325	20,521	474,683	
Ronnie Hyatt	(ı) (ıı)		67,500	116,229	12,696	15,987	510,714	
James Phil Feisal	(ı) (ıı)		10,000	38,636	16,162	20,146	300,744	
Randall Romberger	(ı) (ıı)	216,431	64,168	130,489	40,747	14,031	465,866	
Lisa Slayton	(ı) (ıı)		36,504	67,966	9,952	5,317	300,027	
Johnna Reed	(ı) (ıı)		43,160	19,414	7,254	10,883	240,480	
Teresa Ficicchy	(ı) (ıı)		16,220	39,188	4,966	12,833	252,384	
Patricia Fowler	(ı) (ıı)		34,084	17,765	9,012	13,632	235,691	
Mary Jo Cagle MD	(ı) (ıı)		70,205	120,221	12,696	33,675	551,154	
Mary Hassett	(ı) (ıı)		67,500	133,543	5,415	13,108	490,151	
Nancy Graebner	(ı) (ıı)		58,703	91,431	12,559	18,740	404,920	
Elizabeth Keith	(ı) (ıı)		33,078	58,369	8,440	12,186	264,973	
Rowena Timms	(ı) (ıı)		30,420	63,780	7,762	16,597	255,940	
	(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
	1 '	Select executives receive country club memberships primarily for business use and certain business related expenses are reimbursed. Receipts are required to substantiate the amounts eligible for reimbursement
	Part I, Line 1b	
		SFH, Inc participates in executive retirement programs that allow for deposits into additional retirement plans, which are available only to key employees. The 457F plan is a non-qualified plan and is subject to a minimum three-year service requirement before vesting on deposits are made into this plan. Valinda Rutledge, \$213,062, John Shea, \$528,562, Jeff Oak, \$30,106, James Phil Feisal, \$24,286, Randall Romberger, \$49,890, Ronnie Hyatt, \$109,170, Mary Jo Cagle, MD, \$116,607, Mary Hassett, \$104,036, Nancy Graebner, \$82,191, Lisa Slayton, \$67,609, Johnna Reed, \$19,414, Elizabeth Keith, \$58,085, Rowena Timms, \$58,209, Teresa Ficicchy, \$39,188, Patricia Fowler, \$17,180
Supplemental Information		Part I, Line 3 Bon Secours Health System, Inc , a related organization of SFH, Inc , uses the following to establish the compensation of the organization's CEO/Executive Director Compensation Committee Independent Compensation Consultant Written Employment Contract Compensation Survey or Study Approval by the Board or Compensation Committee
	1	
	<del>                                     </del>	
	-	
	-	
	+	
	+	
	+	
	<del>                                     </del>	
	<del>                                     </del>	
	<u> </u>	

Software ID: Software Version:

**EIN:** 58-2504530

Name: SFH Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Deferred

(D) Nontaxable

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
V alında Rutledge	(ı) (ıı)	545,752	206,250	216,073	113,027	20,193	1,101,295	
John Shea	(ı) (ıı)	426,407	98,400	532,912	116,787	14,504	1,189,010	
Jeff O ak	(ı) (ıı)	279,672	51,820	70,345	52,325	20,521	474,683	
Ronnie Hyatt	(ı) (ıı)	298,302	67,500	116,229	12,696	15,987	510,714	
James Phil Feisal	(ı) (ıı)	215,800	10,000	38,636	16,162	20,146	300,744	
Randall Romberger	(ı) (ıı)	216,431	64,168	130,489	40,747	14,031	465,866	
Lısa Slayton	(ı) (ıı)	180,288	36,504	67,966	9,952	5,317	300,027	
Johnna Reed	(ı) (ıı)	159,769	43,160	19,414	7,254	10,883	240,480	
Teresa Ficicchy	(ı) (ıı)	179,177	16,220	39,188	4,966	12,833	252,384	
Patricia Fowler	(ı) (ıı)	161,198	34,084	17,765	9,012	13,632	235,691	
Mary Jo Cagle MD	(ı) (ıı)	314,357	70,205	120,221	12,696	33,675	551,154	
Mary Hassett	(ı) (ıı)	270,585	67,500	133,543	5,415	13,108	490,151	
Nancy Graebner	(ı) (ıı)	223,487	58,703	91,431	12,559	18,740	404,920	
Elizabeth Keith	(ı) (ıı)	152,900	33,078	58,369	8,440	12,186	264,973	
Rowena Timms	(ı) (ıı)	137,381	30,420	63,780	7,762	16,597	255,940	

### **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization SFH Inc

Employer identification number

58-2504530

Identifier Reference		Explanation
Form 990, Part VI, Section A, line 2		Board member Sam B Phillips and board member David Poole have a business relationship

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Bon Secours Health System, Inc is the sole member of Bon Secours St. Francis Health System, Inc , w hich in turn is the sole member of SFH, Inc

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The governing body of SFH, Inc is appointed by its member Bon Secours St. Francis Health System, Inc. and subject to approval by Bon Secours Health System, Inc

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Section A, line 7b		Certain authorities of SFH, Inc. are reserved to its member or to Bon Secours Health System, Inc.			

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The process the organization uses to review the Form 990 consists of a review by SFH, Inc's audit and compliance board committee and providing the form to SFH, Inc's board of directors to allow for a thorough review by both before the filing date of July 15, 2010 SFH, Inc's audit and compliance board committee and SFH, Inc's board of directors will review the Form 990 and ask any additional questions regarding the Form 990 before the return is filed by July 15, 2010

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		SFH, Inc regularly and consistently monitors compliance with the conflict of interest policy. On an annual basis all persons subject to the policy, including all officers, directors and key employees are required to make certain disclosures. These include disclosures related to certain personal, financial and organizational relationships that may present a conflict, or the appearance of a conflict of interest, with SFH, Inc. All disclosures go through a three-part review process. (1) disclosures are reviewed first by the corporate responsibility officer (CRO), (2) a governance team comprised of the CEO, board president, board chair, CRO, and the BSHSI CRO participates in a second review of all disclosures during which recommendations are made as to the resolution of any conflicts or potential conflicts. Depending on the facts and circumstances, resolutions may include ongoing disclosure, recusal or removal of the conflict, and (3) all disclosures and recommendations are reviewed by a board committee (audit and compliance committee reviews the disclosures of management and the governance committee reviews the disclosures of the board and board committee members)

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section B, Ine 15		The compensation committee of the board of Bon Secours Health System, Inc. engages in a comprehensive process for the oversight and management of remuneration for executive employees and disqualified parties of SFH, Inc. as well as other officers, key employees and highest paid employees. The compensation committee consists of a group of independent board members and engages external counsel to ensure they receive appropriate analysis of market and follow the practices necessary to obtain full compliance with the IRS's rebuttable presumption of reasonableness. The committee establishes and maintains a compensation philosophy, reviews pay practices against local, regional and national healthcare organizations and approves all remunerative decisions for this group of individuals. In addition, the committee receives assurances of the fair market value of all levels of compensation within the organization. The committee validates that incentives and performance based levels are met. These decisions are documented in the BSHSI board of directors and compensation committee minutes. Form 990, Part VI, Section B., Line 15b Compensation Process Other Officers/ Key Employees. For those key employees and highest paid employees that are not review ed by the BSHSI compensation committee, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. In the review, the other key employees or highest paid employees were compared to other hospitals' employees in the area that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in human resources.					

ldentifier		Return Reference	Explanation
	Form 990, Part VI, Section C, line 19		SFH, Inc provides any documents open to public inspection upon request

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2b	Description of why the financial statements were not audited	The financial statements of SFH, Inc. were audited on a consolidated basis at August 31, 2009. The Bon Secours Health System, Inc. (BSHSI) audit and compliance committee has been delegated powers to oversee the audited financial statements. The day-to-day operations of SFH, Inc. are managed by BSHSI and the independent audit firm is selected by BSHSI. SFH, Inc. undergoes an annual single audit under OMB Circular A-133 on a consolidated basis with all entities of BSHSI. This consolidated single audit was issued on May 31, 2010.

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a	Community Benefit Report	Over the past 8 years. Commently located along intersacte 85 and less than a two-hour drive to Astana, Georgia and Chantotte, North Carolina, Greenville Courty has become a premeral destination for applia investment that now totals approximately \$300 liberal minimal year is horned to 1700 corporate headquarters including Morelland that the control of the properties of the past of the pas

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4a (continued)		Experience of Al Other Community Benefit (except Community-Building Advises) BSSFHS has several community-based programs that ownerfly our comment to bearing good heigh's to hose in need in our community. Access to Oral Health Circle Program Oral disease is the most common, yet preventible, chronic health BSSFHS in concept the program or an experience of the program or an experience or a

ldentifier	Return Reference	Explanation					
Form 990, Part III, Line 4a (continued)		Community Building Activities at Cost Fiscal Year Ended August 31, 2009 (1) (2) (3) (4) (5) (6) (a) NA NA 23,456 2,258 21,198 5 00% (b) NA NA 30,023 18,876 11,147 2 60% (c) 15 108,983 1,188 3 1,185 0 30% (d) 1 599 696 0 696 0 20% (e) 1 708 2 0 2 0 00% (f) 4 70 826 0 826 0 20% (g) 21 110,360 56,191 21,137 35,054 8 20% (a) Charity care (b) Unreimbursed Medicaid and Other Means Tested Government Programs (c) Other Benefits Community Health Improvement Services and Community Benefit Operations Services (d) Health Profession Education (e) Subsidized Health Services (f) Financial/In-Kind contributions (g) Total (1) Number of Activities (2) Persons Served (3) Total Community Benefit (\$000) (4) Direct Offsetting Revenue (\$000) (5) Net Community Benefit (\$000) (6) % of Total Expenses Community Building Activities at Cost Fiscal Year Ended August 31, 2009 (1) (2) (3) (4) (5) (6) (a) 4 465 132 0 132 0 03% (b) 1 20 4 0 4 0 00% (c) 1 237 73 0 73 0 02% (d) 6 722 209 0 209 0 05% (a) Community Support (b) Leadership Development (c) Health Improvement Advocacy (d) Total (1) Number of Activities (2) Persons Served (3) Total Community Benefit (\$000) (4) Direct Offsetting Revenue (\$000) (5) Net Community Benefit (\$000) (6) % of Total Expenses					

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A	Explanation of hours and related compensation	Valinda Rutledge's compensation is paid by Bon Secours Health System, Inc (BSHSI). The compensation she receives is for her role as the CEO of the consolidated Bon Secours St. Francis Health System (BSSFHS) which includes oversight and montoring responsibility for all the BSSFHS related organizations. She is not compensated for her role as a Board Member of SFH, Inc Hours worked are not tracked on an entity by entity basis. Therefore, all hours reported on Form 990. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Ronnie Hyatfs compensation is paid by SFH, Inc. The compensation her receives is for his role as the CFO of the consolidated Bon Secours St. Francis Health System which includes oversight and montoring responsibility for all the BSSFHS related organizations. He is not compensated for his role as the Treasurer of the Board nor is he a board member. Hours worked are not tracked on an entity by entity basis. Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week kene Holicombe's compensation is paid by SFH, Inc. The compensation is ne receives is for her role as the Assistant to the CEO of the consolidated Bon Secours St. Francis Health System, Inc. She is not a board member Hours worked are not tracked on an entity by entity basis. Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week. John She's compensation is pad by Bon Secours Health System, Inc. (BSHSI). The compensation he receives is for his role as the Senior Vice President of Business Development of the consolidated Bon Secours Health System, Inc. (BSHSI). The compensation her receives is for his role as t

#### DLN: 93493194011570

OMB No 1545-0047

Open to Public Inspection

### **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Name of the organization **Employer identification number** 58-2504530 Part I **Identification of Disregarded Entities** (B) (C) (A)
Name, address, and EIN of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity Bon Secours Health System Inc Parent Org - Management 1505 Marriottsville Road SC 501(c)(3) N/A Line 11b, Type 2 Services Marriottsville, SC21104 52-1301088 Bon Secours St Francis Health System Inc 1 St Francis Drive Local System Parent Org SC 501(c)(3) Line 11b, Type 2 N/A Greenville, SC296013955 58-2504528 St Francis Foundation 1 St Francis Drive Grant Making Foundation SC 501(c)(3) Line 7 N/A Greenville, SC296013955 26-0012031 St Francis Physician Services 1 St Francis Drive Physician Services SC 501(c)(3) Line 11b, Type 1 N/A Greenville, SC296013955 13-4290167

Part III	<b>Identification of Rel</b>	ated Organiza	tions Taxa	able as a Part	nership
			(C)		

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of-year assets	(H Disprop allocat	l) ortionate :ions?	Gene mana	
		l i	l				Yes	No	Yes	No
Upstate Surgery Center  1 St Francis Drive Greenville, SC296013955 56-2186977	Ambulatory Surgery Center	SC	N/A	Related	768,352	1,622,427		No		No

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of-year assets	<b>(H)</b> Percentage ownership
Health Care Enterprises Inc 1 St Francis Drive Greenville, SC296013955 57-1012852	Holding Company	SC	N/A	С	-140,697	319,729	100 000 %

Yes

### Part V Transactions with Related Organizations

1 During	tha tay v	aar did t	ha oraranization	andada in any	of the following	transactions with	one or more rel	atad arganizations	licted in Darte	TT_TV2
<b>I</b> Duillie	i riie rav š	cai, uiu t	ne orgranización	i eliyaye ili aliy	OI LITE TO HOWITH	i cialisacciolis Wich	one or more ren	ateu organizations	noteu III raito	TI-IA.

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- Loans or loan guarantees to or for other organization(s)
- Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	St Francis Foundation Inc	С	662,327
(2)	HSO Health Benefits	D	1,731,560
(3)	HSO Health Benefits	Е	1,556,289
(4)	IS Central Operations	к	7,440,854
(5)	Bon Secours Health System Inc	0	38,102,725
(6)			

1a		No
1b		No
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g 1h 1i		No
1h		No
1i		No
1j		No
1k 1l	Yes	
<b>1</b> I		No
1m		No
<b>1</b> n		No
10	Yes	
1р		No
1-		No
1q 1r		No

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(F) Share of end-of-year assets  (F) Disproprtio allocations			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	