

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



JSA 8E 1010 2 000

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)

benefit trust or private foundation)

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

2008

OMB No 1545-0047

Open to Public Inspection

A F	or the	e 2008	cale	ndar ye	ear, or tax	year be	ginning	1	0/01	, 2008,	and	ending				30 <b>, 20</b> 09
<b>B</b> _c	neck if app		Please	C Name	of organizat	tion CON	WAY HO	SPITAL A	NEST	HESIA	PRC	FESSION	D Employ	er id	entificat	uon number
Г	Addres		use IRS label or		Business As	s							20-8	81	7302	
	7 -	change	pnnt or		per and stree	et (or POb	oox if mail is i	not delivered to s	street ac	idress)		Room/suite	E Teleph	one n	umber	
	Initial	return	type See	300	SINGLET	דON RTI	DGE ROZ	ΔD					(843	3) 3	42-80	0.37
	Termin	nation	Specific		or town, state							1	1	., <u>u</u>		
$\vdash$	Amend	1	Instruc- tions	CONIN	AY, SC	20526							G Gross	receio	its \$	1,394,773.
-	return Applic	ation	F Na	ame and	address o	of principal	officer Du	ILIP CLA	VTO	······································			H(a) Is this			
_	pendin	ng											affdiate	es?		F
_	<del></del>							WAY SC, S					-			see instructions)
		empt sta		1	1(c) ( 3 )			4947(a)(1) or	l	527			-		-	•
				1 1	AYHOSPI		_				т.		H(c) Group	1		
		f organi			rporation	Trust	Associa	tion Other	<u>r</u> ▶		L	Year of forma	1110n 2007	M	State of	f legal domicile SC
Pa	rt I	Sun	nmary	<u>y</u>				<u></u>								
	1	Briefly	descr	ibe the o	organization	n's missio	n or most s	significant activ	nties _							
e)		<u>SEE</u>	SCHE	<u>EDULE</u>		<b></b> -										
& Governance				<b></b>											<b></b>	
e.				- <del></del>											<del></del>	
š	2	Check	this bo	юх ▶ [	if the o	rganizatio	n discontir	nued its opera	tions (	or dispose	d of m	ore than 25%	% of its asse	ets		
ক ক	3	Numb	er of v	oting me	embers of t	the govern	ing body (F	Part VI, line 1a)	)						3	3
es	4	Numb	er of in	ndepend	ent voting i	members	of the gove	erning body (P	art VI,	line 1b)					4	NONE
<u> </u>														• • •	5	NONE
Activities					inteers (esti									• • •	6	NONE
~								I, line 12, colui						• • •	7a	NONE
								90-T, line 34							7b	NONE
		ivet ui	ii Ciu(C	u busine	,oo toxooic	11.00.110.110	<u> </u>	7, 1110 0 7	·····	<u> </u>	• • •		Prior Y	ear		Current Year
	8	Contri	hution	and ara	nte /Part \/I	III lina 1h)										
ıne		Decare	DU LIOIT	and gra	IIIS (Fait Vi	/III, IIIIC 111)			• • •			· · · · ⊢				NONE
Revenue	9	Progra	ıın ser	vice reve	nue (Part V	/III, IIIIe 29	<sup>1)</sup>					• • • • -		9,9		1,394,755.
æ	10	invest	ment II	income (	Part VIII, co	orumn (A),	ines 3, 4,	and 7d)				• • • •	<u>`</u>	9,7	20.	18.
								9c, 10c, and 1								NONE
_								Part VIII, colum					969	7	12.	1,394,773.
								), lines 1-3)								NONE
	14											NONE NONE				
es	15	Salaries ether compensation, employee benefits (Part IX, column (A), lines 5-10)								3,482,716.			3,062,495.			
Expenses	16 a	Profes	Professional-fundrersing fees (Put) X, column (A), line 11e)										NONE			
ğ	b,	Total 1	undrai	ising exp	oenses, Par	<b>股</b> colum	nn (D), line	25) ▶								
ш	17	<b>⊚</b> er	ex <b>h</b> en	<b>s</b> es [Pa	<b>ի I%</b> ,ԹֆՈլու	n (A) lines	s 11a-11d,	11f-24f)				L	240	0,1	16.	269,716.
	18	rotal e	expens	ses Add	lines 13-1	Shust ed	qual Part IX	, column (A), I	ine 25)				3,722	2,8	32.	3, 332, 211.
			<del>ue les</del>	experi	ses Subtra			2					-2,753	3,1	20.	-1,937,438.
P 8			OG	<b>SDER</b>	V, UI	لي							Beginning			End of Year
sets or	20	Total a	assets	(Part X,	line 16)								359	9,0	01.	440,571.
Net Ass Fund Ba	21				X, line 26)								2,241			4,260,599.
E e	22							ne 20				• • • • •	-1,882			-3,820,028.
	itell			re Bloc					<del></del>		• • •	• • • • •	1,002		<del>70.</del> [	3,020,020.
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		and b	penan ehef, it	t s true,	correct, and	complete	Declaration	of preparer (c	other th	ian officer)	is ba	sed on all in	formation of	whic	h prepa	e best of my knowledge arer has any knowledge
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Parc			arer's	-	Mr. as			signed by Melch	nor,	Date		Check if self-	ـــــ		eparens e instruc	
	, parer's	signa		<u> </u>	1º11 DEC		Michele			8/12/	/201	0 employe		<u>L</u>		
	Only	Firm:	s name -emptoy	(or yours	GRANT	THORN	TON LL	Р					EIN	▶		
		addre:	ss, and	ZIP + 4	201 S C	COLLEGE S	T , STE	2500 CHARLOT					Phone no		70	4-632-3500
Ma	y the I	RS dis	cuss t	his retur	n with the r	preparer sl	hown above	e? (See instruc	ctions)	· · · · ·	<u></u> .					X Yes No
For	Priva	cy Act	and P	Paperwo	rk Reducti	ion Act No	tice, see tl	ne separate in	structi	ons.						Form <b>990</b> (2008)

orm 990 (2008)				raye Z
		Accomplishments (see instructions)		
=	ibe the organization's mission	l		
SEE SCHE	DULE O			<del></del>
	·			
Old the orga	anization undertake any sign	ificant program services during the y	year which were not listed on	
				Yes X No
	ribe these new services on So			
		or make significant changes in how it	conducts, any program	
services?	<del>_</del>			Yes X No
If "Yes," desc	cribe these changes on Sched			
		nts for each of the organization's three		
		tions and section 4947(a)(1) trusts are		nts and
allocations to	o others, the total expenses, a	and revenue, if any, for each program s	ervice reported	
a (Code	) (Expenses \$3,1	76,048. including grants of \$	) (Revenue \$	4,755. )
AS A SUF	PPORTING ORGANIZATIO	N OF CONWAY HOSPITAL INC,	CONWAY	
		SIONAL SERVICES PROVIDES A		
NURSI NG	SERVICES AND RELATE	D ADMINISTRATIVE SUPPORT	TO THE	
HOSPITAL	THUS INCREASING TH	HE EFFICIENCY AND ACCURACY	OF BILLING	
FOR ANES	STHESIA SPECIALISTS	USED BY THE HOSPITAL. THI	S LEADS TO A	
BETTER (	QUALITY OF CARE AND	A BETTER EXPERIENCE FOR T	HE PATIENTS OF	
CONWAY 1	HOSPITAL.			
				-
tb (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
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1 o (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
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1d Other progr	am services (Describe in Sch	edule ()		
Expenses \$:	· ·		e \$ \	
		3, 176, 048. (Must equal Part IX,		<del></del>
SA TOTAL PROGR	am service expenses P #	3, 1 /0, U48. (must equal i alt ix,	20,000,00	Form <b>990</b> (200
E1020 1 000				. 5 556 (200)

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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B. Schedule G. Contributors?  3 Did the organization required to complete Schedule B. Schedule G. Contributors?  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 II  3 Sections 501(c)(4), son (c)(5), and 501(c)(6) organizations, between the organization subject to the section 6033(e) notice and reporting requirement and proxy law? If "Yes," complete Schedule C, Part III  5 Sections 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 law? If "Yes," complete Schedule C, Part III  5 Did the organization remain 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 II  7 Did the organization receive or hold a conservation essement, including easements to preserve open space, the emironment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization report an amount in Part X, line 21, serve as a custodiant for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V is 10 the organization report an amount in Part X, lines 10, 12, 13, 15, or 250 II "Yes," complete Schedule D, Part V is 11 Did the organization hold assets in term, permanent, or quasa-endowments? If "Yes," complete Schedule D, Part X IV, IVII, IV, Or X as applicable  10 Did the organization hold assets in term, permanent, or quasa-endowments? If "Yes," complete Schedule D, Part X IV, IVII, IV, Or X as applicable  11 Did the organization hold assets in term, permanent, or quasa-endowments? If "Yes," complete Schedule D,		90 (2008)		F	age 3
1 Is the organization described in section 501(c)(3) or 4847(a)(1) (other than a private foundation)? If Yes,* complete Schedule B, Schedule of Contributors? 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Dolf the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If Yes,* complete Schedule C, Part II I Section 501(c)(3) organizations. Dolf the organization subject to the section 6033(e) in the school of C, Part II I Section 501(c)(3), 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 I Section 501(c)(3), 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 I Section 501(c)(3), and 501(c)(6) organizations. It is the organization should be reported active to the section 6033(e) and the environment, historic land areas, or historic structures? If Yes,* complete Schedule D, Part II I Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If Yes,* complete Schedule D, Part II I Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic structures? If Yes,* complete Schedule D, Part II I Did the organization receive an amount in Part X, line 21, serve as a custodian for amounts not lated in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If Yes,* organization receive an audited financial statement for the year for which it is completed Schedule D, Part IV II I Did the organization receive an audited financial statement for the year for which it is completed Schedule D, Part IV II I I I I I I I I I I I I I I I I	Part	Checklist of Required Schedules		· · · · · ·	
complete Schedule A  2	4	Is the organization described in section E01(a)(2) or 4047(a)(1) (other than a private foundation)? If "Ves."		Yes	No
2 Is the organization required to complete Schedule B, Schedule C Contributors? 3 Did the organization region in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  5 Sections 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  5 Sections 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  6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  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 III  8 Did the organization maintain collections of works of art, historical researces, or other similar assets? If "Yes," complete Schedule D, Part III  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 negotation services? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part IV  11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part IV  12 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part IV  13 Is the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part IV  14 In Did the organization report on Part IV, column (A), line 3 in management, complete Schedule D, Part II  15 Did the organization	1	annulate Oak III A	.	. l	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices // *Pes**, "organizations. Did the organization engage in lobbying activities? // *Pes**, complete Schedule C, Part // *Sections \$01(c)(4), \$01(c)(5), and \$01(c)(5) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tas? // *Pes**, "complete Schedule C, Part III	2				
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4 Section 501(c)(1) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedulo C, Part II Sections 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 Schedulo C, Part III Part 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 Schedulo D, Part II D to the organization receive or hold a conservation easement, including easements to preserve open space. The environment, historical adreas or historic structures? If "Yes," complete Schedulo D, Part III To Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedulo D, Part III To Did the organization proport in 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 serves? If "Yes," complete Schedulo D, Part IV D D the organization hold assets in term, permanent, or guase-endowments? If "Yes," complete Schedulo D, Part V D D the organization to pent an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedulo D, Part V D D the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedulo D, Part V D D the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedulo D, Part V D D the organization report an amount in Part X, lines 10, 12, 13, 13, or 25? If "Yes," complete Schedulo D, Part X, X, II, and XIII D the organization as actived devices the section of the U S?  10 the organization as chool described in section 170(b)(1)(A)(II) "If "Yes," complete Schedulo E, Part II D D D the organization have aggregate revenues or expenses of more than \$10,000 from granitaxing, fundraising, business, and program			3	1	Х
Sections 501c(c)(4), 501c(c)(5), and 501c(t)(5) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and providary if "Yes," complete Schedule C, Part II provide advice on the distribution or investment of amounts in such funds or accounts "If "Yes," complete Schedule D, Part II of the organization receiver 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 to the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 to 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 negoliation services? If "Yes," complete Schedule D, Part IV 8 to the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 bit the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 bit the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 bit the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 bit X 10 bit the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 bit X 10 bit the organization as chool described in section 170(b)(1)(A)(I)(I) "Yes," complete Schedule D, Part X IV, IV, VIV, IV, VIV, VIV, VIV, VIV,	4				
5 Sections 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 proy lax/ if "Yes," complete Schedule C, Part II provided advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II provided advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II provided advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III provided and in the organization maintain collections of works of art, historical treasures, or other smilar assets? If "Yes," complete Schedule D, Part III provided credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III provided credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV provided credit counseling, debt management, or quasi-endowments? If "Yes," complete Schedule D, Part V, VI, VIII, VIII, VII, X or X as applicable.  10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V, VI, VIII, VIII, X or X as applicable.  11 Did the organization as school described in section 170(b)(1)(A)(N)? If "Yes," complete Schedule D, Part V, VIII, VIII, VIII, X or X as applicable.  12 Did the organization as school described in section 170(b)(1)(A)(N)? If "Yes," complete Schedule E, 11 and VIII as the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, and programs service activities outside the U S "If "Yes," complete Schedule F, Part II and VIII as X bid 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? If "Yes," complete Schedule F, Part II and VIII as X bid the organization report more than \$1			4		<u>X</u>
5 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 II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part II 7 X X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 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," complete Schedule D, Part IV 8 X Complete Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quase-endowments? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 X 13 is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 13 X X 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part II 1 X 14 X 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, and programs service activities outside the U S at 18, 50,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 1 X 14 X 15 Did the organization have a division of	5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		}	
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 , X		ti tititi i tititi i	5		
Schedule D, Part I  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	6	- · · · · · · · · · · · · · · · · · · ·			
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X X Bid the organization maintain collections of works of art, historical treasures, or other smilar assets? If "Yes," complete Schedule D, Part III 8 X X 9 Portion of 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, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V V 10 X 11 Did the organization report an amount in Part X, line \$10, 12, 13, 15, or \$25? If "Yes," complete Schedule D, Part VI, VIII, IX, or X as applicable 11 X 12 X 13 Is the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GANP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 X 13 Is the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GANP? If "Yes," complete Schedule E 13 X X 14a Did the organization maintain an office, employees, or agents outside of the U S ? 1 In the organization maintain an office, employees, or agents outside of the U S ? 1 In the organization 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? If "Yes," complete Schedule F, Part II 11 X 14b X 15b Did the organization report more than \$15,000 on Part X, column (A), line 3 in the Intel® 11 In the Intel® 11 In the Intel® 11 In		Debadula D. Dadil	ا ۽		v
But the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		•		<u> </u>
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," and 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," complete Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 X 13 is the organization a school described in section 170(b)(1)(A)(I)" If "Yes," complete Schedule E, Part I 14 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 1 14 X 14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 or grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 1 15 Did the organization report more than \$15,000 and Part IXI, lines te and Bar It "yes," complete Schedule G, Part II 1 15 Did the organization report more than \$15,000 and Part IXI, lines te and Bar It "yes," complete Schedule G, Part II 1 17 X 18 Did the organization report more than \$15,000 and Part IXI, lines te and Bar It "yes," complete Schedule G, Part II 1 17 X 18 Did the organization report more than \$15,000 and Part IXI, lines te and Bar It "yes," complete Schedule G, Part II 1 18 X 19 Did the organization report more than \$15,000 and Part IXI, lines te and Bar	•		7		x
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not lated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X as applicable  11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAPP? If "Yes," complete Schedule D, Part X X, IXI, and XIII  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14 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 II  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? If "Yes," complete Schedule F, Part III  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? If "Yes," complete Schedule F, Part III  17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part III  18 Did the organization report more than \$15,000 on Part IX, IX, column (A), line 11e? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospitals? If "Yes," complete Schedule F, Part III  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule F, Part III  21 Did the organization operate one or more hospitals? If "Yes," complete Schedule F, Part III  22 Did the organization maintain an ascrow acc	8				
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not lated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X as applicable 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAPP? If "Yes," complete Schedule D, Part X X, IXI, and XIII 13 Is the organization a accordance with GAPP? If "Yes," complete Schedule D, Part X X, IXI, and XIII 14 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 I 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? If "Yes," complete Schedule F, Part II I 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? If "Yes," complete Schedule F, Part II I I 17 Did the organization report more than \$15,000 on Part IX, column (A), line 110 ft "Yes," complete Schedule G, Part II I I 18 Did the organization report more than \$15,000 on Part IX, localing (A), line 110 ft "Yes," complete Schedule G, Part II I I I I I I I I I I I I I I I I I		complete Schedule D, Part III	8		Χ
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Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10					
Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  11			-		
Parts VI, VII, VIII, IX, or X as applicable  Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 X  14a Did the organization 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  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or enitry located outside the United States? If "Yes," complete Schedule F, Part III  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? If "Yes," complete Schedule F, Part III  17 Did the organization report more than \$15,000 on Part IX, column (A), line 10° If "Yes," complete Schedule G, Part I II  18 Did the organization report more than \$15,000 on Part IX, column (A), line 10° If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospitals? If "Yes," complete Schedule I, Parts I and II  20 Did the organization report more than \$5,000 on Part IX, column (A), line 10° If "Yes," complete Schedule I, Parts I and II  21 Did the organization report more than \$5,000 on Part IX, column (A), line 10° If "Yes," complete Schedule I, Parts I and III  22 Did the organization report more than \$5,000 on Part IX, column (A), line 10° If "Yes," complete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule I, Parts I and III  24 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule I, Parts I and III  25 Did the organization and as an "on behalf of" issuer f		- · · · · · · · · · · · · · · · · · · ·	10		X
Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 X  13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X  14a Did the organization maintain an office, employees, or agents outside of the U S ? 0  15 Did the organization have aggregate revenues or expenses of more than \$10,000 from granitraking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I 1  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? If "Yes," complete Schedule F, Part II 15 X  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? If "Yes," complete Schedule F, Part III 15 X  17 Did the organization report more than \$15,000 on Part IX, column (A), line 11° If "Yes," complete Schedule G, Part II 17 X  18 Did the organization report more than \$15,000 on Part IX, column (A), line 11° If "Yes," complete Schedule G, Part II 18 X  19 Did the organization report more than \$15,000 on Part IX, column (A), line 11° If "Yes," complete Schedule G, Part II 19 X  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule I, Parts I and II 21 X  21 Did the organization persor more than \$5,000 on Part IX, column (A), line 12° If "Yes," complete Schedule I, Parts I and II 21 X  22 Did the organization more than \$5,000 on Part IX, column (A), line 12° If "Yes," complete Schedule I, Parts I and III 21 X  23 Did the organization more than \$5,000 on Part IX, column (A), line 22° If "Yes," complete Schedule I, Parts I and III 21 X  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of th	11		44	v	
that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  13 Is the organization a school described in section 170(b)(1)(A)(II) If "Yes," complete Schedule E  14 Did the organization maintain an office, employees, or agents outside of the U S?  15 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 II  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? If "Yes," complete Schedule F, Part II  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? If "Yes," complete Schedule F, Part III  17 Did the organization report more than \$15,000 on Part IX, column (A), line 12° If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III  19 Did the organization report more than \$15,000 on Part IX, column (A), line 12° If "Yes," complete Schedule G, Part III  20 Did the organization report more than \$5,000 on Part IX, column (A), line 12° If "Yes," complete Schedule G, Part III  21 Did the organization report more than \$5,000 on Part IX, column (A), line 12° If "Yes," complete Schedule I, Parts I and III  22 Did the organization report more than \$5,000 on Part IX, column (A), line 12° If "Yes," complete Schedule I, Parts I and III  22 Did the organization and servexempt bond seve 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  24b Did the organization mental an	12		- ' '	Х.	
13 Is the organization a school described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule E  13 X  14a Did the organization maintain an office, employees, or agents outside of the U.S.?  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  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? If "Yes," complete Schedule F, Part II  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III  17 Did the organization report more than \$15,000 on Part IX, column (A), line 11° If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 on Part IX, column (A), line 11° If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H, Parts I and III  20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III  21 Did the organization mainten and \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  21 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule I, Parts I and III  22 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  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24a D			12		x
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business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I  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? If "Yes," complete Schedule F, Part II  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? If "Yes," complete Schedule F, Part III  Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III  Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule G, Part III  Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule I, Parts I and III  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  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?  24a	14a	***********	14a		X
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organization or entity located outside the United States? If "Yes," complete Schedule F, Part II  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? If "Yes," complete Schedule F, Part III.  17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II.  18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III.  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H.  21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III.  21 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 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule I, Parts I and III.  22 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.  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I.  25d Did the organization or by a current or former officer, director, trustee, key employee, highly compensated employee,			14b		Х
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to individuals located outside the United States? If "Yes," complete Schedule F, Part III.  16	16		15		-X
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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	20		_		
Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule J  23					
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  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  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  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  25a X  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			22		X
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	23		22	l .	
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  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  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 X  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		·			į
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  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  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 X  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		an are a second and a second an	24a		x
to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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  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 X  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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  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 X  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	С				
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with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 x  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		•	24d		
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 ×  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25a		25-		.,
person from a prior year? If "Yes," complete Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	h		<b>∠</b> 58		<u>*</u>
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	b	Commence of the commence of th	25b		×
1 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26		<b></b>		<del> </del> _
, , , , , , , , , , , , , , , , , , , ,		disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	27				
substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III   27   X	10.	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	<u> </u>	·

Par	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			l
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			ĺ
	Part IV	28a		x
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		x
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	- <u>-</u> -		
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,			
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
	section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			_
•	III, IV, and V, line 1	34	x	ĺ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	_ <del></del>	_^	
	Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100		_
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part			ĺ
	VI	37		x
		J 3 /		

Form **990** (2008)

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Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			1
	U.S. Information Returns Enter -0- if not applicable	š,		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			• 1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	X	<del></del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	4	`	
	Statements, filed for the calendar year ending with or within the year covered by this return La NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<del></del>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			ĺ
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	'		ŀ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a	(s.4) *	X
b	If "Yes," enter the name of the foreign country	di.		, i
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		٠ ج	_ !
	and Financial Accounts	<u> </u>	~ g. (	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			1
	Prohibited Tax Shelter Transaction?	5с 6а		- V
	Did the organization solicit any contributions that were not tax deductible?	Ua		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 b		
_	gifts were not tax deductible?	55		
7	Organizations that may receive deductible contributions under section 170(c).	7a		X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	required to file Form 8282?	7 c		X
ы	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		1
-	benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		۵.	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		-	1
	organization, have excess business holdings at any time during the year?	8		<u> </u>
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		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	-	,	
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	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them )	٠. ا	-	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • •	12a		$\vdash$
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	L	. 000	(2008
		rom	・フフリ	12008

Par	Governance, Management, and Disclosure (Sections A, B, and C request information about porrequired by the Internal Revenue Code)	licies	not	
Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			İ
b	Enter the number of voting members that are independent			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	<u>X</u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	ļ
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			İ
a	The governing body?	8a	X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	l		
4.0	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	١		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<u> </u>	<del></del>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	٠. ا		
Soot	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies	11		X
Sect	IOII B. POlicies		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		110
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124	X	<del> </del>
	rise to conflicte?	12b	v	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	<del> </del>
·	department on Cahadida O hayy this is done	12c	Ų	
13	Does the organization have a written whistleblower policy?	13	X	<del> </del>
14	Does the organization have a written document retention and destruction policy?	14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by		_^	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b		15b	X	<u> </u>
-	Describe the process in Schedule O (see instructions)	100	_^	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1.00	-	1
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			l
		16b		
Sect	ion 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 Forms 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	, _ Uy	•	
	Own website Another's website X Upon request			

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization ▶BRET\_BARR\_300\_SINGLETON\_RIDGE\_ROAD\_CONWAY, SC\_29526\_\_\_\_\_\_

policy, and financial statements available to the public.

843-347-7111

Form 990 (2008)

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# 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

| x | 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), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(E) (F) Position (check all that apply) Name and Title Average Reportable Reportable Estimated Officer compensation Highest co employee compensation amount of hours per Individual trustee or director ě Former Institutional week from from related other employee ( the organizations compensation compensated organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization l trustee and related organizations PHILIP CLAYTON NONE 499,977. 171,268. PRESIDENT BRET BARR TREASURER X NONE 243,053. 51,534. DWIGHT GENTRY Х NONE 174,639 16,037. SECRETARY MARY TAYLOR CRNA 40. 192,770 NONE 8,719. GAIL MCMILLAN 40 NONE 15,525. CRNA 192,059 M. E. RAMEY PRESSON CRNA 40 190,725 NONE 8,719. CLAUDIA ROGERS 40 188,985 NONE 15,525. CRNA MARY ANN PAGE 40 183,940 NONE 15,525. CRNA

Part VII Section A. Officers, Directors, Tru (A)	(B)	<u>,</u>		<u>) ((</u>			3	(D)	(E)		(F)
Name and title	Average hours per		_	chec	•	that app		Reportable compensation	Reportable compensation		Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	y employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizat (W-2/1099-	ions	other compensation from the organization and related organizations
	:										
	-										
					-						
	-										
					-						
											· · · · · · · · · · · · · · · · · · ·
b Total				٠	٠		▶	948,479.	917	,669.	302,852
? Total number of individuals (including thos organization ► 5							han	\$100,000 in re	portable co	ompens	ation from the
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											Yes No
For any individual listed on line 1a, is the the organization and related organizations individual	greater t	han \$	15	0,00	00?	If "Y	es,	" complete Sched	dule J for		4 X
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"	e or acc "complete	rue c Sched	om dule	pen: <i>J fo</i>	satı ır su	on fro	om rsoi	any unrelated o	organizatior	for	5
Section B. Independent Contractors									Al-	040	20.000 -4
Complete this table for your five highest compensation from the organization.	compensa		nae	pen	aen	t con	trac	ctors that receive	o more in	an Sic	
(A) Name and business add	dress							(B) Description of se	ervices	(	(C) Compensation
NONE							+-				
							1				
	_						+			-	
2 Total number of independent contractors ( compensation from the organization ▶	including NONE	those	ın	1)	who	rece	eive	d more than \$10	00,000 in		
		•						<del></del>	•		Form <b>990</b> (20

rt VIII	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
1a b	Federated campaigns 1a  Membership dues 1b	_			
С	Fundraising events 1c	_			
d	Related organizations 1d	_			
e	Government grants (contributions) 1e	_			
f	All other contributions, gifts, grants,				
	and similar difficulties for induded above	<u>ON</u> E			
	Noncash contributions included in lines 1a-1f \$				
h	Total. Add lines 1a-1f	1		-3-	
1	Business Co				<del></del>
2a b	NET PATIENT REVENUE 621110	1, 394, 755.	1,394,755		
ءَ ا			Ì		
ď			İ		
f	All other program service revenue				
	Total. Add lines 2a-2f				
3	Investment income (including dividends, interest, and				
	other similar amounts)	18		NONE	1:
4	Income from investment of tax-exempt bond proceeds				
5	Royalties · · · · · · · · · · · · · · · · · · ·	•			
"	(i) Real (ii) Persona				
	Crees Bosts				
6a	Gross Rents	<del>-</del>			
b	Less rental expenses				
C	Rental income or (loss)	. NONE		-	~
d	Net rental income or (loss)				
7a	Gross amount from sales of				
	assets other than inventory	<del> </del>			
b	Less cost or other basis				
	and sales expenses				
1 .	Gain or (loss)				-
d	Net gain or (loss)	. NONE		- <del></del>	
8a	Gross income from fundraising				1
	events (not including \$	}			1
	of contributions reported on line 1c)				
	See Part IV, line 18 a				
	Less direct expenses b	<b></b>   ·			
C	Net income or (loss) from fundraising events	. NONE			<del> </del>
9 a	Gross income from gaming activities				
ļ	See Part IV, line 19 a				
b	Less direct expenses b			<del></del>	
С	Net income or (loss) from gaming activities	. ► NONE			ļ
10a	Gross sales of inventory, less returns and allowances				
_	Less cost of goods sold b	<del>- </del>			
	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Co				
44-				-	
11a		<del>                                     </del>			<del> </del>
b		1	<del></del>		<del> </del>
1					<del> </del>
С	- m				
c d	All other revenue		-		<u> </u>
c d	All other revenue	NONE	-		

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple		not required to com	piete columns (B), (C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Totał expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	NONE			
2	Grants and other assistance to individuals in				<u> </u>
	the U.S. See Part IV, line 22	NONE	1		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
•	trustees, and key employees	NONE			
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	2,713,948.	2,657,710.	56,238.	
8	Pension plan contributions (include section 401	2,713,310.	2703171101	307230.	
-	(k) and section 403(b) employer contributions).	74,725.	71,913.	2,812.	
9	Other employee benefits	123, 946.	118, 865.	5,081.	
10	Payroll taxes	149,876.	147,074.	2,802.	
11	Fees for services (non-employees)	115,070.	21,70,11.	2,002.	<del></del>
	Management	NONE			
	Legal	760.		760.	
	Accounting	11,900.		11,900.	
	Lobbying	NONE			
е	Professional fundraising services See Part IV, line 17	NONE			
f	Investment management fees	NONE			
g	Other	101,184.	26,215.	74,969.	
12	Advertising and promotion	NONE			
13	Office expenses	NONE			
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE		-	
21	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	NONE			
23		59,507.	59,507.		
24	Other expenses Itemize expenses not	j			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )			!	
	· • • • • • • • • • • • • • • • • • • •	04.364	04.764		
	BAD_DEBT	94,764.	94,764.	1 (01	• · · · ·
b	SERVICE_CHARGES	1,601.		1,601.	
C د					
d					
e	All other expenses				
	Total functional expenses. Add lines 1 through 24f	3, 332, 211.	3,176,048.	156,163.	
	Joint Costs. Check here ► If following	3, 332, 211.	5,110,040.	100,100.	
- 0	SOP 98-2 Complete this line only if the organization		l		
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

1 Accounting method used to prepare the Form 990 Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	P.a.	rt X	Balance Sheet					
2   Savings and temporary cash investments   2   3   Pedgess and grains receivable, net   3   3   4   4   4   4   4   5   5   6   6   6   6   6   6   6   6				(A) Beginning of year				
3   Pledges and grants receivable, net   233, 945, 4   111, 17		1	Cash - non-interest-bearing	125,056.	1		329,3	392.
A Accounts receivable, net  5 Receivables from other disqualified persons (as defined under section  4 Receivables from other disqualified persons (as defined under section  4 958(f)(1)) and persons described in section 4958(c)(3)(8) Complete Part II of Schedule L  7 Notes and loans receivable, net  7 Notes and loans receivable, net  7 Notes and loans receivable, net  8 Inventores for sales or use  8 Inventores for sales or use  10 Perpade expenses and deferred charges  9 Perpade expenses and deferred charges  10 Perpade expenses and deferred charges  10 Perpade expenses and deferred charges  11 Investments - publicly traded securities  11 Investments - publicly traded securities  11 Investments - program-related See Part IV, line 11  13 Investments - program-related See Part IV, line 11  14 Intaggle assets  15 Other assets See Part IV, line 11  16 Total assets See Part IV, line 11  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow account liability Complete Part IV of Schedule D  22 Payables to current and former officers, directors, frustess, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  22 Payables to current and former officers, directors, frustess, key employees  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable.  25 Other habilities. Add Imes 17 through 25.  26 Total liabilities. Add Imes 17 through 25.  27 Unrestricted net assets  28 Permanently restricted net assets  29 Permanently restricted net assets  20 Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  29 Unrestricted net assets  20 Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  21 Unrestricted net assets  22 Permanently restricted net assets  23 Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	i	2	Savings and temporary cash investments		2			
Secretables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		3	Pledges and grants receivable, net		3			
employees, or other related parties. Complete Part II of Schedule L		4	· • • • • • • • • • • • • • • • • • • •	233, 945.	4	1	11,	<u>179.</u>
8 Receivables from other disqualified persons (as defined under section 4958(f(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L  7 Notes and loans receivable, net 8 Inventiones for sales or use 8 as 9 Prepared expenses and deferred charges 9 Prepared expenses and deferred charges 10a Land, buildings, and equipment cost basis. 10a   b Less accumulated deprecation Complete Part VI of Schedule D. 11 Investments - publicly traded securities. 10b   12 Investments - publicly traded securities. 111   13 Investments - portal related See Part IV, line 11   14 Intangible assets. 114   15 Other assets See Part IV, line 11   16 Total assets. Add lines 1 through 15 (must equal line 34)   359, 001, 16   440, 57   17 Accounts payable and accrued expenses.   338, 220, 17   422, 36   18 Grants payable.   19 Deferred revenue   19   20 Tax-exempt bond liabilities   20   21 Tax-exempt bond liabilities   20   22 Payables to current and former officers, directors, frustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D   22   22 Expense Complete Part V of Schedule D   22   23 Excured mortgages and notes payable to unrelated third parties   22   24 Unsecured notes and loans payable.   22   25 Other labilities. Add lines 17 through 25.   2, 241, 591, 26   4, 260, 55   26 Organizations that do not follow SFAS 117, check here ▶   and complete lines 27 through 29, and lines 33 and 34.   27 Unrestricted het assets   28   28   Permanently restricted net assets   29   29 Organizations that do not follow SFAS 117, check here ▶   and complete lines 30 through 33.   33, 20, 01, 34   440, 57   30 Capatial stock or trust principal, or current funds   32   31 Fotal net assets or fund balances   31, 82, 590, 31   34, 340, 59   32 Patt-en or capital surplus, or land, building, or equipment fund   31   33 Patt-en or capital surplus, or land, building, or equipment fund   31   34 Total labilities And lines 13 expenses   34, 36, 30   36, 30   37, 30   37, 30   37		5						
4958(f)(1) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			· · ·		5			
of Schedule L		6						
10   Notes and loans receivable, net	ı							
8   Inventiones for sales or use   8   9   Prepaid expenses and deferred charges   9   Prepaid expenses and deferred charges   10 a Land, buildings, and equipment cost basis			}					
10 a Land, buildings, and equipment cost basis.   10 a	ş	7	· · · · · · · · · · · · · · · · · · ·					
10 a Land, buildings, and equipment cost basis.   10 a	SS		· · · · · · · · · · · · · · · · · · ·					
b Less accumulated depreciation Complete   Part VI of Schedule D.   10c	۷	-	- · · · · · · · · · · · · · · · · · · ·		9			
Part Vi of Schedule D.   10b								
11   Investments - publicity traded securities   11   12   12   13   14   15   15   15   15   15   15   16   16		b						
12   Investments - other securities See Part IV, line 11   13   14   15   15   14   15   15   15   16   16   15   16   16								
13   Investments - program-related See Part IV, line 11   13   14   114   144   1			· · · · · · · · · · · · · · · · · · ·		<del></del>			
14   Intangible assets   14   16   15   15   16   16   17   17   16   17   17   17					<del></del>	<del></del>		
15 Other assets See Part N, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34)					<del></del>			
16   Total assets. Add lines 1 through 15 (must equal line 34)   359,001   16   440,57     17   Accounts payable and accrued expenses   338,220   17   422,38     18   Grants payable   19   19     20   Tax-exempt bond liabilities   20   21     21   Escrow account liability Complete Part IV of Schedule D   21     22   Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable   24     25   Other liabilities Complete Part X of Schedule D   2, 241, 591, 25   3, 838, 23     26   Total liabilities. Add lines 17 through 25   2, 241, 591, 26   4, 260, 55     27   Unrestricted net assets   28   29     29   Permanently restricted net assets   28   29     29   Permanently restricted net assets   28   29     29   Permanently restricted net assets   29     29   Permanently restricted net assets   29   29     30   Capital stock or trust principal, or current funds   30   31   32     31   Total inet assets or fund balances   359,001   34   440,5     32   Retained earnings, endowment, accumulated income, or other funds   32   33   31   31   32   33   31   34   35   35   35   35   35   35   35			<del>-</del>		<u> </u>		<del></del>	
17 Accounts payable and accrued expenses			·	250 001	<del></del>	<del></del>	4.4.0	
18   Grants payable   18   19   Deferred revenue   19   19   Deferred revenue   19   19   20   20   20   21   22   Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22   23   24   24   25   24   25   24   25   25	$\dashv$		-					
19 Deferred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow account liability Complete Part IV of Schedule D 21			· •	338, 220.			122,	<u> 382.</u>
20 Tax-exempt bond liabilities 20 21 Escrow account liability Complete Part IV of Schedule D			, ,		-			
21 Escrow account liability Complete Part IV of Schedule D								
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	S		•					
23 Secured mortgages and notes payable to unrelated third parties	Ţ.		· · · · · · · · · · · · · · · · · · ·					
23 Secured mortgages and notes payable to unrelated third parties	١		- ' ' - '					
24 Unsecured notes and loans payable. 24 25 Other liabilities Complete Part X of Schedule D 1,903,371. 25 3,838,23 26 Total liabilities. Add lines 17 through 25 2,241,591. 26 4,260,59  Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets1,882,590. 27 -3,820,07 28 Temporarily restricted net assets29  Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances1,882,590. 33 -3,820,07 34 Total liabilities and net assets/fund balances1,882,590. 33 -3,820,07 34 Total liabilities and net assets/fund balances1,882,590. 34 -3,820,07 35 Were the organization's financial statements and Reporting Yes 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 X and 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? 3b If "Yes," did the organization undergo the required audit or audits? 3b	اڌ				22			
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		23			
26 Total liabilities. Add lines 17 through 25. 2, 241, 591. 26 4, 260, 59  Organizations that follow SFAS 117, check here ▶ x and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets1, 882, 590. 27 -3, 820, 02  28 Temporarily restricted net assets . 28  29 Permanently restricted net assets . 29  Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds . 30  31 Paid-in or capital surplus, or land, building, or equipment fund . 31  32 Retained earnings, endowment, accumulated income, or other funds . 32  33 Total net assets or fund balances1, 882, 590. 33 -3, 820, 02  34 Total liabilities and net assets/fund balances . 359, 001. 34 440, 52  Part XI Financial Statements and Reporting  1 Accounting method used to prepare the Form 990		24	Unsecured notes and loans payable		24			
Organizations that follow SFAS 117, check here  and complete lines 27 through 29, and lines 33 and 34.  7 Unrestricted net assets		25		1,903,371.	25	3,8	338,	217.
Section   Sec		26	Total liabilities. Add lines 17 through 25	2,241,591.	26	4,2	260,	599.
Part XI Financial Statements and Reporting  29 Permanently restricted net assets	ses		lines 27 through 29, and lines 33 and 34.					
Part XI Financial Statements and Reporting  29 Permanently restricted net assets	an			-1,882,590.	27	-3,8	320,	028.
Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.  Organization so through 34.  Sala Paid-in or capital surplus, or land, building, or equipment fund	Ва	28			28			
30 Capital stock or trust principal, or current funds	pu	29	·		29			
Total net assets or fund balances	or Fu		complete lines 30 through 34.					
Total net assets or fund balances	ets		·		<del> </del>			
Total net assets or fund balances	1ss							
Total liabilities and net assets/fund balances	et /		- · · · · · · · · · · · · · · · · · · ·	<u> </u>				
Part XI Financial Statements and Reporting  Yes It  Accounting method used to prepare the Form 990	Z							
1 Accounting method used to prepare the Form 990 Cash X Accrual Other  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Da			359,001.	34		440,	<u>571.</u>
1 Accounting method used to prepare the Form 990 Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	ια	ICAI	Thursday of attements and reporting				Yes	No
b Were the organization's financial statements audited by an independent accountant?	1	Acco	ounting method used to prepare the Form 990 Cash X Accrual Other	er				
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?	2a	Were	e the organization's financial statements compiled or reviewed by an independent accoun	tant?		· 2a		х
audit, review, or compilation of its financial statements and selection of an independent accountant?	b	Were	e the organization's financial statements audited by an independent accountant?			. 2b		Х
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?	С	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the				1
the Single Audit Act and OMB Circular A-133?						· 2c	_ X_	
b If "Yes," did the organization undergo the required audit or audits?	3a					1		1
	L							X
- AAA /-		If "Ye	es, aid the organization undergo the required audit or audits?		• • • • •		- 000	(222

#### SCHEDULE A (Form 990 or 990-EZ)

# **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
2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CONWAY HOSPITAL ANESTHESIA PROFESSIONAL

Employer identification number

SERVIC									20-88	17302
Part I	Reason fo	or Public Char	ity Status (All organ	ızatıons m	ust compl	lete this p	oart.) (se	e instruc	ctions)	
The orga		•	dation because it is (Pl		•	•	•			
1 📙	A church, co	onvention of chu	irches, or association (	of churches	described	ın sectio	n 170(b)(	1)(A)(i).		
2			on 170(b)(1)(A)(ii). (Ati							
3			hospital service organ							
4	A medical	research organi	zation operated in co	njunction v	with a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the
	•	ame, city, and st								
5			or the benefit of a col	lege or un	iversity ow	ned or o	perated b	oy a gove	ernmental	unit described in
		(b)(1)(A)(iv). (C	•							
<u>6</u>		_	vernment or governme							
7			illy receives a substan		its support	t from a g	jovernme	ental unit	or from t	the general public
• 🗀			(1)(A)(vi). (Complete F	•						
:° ⊢		-	d in section 170(b)(1)(			•				
э 🗀			illy receives (1) more							•
			ited to its exempt fun ment income and uni							
			n after June 30, 1975				-		JII lax)	mom businesses
10	-	_	and operated exclusive					•	(eaa inetr	ructions)
11	-	_	and operated exclusion	-	-	-				•
ىما ٠٠	-	-	ublicly supported orga	•		•			· ·	•
			at describes the type of						-	
	a X Typ		Type II 7		e III - Func		•			pe III - Other
e X			ertify that the organiz			•	-	rectly by		•
			ion managers and oth							
	509(a)(1) or	r section 509(a)(	(2)							
f	If the organ	nization received	d a written determina	tion from	the IRS tha	atıtıs a	Type I,	Туре II о	r Type III	supporting
	organization	n, check this box								X
g	Since Augus	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	m any of	the		
	following pe									<del></del>
			or indirectly controls		_	ether wit	h persor	is describ	ped in (ii)	
		_	erning body of the supp	_	anization?					11g(i) X
		•	person described in (i) a							• 11g(II) X
			of a person described		•					. [11g(m)] X
h (i) Nome			ation about the organi			<del></del>		4	_ 45 _	() A
	of supported	(n) EIN	(III) Type of organization (described on lines 1-9		organization sted in your		ou notify sization in	organizat	s the tion in col	(vii) Amount of support
			above or IRC section (see instructions))	governing	document?	col (ı)	of your		zed in the S?	
			(see insudctions))	Yes	No	Yes	No	Yes	No	
SEE S	TATEMENT	1						1		
								İ		
								ļ <u>-</u>		
Total										

Par	(Complete only if you ched	ganizations D ked the box o	Described in S on line 5, 7, or	Sections 170(b 8 of Part I.)	)(1)(A)(iv) and	170(b)(1)(A)(\ 	/i) 
Sect	tion A. Public Support			·		,	
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3		1				ļ
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included		•	- 4 . 5	· · ·		
	on line 1 that exceeds 2% of the amount	,		1 1	,		
	shown on line 11, column (f)		ļ	, , ,			ļ
_6_	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	8		l	<u> </u>
	tion B. Total Support	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	T	1			1 10 7 11
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	See instructions)				12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here			<del></del>	<u> </u>	<del></del>	▶ │
Sec	tion C. Computation of Public Sup	port Percenta	age				
14	Public support percentage for 2008 (I						%
15	Public support percentage from 2007	Schedule A, P	art IV-A, line 26f	·		[15]	%
16a	33 1/3% support test - 2008. If the c	organization did	I not check the I	box on line 13, a	and line 14 is 33	1/3% or more	, check this box
	and stop here. The organization quali	fies as a public	ly supported org	janization			▶ └─
b	33 1/3% support test - 2007. If the o						
	box and stop here. The organization of	qualifies as a p	ublicly supporte	d organization .			▶ 🗀
17a	10%-facts-and-circumstances test -	_			•	•	
	is 10% or more, and if the organization	n meets the "fa	act-and-circums	tances" test, che	ck this box and s	top here. Expl	ain
	in Part IV how the organization meets	the "facts and	circumstances'	' test The orgar	nzation qualifies	as a publicly sup	ported
	organization						▶ 🗀
b	10%-facts-and-circumstances test -	2007. If the org	anization did no	ot check a box o	n line 13, 16a,	16b, or 17a, an	d line
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization				-		
	supported organization						
18	Private foundation. If the organization	did not check	a box on line 1	3, 16a, 16b, 17a	a, or 17b, check	this box and se	e 🕨 🦳

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

<u>Sec</u>	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(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	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
		1	İ				
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.	·					<del> </del>
4	Tax revenues levied for the organization's	ļ					
	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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	1					
b	Amounts included on lines 2 and 3						
	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		1			<u> </u>	
	Add lines 7a and 7b.			_			
8	Public support (Subtract line 7c from	<del> </del>					
	line 6)	<u> </u>	L	<u> </u>	L		
	tion B. Total Support		1		F		<del></del>
C	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						<u> </u>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar				1 .		
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					i	
	acquired after June 30, 1975					1	
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,		1				
	whether or not the business is regularly						
42	Other income Do not include gain or		<b> </b>		-		
12	<del>-</del>					İ	
	loss from the sale of capital assets					1	
4.0	(Explain in Part IV)	<del></del>	<del> </del> -			<del> </del>	
13	Total support. (Add lines 9, 10c, 11,				-	<del>                                     </del>	
	1.453				1	1	ì
14	and 12)		<u> </u>		1		
14	and 12)		n's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	First five years. If the Form 990 is for organization, check this box and stop here	the organization					
	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Su	the organization	age		· · · <u>· · · · · · · · · · · · · · · · </u>		▶ 🗍
	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2008 (line 8)	the organization  pport Percenta  column (f) divide	age ed by line 13, colu	mn (f))		15	▶ □
Sec 15	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2008 (line 8 Public support percentage from 2007 Sch.	pport Percental, column (f) divided	age ed by line 13, colu , line 27g	mn (f))		15	▶ 🗍
Sec 15	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2008 (line 8 Public support percentage from 2007 Schtion D. Computation of Investme	pport Percenta column (f) dividedule A, Part IV-A	age ed by line 13, colui , line 27g rcentage	mn (f))		15	▶ □
Sec 15	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2008 (line 8 Public support percentage from 2007 Schtion D. Computation of Investme Investment income percentage for 2008 (line section 2008).	pport Percenta column (f) dividing edule A, Part IV-A nt Income Per ine 10c, column (f)	age ed by line 13, colui, line 27g centage (f) divided by line	mn (f))		15	▶ □
Sec 15 16 Sec	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2008 (line 8 Public support percentage from 2007 Schtion D. Computation of Investme Investment income percentage for 2008 (line section 2008).	pport Percenta column (f) dividing edule A, Part IV-A nt Income Per ine 10c, column (f)	age ed by line 13, colui, line 27g centage (f) divided by line	mn (f))		15 16	▶ <u>%</u>
Sec 15 16 Sec 17	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2008 (line 8 Public support percentage from 2007 Schtion D. Computation of Investme	pport Percenta c, column (f) divide edule A, Part IV-A. nt Income Per ine 10c, column ( Schedule A, Part	age ed by line 13, colui, line 27g rcentage (f) divided by line IV-A, line 27h	mn (f))		15 16	% % %
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Sec 15 16 Sec 17 18	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2008 (line 8 Public support percentage from 2007 Schitton D. Computation of Investme Investment income percentage for 2008 (Investment income percentage from 2007 33 1/3% support tests - 2008. If the organization of Investment income percentage from 2007 17 is not more than 33 1/3% check this bot 33 1/3% support tests - 2007. If the organization is formed to the support tests - 2007.	pport Percental control of dividence of the column (f) dividence of the column (f) dividence of the column (f) dividence of the column (f) dividence of the column (f) dividence of the column of the	age ed by line 13, coluing, line 27g	mn (f))  13, column (f))  on line 14, and I qualifies as a publine 14 or line 19a	line 15 is more to	15 16 17 18 han 33 1/3%, and ganization	% % % d line
Sec 15 16 Sec 17 18	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2008 (line 8 Public support percentage from 2007 Schitton D. Computation of Investme Investment income percentage for 2008 (Investment income percentage from 2007 33 1/3% support tests - 2008. If the organization of the support tests is not more than 33 1/3%, check this box	pport Percenta c, column (f) dividing edule A, Part IV-A nt Income Per ine 10c, column ( Schedule A, Part ganization did not ex and stop here anization did not is box and stop h	age ed by line 13, colui, line 27g rcentage (f) divided by line IV-A, line 27h of check the box The organization check a box on line ere The organiza	mn (f))  13, column (f))  on line 14, and liqualifies as a publine 14 or line 19ation qualifies as a	line 15 is more t licly supported or and line 16 is m	15   16   17   18   18   19   19   19   19   19   19	% % % d line▶ , and

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)	Schedule A (	Form 990 or 990-EZ) 2008	Page 4
	Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 1	0,
		·	

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

Open to Public Inspection

SEF	CONWAY HOSPITAL ANESTHE	JOIN I NOI LOOT ONAL	20-8817302
	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	
	the organization answered "Yes" to Form	990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	, , ,		
4	Aggregate grants from (during year)		
	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 organization.		
6	Did the organization inform all grantees, donors, and		
	used only for charitable purposes and not for the ben		
	ımpermissible private benefit?		
Pa	rt II Conservation Easements. Complete if th	e organization answered "Yes" t	o Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the or		
•	Preservation of land for public use (e.g., recreati		on of an historically importantly land area
	Protection of natural habitat	· 1 1	on of certified historic structure
	Preservation of open space	Treservati	on or certified historic structure
2	Complete lines 2a-2d if the organization held a qualif	and concernation contribution in the	form of a conceniation easement
_	on the last day of the tax year	led conservation contribution in the	torm of a conservation easement
	on the last day of the tax year		Held at the End of the Year
	Total words and a superior to the		· · · · · · · · · · · · · · · · · · ·
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements .		
C	Number of conservation easements on a certified his		
d	Number of conservation easements included in (c) a		
3	Number of conservation easements modified, transfer	erred, released, extinguished, or ter	minated by the organization during
_	the taxable year		
4	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding		
	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspe		
7	Amount of expenses incurred in monitoring, inspecting		
8	Does each conservation easement reported on line 2		
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		
9	In Part XIV, describe how the organization reports co		
	balance sheet, and include, if applicable, the text of t		nancial statements that describes
	the organization's accounting for conservation easem		
Pa	Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "	res to Form 990, Part IV, line 8.	· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS	116, not to report in its revenue sta	atement and balance sheet works of
	art, historical treasures, or other similar assets held to provide, in Part XIV, the text of the footnote to its final	for public exhibition, education, or re	esearch in furtherance of public service,
b	If the organization elected, as permitted under SFAS		
U	historical treasures, or other similar assets held for p		
	provide the following amounts relating to these items		aren in talalies are position,
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of art, histo	orical treasures, or other similar ass	sets for financial gain, provide the
	following amounts required to be reported under SFA	AS 116 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	- 	<b>&gt;</b> \$
b	<u>.</u>		
	r		•

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

Schedule D (Form 990) 2008

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)  a Public exhibition d Loan or exchange programs  Differ Provide a description of the organizations of the organization of the organization of the organization solicitons and explain how they further the organization's exempt purpose in Part XIV  5 During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Ves No Part V. Inte 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If Yes, "explain the arrangement in Part XIV and complete the following table  C Beginning balance . 1c  Amount  C Beginning balance . 1c  Amount  C Beginning balance . 1c  Amount  C Beginning balance . 1c  Amount  C Beginning balance . 1c  Amount  C Beginning balance . 1c  Amount  C Beginning balance . 1c  Amount  C Beginning balance . 1c  Amount  C Beginning balance . 1c  Amount  C Beginning balance . 1c  C  Amount  C Beginning balance . 1c  C  C  C  C  C  C  C  C  C  C  C  C  C	Par	t III	Organizations Maintaini	ng Colle	ctions o	r Art, H	istori	calli	easure	s, or	Otnei	Similar	Assets (	continue	<del>!a)</del>	
a   Public exhibition   d   Loan or exchange programs   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generations   Dibrer   Preservation for future generation   Dibrer   Preservation for future generation   Dibrer   Preservation for future generation   Dibrer   Preservation for future generation   Dibrer   Preservation for future generation   Dibrer   Preservation for future generation   Dibrer   Preservation for future generation   Dibrer   Preservation for future generation   Dibrer   Preservation for future generation   Dibrer   Preservation for future generation   Dibrer   Preservation for future generation   Dibrer   Preservation for future generation   Dibrer   Preservation   Dibrer   Pre	3	Heina	the organization's accession	and other	r records	check	anv of	the fo	llowing t	hat a	re a si	anificant ii	ise of its c	ollection		
a Public exhibition Scholarly research	3	_	•	and outer	1000143	, oncon	uny o.	1110 10	owg .			gount u		0110011011		
b Scholarly research e Other Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	_		` '''			d		1.0	an or ev	chan	ae nro	arame				
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?		$\vdash$					$\vdash$			Chan	ge pro	granis				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?		$\vdash$	•			е	Ш	O					-			_
Part XIV  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		Щ.	-				.1 6	41		- 41						
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		·	zation's co	ollections	and exp	plain n	ow the	y turtne	r the (	organı	zation's ex	empt pur	pose in		
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5	Durino	the year, did the organization	on solicit o	or receive	donatio	ons of	art, hi	storical t	reasu	ıres. o	r other sım	ılar			
Part IV	_	_											_	Yes		No.
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par		Trust, Escrow and Custo	odial Arr	angeme	nts. Co	mple	te if o	rganıza	tion a						<u> </u>
ncluded on Form 990, Part X?.							<u> </u>							<del> </del>		—
ncluded on Form 990, Part X?.	1a	Is the	organization an agent truste	e custodi	an or oth	er interi	mediar	rv for a	contribut	ions d	or othe	r assets n	ot			
b If "Yes," explain the arrangement in Part XIV and complete the following table  c Beginning balance . 1c d Additions during the year . 1d e Distributions during the year . 1d e Distributions during the year . 1f Ending balance . 1f Ending balance . 1f  2a Did the organization include an amount on Form 990, Part X, line 21? . 1f  2a Did the organization include an amount on Form 990, Part X, line 21? . 1f  2a Did the organization include an amount on Form 990, Part X, line 21? . 1f  2a Did the organization include an amount on Form 990, Part X, line 21? . 1f  2b Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance . (a) Current Year (b) Phor year (c) Two years back (d) Three years back (e) Four years back  1b Contributions . (d) Three years back (e) Four years back (e)	ıa													Voc		J۸
C Beginning balance 1.0  d Additions during the year 1.1  e Distributions during the year 1.1  f Ending balance 1.1  2 Did the organization include an amount on Form 990, Part X, line 21? 1.1  2 Did the organization include an amount on Form 990, Part X, line 21? 1.1  2 Did the organization include an amount on Form 990, Part X, line 21? 1.1  2 Did the organization include an amount on Form 990, Part X, line 21? 1.1  2 Did the organization include an amount on Form 990, Part X, line 21? 1.1  2 Did the organization include an amount on Form 990, Part X, line 10.  2 Did the organization include an amount on Form 990, Part X, line 10.  3 Did Tyes, "explain the arrangement in Part XIV Part V (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (e) Four ye	h													163	ш,	••
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1 tele f Ending balance 1 tele f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1 Beginning of year balance 2 Double organization of year balance 3 Contributions 4 Grants or scholarships 5 Contributions 6 Other expenditures for facilities 7 and programs 7 Administrative expenses 8 Board designated or quasi-endowment ► 8 Permanent endowment ► 8 Permanent endowment ► 8 Permanent endowment Funds not in the possession of the organization that are held and administered for the organization by 9 (i) unrelated organizations 1 (ii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 1 (iii) related organizations 2 (iii) related organizations 3 (iii) related organizations 3 (iii) related organizations 3 (iii) related organizations 4 Describt in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Describtion of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Depreciation (d) Book value  1 Land  6 Equipment 6 Other 6 Other	U	11 163	s, explain the arrangement if	IFAILAIV	and com	ibiete tii	e iono	wing to	abic .	$\Box$			Amount			—
d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b if "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Investment earnings or losses  d Grants or scholarships  e Other expenditures for facilities  and programs  f Administrative expenses  g End of year balance  b Permanent endowment    %  7 Permulated organizations in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  b Buildings  c Leasehold improvements  d Equipment  e Distributions during the year  1 d Equipment  g Investment  (a) Current Year (b) Pnor year (c) Two years back (d) Three years back (e) Four ye		D											Alliount			
e Distributions during the year		_	_								-					
Ending balance																
2a Did the organization include an amount on Form 990, Part X, line 21?																
b   f "Yes," explain the arrangement in Part XIV											ļ					
Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) F						, Part X	, line 2	17 .					٠ ا	Yes	<b>I</b>	40
(a) Current Year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back																
Beginning of year balance	Par	t V	Endowment Funds. Con	nplete if	organız	ation ai	nswer	ed "Y	es" to F	orm (	<u>990, F</u>					
b Contributions				(a) Cum	ent Year	(b) P	nor year	r	(c) Two y	ears ba	ack	(d) Three y	ears back	(e) Four	years bad	ck
c Investment earnings or losses	1 a	Begin	ning of year balance													
d Grants or scholarships e Other expenditures for facilities and programs	b	Contr	ibutions													
e Other expenditures for facilities and programs	С	Invest	ment earnings or losses													
and programs	d	Grant	s or scholarships													
f Administrative expenses	е	Other	expenditures for facilities .													
f Administrative expenses		and p	rograms			1										
g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment	f		_													_
Provide the estimated percentage of the year end balance held as  a Board designated or quasi-endowment ▶			· · · · · · · · · · · · · · · · · · ·					_								
a Board designated or quasi-endowment			•	L	er and ha	lance be	ıld ac							l	-	
b Permanent endowment			•	-	ai eilu ba		iu as									
c Term endowment ▶			•													
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations.  (ii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iv) the intended organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (b) Cost or other basis (other)  (b) Buildings  (c) Depreciation (d) Book value  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Other																
organization by  (i) unrelated organizations			·	_ ' -						I-I			a tha			
(i) unrelated organizations	Sa			tne poss	ession of	the org	janizat	ion tha	it are ne	id an	o aom	inistered to	or the	ſ	V   N	-
(ii) related organizations		•													1es N	10
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		• •	_													
4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other)  1a Land														<u> </u>		
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value  Land	b		· · ·	-							• • •		• • • • •	36		
Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (c) Depreciation  (d) Book value  (a) Cost or other basis (investment)  (b) Cost or other basis (c) Depreciation  (d) Book value																
Comparison	Par	rt VI	Investments - Land, Bui	ldings, a	nd Equi	pment	See	Form	990, Pa	art X,	line 1	0	<del>,</del>			
b Buildings			Description of investment				asıs			er	(c) D	epreciation	(	d) Book va	ilue	
c Leasehold improvements	1a	Land			L											
d Equipment	b	Buildi	ngs						· · · · ·							
e Other	С	Lease	ehold improvements													
e Other	d	Equip	ment													
· · · · · · · · · · · · · · · · · · ·								-								
					Form 990	), Part X	. colun	nn (B).	line 100	c) ) .		•	-			_

Part VII	Investments - Other Securities. Se	e Form 990, Part X, line	12
-	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial der	ivatives and other financial products		
	equity interests		
		1	
<b></b>			
		<b>&gt;</b>	
Part VIII	Investments - Program Related. Se	ee Form 990, Part X, line	13
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
· · · · · · · · · · · · · · · · · · ·			
	-		
	(b) should equal Form 990, Part X, col (B) line 13)	V Inc. 45	
Part IX	Other Assets. See Form 990, Part		
		(a) Description	(b) Book value
-			
	<del></del>		
Total (Column	a (b) should equal Form 990, Part X, col. (B) line 15.)	<del></del>	
Part X	Other Liabilities. See Form 990, Pa		· · · · · · · · · · · · · · · · · · ·
TaitA	(a) Description of liability	(b) Amount	
Federal incor	<del></del>	(5) 1	
	CONWAY HOSPITAL	2 020 217	
DOE 10 C	CONWAI HOSPITAL	3,838,217.	
		<u> </u>	
		<del></del>	
		<del></del>	
		<del> </del>	
		<del></del>	
Total (Column	a (h) should equal Form 000. Part V and (P) line 05.	2 020 017	•
. Jul. (Column	(b) should equal Form 990, Part X, col (B) line 25)	<b>▶</b> 3,838,217.	

Schedul	e D (Form 990) 2008		Page 4
Part.			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part 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) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Part			· · · -
1	Total revenue, gains, and other support per audited financial statements	∟	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	• •  _	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV)		
	Add lines 4a and 4b	🗠	4c
_5_	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F		_
1	Total expenses and losses per audited financial statements	├	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV)		
ď	Add live Or Absorb Od	─┤.	20
e	Add lines 2a through 2d		2e   3
3 4	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1	• • ⊢	3
-	Investment expenses not included on Form 990, Part VIII, line 7b		
a b			
C	Add lines to and the	┨.	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5
	XIV Supplemental Information	• • •	<u> </u>
		ort IV	lines 1h
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 5, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	ait iv,	, lilles to
u	s, t are v, mile 1, t are x, t are xi, mile o, t are xii, miles 2a and 18, and t are xiii, miles 2a and 18		

Schedule D (Fo	n 990) 2008 Page <b>5</b>
Part XIV.	n 990) 2008 Supplemental Information (continued)
•	

# SCHEDULE J (Form 990)

SERVICES

### **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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

CONWAY HOSPITAL ANESTHESIA PROFESSIONAL

Employer identification number

20-8817302

Part	■ Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
h	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
U	provision of all of the expenses described above? If "No," complete Part III to explain	1b		İ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1		
-	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	X Compensation committee X Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
	Receive a severance payment or change of control payment?	4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 504/a\/2\ and 504/a\/4\ arganizations must complete lines 5.9			
5	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the revenues of			
а	The organization?	5a	İ	Х
h	Any related organization?	5b		X
~	If "Yes" to line 5a or 5b, describe in Part III			<u> </u>
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			-
	compensation contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8	l	Х

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

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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)(1)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VIII, line 1a

		(B) Breakdown	(B) Breakfown of W-2 and/or 1099-MISC Comparestron	notesneomoo				
		monuscia (a)	OCIN-6601 IO/DIB 7-14 IO	Company	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	Ξ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PHILIP CLAYTON	(E)	の	93,870.	11,026.	155, 743.	15,525.	671,245.	NONE
	ε	NON	NONE	NONE	NONE	NONE	NONE	NONE
BRET BARR	Ξ		30,	248.	36,009.	15,525.	294, 587.	NONE
	ε	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DWIGHT GENTRY	(II)		20,	525.	512.	15,525.	190,676.	NONE
	Ξ	192,770.	HON H	NONE	NONE	8.719.	201,489.	NONE
MARY TAYLOR	Ξ		NONE	NONE	NONE		NONE	NONE
	Θ	192,059.	NONE	NONE	NONE	15,525.	207, 584.	NONE
GAIL MCMILLAN	Ξ		NONE	NONE	NONE	NONE	NONE	NONE
	ε	190,725.	NONE	NONE	NONE	8,719.	199, 444.	NONE
M. E. RAMEY PRESSON	Ξ	NONE		NONE	NONE	NONE		NONE
	Ξ	187,485.	1,500.	NONE	NONE	15,525.	204, 510.	NONE
CLAUDIA ROGERS	(E)			NONE	NONE	NONE	NONE	NONE
	Ξ	183,940.	BNON	NONE	NONE	15,525.	199, 465.	NON
MARY ANN PAGE	Ξ		NONE	NONE	NONE		NONE	NONE
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	Ξ							
							Sche	Schedule J (Form 990) 2008

#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization CONWAY HOSPITAL ANESTHESIA PROFESSIONAL	Employer identification number
SERVICES	20-8817302
ODCANT A ATT ONLY MICCION	
ORGANIZATION'S MISSION	
PART I, LINE 1 AND PART III, LINE 1:	
CONWAY HOSPITAL ANESTHESIA PROFESSIONAL SERVICES PROVIDES ANESTHE	<u>SI A</u>
SERVICES SUPPORT TO CONWAY HOSPITAL, INC. CONWAY HOSPITAL INC IS	<u>A</u>
NON-PROFIT ACUTE CARE HOSPITAL SYSTEM THAT PROVIDES INPATIENT,	
OUTPATIENT, AND EMERGENCY CARE SERVICES FOR HORRY AND SURROUNDING	
COUNTIES OF SOUTH CAROLINA.	

Name of the organization CONWAY HOSPITAL ANESTHESIA PROFESSIONAL	Employer identification number
SERVICES	20-8817302
FORM W-3, TRANSMITTAL OF WAGE AND TAX	
TORL M. St. TRANSIN TITLE OF MISS. THE TAX	
PART_V, LINE 2A:	
CONWAY HOSPITAL ANESTHESIA PROFESSIONAL SERVICES DOES NOT HAVE	<u>4_W-3</u>
FILING BECAUSE THEIR EMPLOYEES ARE LEASED FROM CONWAY HOSPITAL,	INC
TIDING DECAGO INDIC EMEDOTEDS AND DEAGED FROM CONVAL NOSTITAD,	

Name of the organization CONWAY HOSPITAL ANESTHESIA PROFESSIONAL	Employer identification number
SERVICES COMMAI MOSTITAL ANDSTRUCTA TROUBSSTONAL	20-8817302
ORGANIZATION MEMBER	
PART VI, SECTION A, LINE 6:	
CONWAY HOSPITAL, INC. IS THE SOLE MEMBER OF CONWAY HOSPITAL ANEST	THEST A
PROFESSIONAL SERVICES.	

Schedule O. (Form 990) 2008  Name of the organization CONWAY HOSPITAL ANESTHESIA PROFE SERVICES	ESSIONAL Employer identification number 20-8817302
ELECTION OF GOVERNING BODY	
PART VI, SECTION A, LINE 7A	
THE TRUSTEES OF CONWAY HOSPITAL ANESTHESIA PROF	
APPOINTED BY CONWAY HOSPITAL INC.'S BOARD OF TR	USTEES.
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Name of the organization CONWAY HOSPITAL ANESTHESIA PROFESSIONAL	Employer identification number
SERVICES	20-8817302
DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS	
PART_VI, SECTION_A, LINE_7B:	
CONWAY HOSPITAL ANESTHESIA PROFESSIONAL SERVICES' BOARD OF TRUSTE	ES_SHALL
MAKE OR OVERSEE MANAGEMENT AND OPERATIONAL MATTERS OF THE CORPORA	<u>TION.</u>
CONWAY HOSPITAL, INC. RESERVES TO ITS OWN BOARD OF TRUSTEES THE A	UTHORITY
TO_DIRECT_ALL_FINANCIAL_MATTERS_AND_MATTERS_AFFECTING_THE_PURPOSE	_OF_THE
CORPORATION. APPROVAL BY THE CONWAY HOSPITAL INC BOARD OF TRUSTE	ES_IS
REQUIRED FOR ALL AMENDMENTS TO THE BY LAWS OF THIS ORGANIZATION.	
	·

Schedule Q (Form 990) 2008		Page 2
Name of the organization SERVICES	CONWAY HOSPITAL ANESTHESIA PROFESSIONAL	Employer identification number 20-8817302
DERVICES		20 0017302
_DOCUMENTS_AVAIL	ABLE TO THE PUBLIC	
_PART_VI,_SECTIO	ON C, LINE 19:	
_CONWAY_HOSPITAL	. ANESTHESIA PROFESSIONAL SERVICES MAKES ITS FINANC	IAL
_STATEMENTS_AVAI	LABLE TO THE PUBLIC UPON REQUEST.	
**		
	,	
	·	

Name of the organization CONWAY HOSPITAL ANESTHESIA PROFESSIONAL SERVICES	Employer identification number 20-8817302
FINANCIAL STATEMENTS AND REPORTING	
PART_XI, LINE_2B_AND_LINE_2C:	
CONWAY HOSPITAL ANESTHESIA PROFESSIONAL SERVICES IS PART OF CONWA	<u>Y</u>
HOSPITAL, INC. AND AFFILIATES CONSOLIDATED ANNUAL FINANCIAL STATE	MENTS
WHICH ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM. THE CONWAY	HOSPITAL
INC AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE A	NUDIT.
	·
+	
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# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public 2008

OMB No 1545-0047

CONWAY HOSPITAL ANESTHESIA PROFESSIONAL

Name of the organization Department of the Treasury Internal Revenue Service

SERVICES

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

Employer identification number

20-8817302

Schedule R (Form 990) 2008 (F)
Direct controlling
entity (F)
Direct controlling
entity N/A N/A N/A (E)
Public chanty status
(if section 501(c)(3)) (E) End-of-year assets 11C-I (D) Exempt Code section (D) Total income 501(C)(3) 501(C)(3) 501(C)(3) (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) SCSC SC (B) Primary activity (B) Primary activity HEALTHCARE HEALTHCARE EMERGENCY CONWAY HOSPITAL COMMUNITY SERVICES 57-1119337 57-0314381 20-8817905 SC 29526 CONWAY, SC 29526 CONWAY, SC 29526 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations (A)Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity CONWAY HOSPITAL EMERGENCY PROFESSIONAL CONWAY, Identification of Disregarded Entities 300 SINGLETON RIDEGE ROAD 300 SINGLETON RIDGE ROAD 300 SINGLETON RIDGE ROAD CONWAY HOSPITAL, INC. ---Part II Partl

JSA 8E1307 1 000

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Page 2

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and ElN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispreparant	Code V-UBI G amount in box 20 of m Schedule K-1 (Form 1065)	(J) General or managing partner?
		country)					Yes No		Yes No

	Organizations Taxable as a Corporation or T
	Identification of Related
l	₹

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp. or frust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
						:	
						Schedule R (Form 990) 2008	m 990) 2008

With Related Organizations	
Transactions With Ro	
Part V	

Note Complete line 1 if any entity is letted in Parts II III or N		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	rts II–IV?	- - - - - - - - - - - - - - - - - - -
a Receipt of (ii) interest (iii) annuities (iii) rovalties (iv) rent from a controlled entity	•	1a ×
		1b ×
		1c ×
		1d ×
l cans or loan quarantees by other organization(s)		1e ×
		7. A
f Sale of assets to other organization(s)		1f ×
g Purchase of assets from other organization(s)		7g ×
		1h ×
		<b>:</b>
	₹** <u>4</u>	
j Lease of facilities, equipment, or other assets from other organization(s)		×
k Performance of services or membership or fundraising solicitations for other organization(s)		×
		×
m Sharing of facilities, equipment, mailing lists, or other assets		<b>1</b> ж
		u ×
		· · · · · · · · · · · · · · · · · · ·
Reimbursement band to other organization for expenses		10 ×
		1p ×
י אפוויסמופנון לשני כל סנובן כולשוויקשונטן כללכופכי יייייייייייייייייייייייייייייייייי		
a Other transfer of cash or property to other organization(s)		1q X
		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tionships and transaction thresh	splo
	(a) (a)	
Name of other organization(s)	Transaction Amount involved type (a-r)	volved
	i	
(1) NO DISCLOSURE REQUIRED		
(4)		
(5)		
(9)		
	Schedule R (	Schedule R (Form 990) 2008

# Unrelated Organizations Taxable as a Partnership **Part VI**

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

(B) (C) (D) Name, address, and EIN of entity Name, address, and EIN of entity (state or foreign section (state or foreign section (squarear) (squarear) (squarear) (squareary organization)	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes No	(600) (1100)	Yes No
							-
	:						
				: :			
						Schedule R (Form 990) 2008	990) 2008

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

		(III) TYPE OF	( I V)	( V)	( VI)	(VII)	AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO		SUPPORT
CONWAY HOSPITAL, INC	57-0314381	03	Х			·	

TOTAL AMOUNT OF SUPPORT

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