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DLN: 93493132035540

# Form **990**

### **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)

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

Internal Rev	enue Serv		rgamzation may have to us		i to satisfy s	tate reporting	requirements	Inspection									
A Fort	he 200	8 calendar yea	r, or tax year beginning 10 C Name of organization	-01-2008 and endin	g 09-30-200	9	D Employer ider	ntification number									
B Check		ricasc	GEORGETOWN MEMORIAL HO	SPITAL													
Addres		label or	Doing Business As			57-0341194 E Telephone number											
Name	_	print or type. See					(843) 527-7	100									
Initial	return	Specific Instruc-	Number and street (or P O b	ox if mail is not delivered	to street addre	ss) Room/suite	G Gross receipts										
Termir	nation	tions.	PO DRAWER 1718					Ψ 101/00 1/100									
Amend	ded retur	'n	City or town, state or country			<b> </b>											
Applica	ation per	nd ing	GEORGETOWN, SC 2944217	18													
		<b>F</b> Nar	ne and address of Principa	O fficer		H(a) Is this	a group return	 for									
			P BAILEY			affiliat		⊤Yes <b>▽</b> No									
			AWER 1718 GETO WN,SC 294421718														
<b>I</b> Tax-e	xempt s		() (3) <b>4</b> (insert no ) 4947			H(b) Are all affiliates included? Yes N  (If "No," attach a list See instructions)											
1 Web	cito: b	- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ownhospitalsystem org			(If No, attach a list See instructions)  H(c) Group Exemption Number ►											
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Site. F	www georget	ownnospitalsystem org			(-)	•										
<b>K</b> Type of	f organız	ation 🔽 Corporat	tion trust association of	her ►		<b>L</b> Year of For	mation 1946 M s	State of legal domicile SC									
Part	I s	ummary															
			ne organization's mission or	most significant acti	vities												
ايو	то	PROVIDE HIG	GH QUALITY HEALTHCAR	E TO THE CITIZENS	5 OF GEORG	SETO WN CO	AND SURROUN	DING AREAS									
≘																	
Governance																	
8		•	if the organization discont														
		_	members of the governing l		•			8									
<u> </u>			ndent voting members of th		)		7										
Ĕ   '			mployees (Part V, line 2a)			5 _	0										
য় I			olunteers (estimate if neces		6 _	135											
*		-	ited business revenue from iness taxable income from	•	7a	0											
	ь ие	t unrelated bus	iness taxable income from	Form 990-1, line 34	• •	n-i-	7b										
	• 6	ontributions on	d grants (Part VIII, line 1h			529,947	732,414										
			revenue (Part VIII, line 20			.17,636,093	124,099,052										
Revenue		_	me (Part VIII, column (A),	-	8,234,741	3,935,310											
Æ 1			Part VIII, column (A), lines			1,170,991	1,251,461										
1		-	dd lines 8 through 11 (mus	-	e	2,210,000											
	1:			,		1	130,018,237										
1.	<b>3</b> G	rants and sımıla	ar amounts paıd (Part IX, c	olumn (A), lines 1–3)	)		167,247	1,018,583									
1.	<b>4</b> Be	enefits paid to o	or for members (Part IX, co	lumn (A), line 4)				0									
<u>χ</u> 11	5 Sa		ompensation, employee be	5-	27,471	56,418,947											
Expenses		•	draising fees (Part IX, colui	nn (A.), line 11e)				00,.10,547									
- ∯			penses, Part IX, column (D), line		,												
<u>ت</u>   ا		-	(Part IX, column (D), line	•	)	1	.18,752,407	67,353,185									
1			-add lines 13-17 (must eq	olumn (A 11		.18,947,125	124,790,715										
1			penses Subtract line 18 fr		(* * / /		8,624,647	5,227,522									
						Beainnir	ng of Year	End of Year									
Net Assets of Fund Balances	O T	otal assets (Pa	rt X. line 16)				63,110,360	275,698,658									
A B 2			Part X, line 26)				56,042,219	73,536,465									
		,	r art x, illie 20) nd balances Subtract line 2	1 from line 30		_	207,068,141										
Part		Signature Bl		.07,000,141	202,162,193												
			erjury, I declare that I have exan	nined this return, including	accompanying	schedules and st	atements, and to th	e best of my knowledge									
	an		correct, and complete Declaration														
Please		*****	or	05-12													
Sign Here		Signature of office	er	Date													
<b>-</b>		BRUCE P BAILEY Type or print nam															
	<u>                                      </u>	Type of pillit lidif	ic and thic	Date	<u> </u>		T										
		eparer's nature Amy B	Bibby	Check If self-													
Paid		nature <b>F</b> . Willy b		empolyed •													
Prepare		m's name (or your elf-employed),	DIXON HUGHES PLLC				EIN Þ										
Use On		dress, and ZIP + 4	500 Ridgefield Court														

Asheville, NC 28806

May the IRS discuss this return with the preparer shown above? (See instructions)

Phone no 🕨 (828) 254-2254

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

1	Briefly describe the organization's mission GEORGETOWN HOSPITAL SYSTEM IS COMMIT AREAS OUR MISSION IS TO CONTINUOUSLY				
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .	ignificant program serv	ıces durıng the year whi		Yes 🔽 No
	If "Yes," describe these new service	s on Schedule O			
3	Did the organization cease conducti services?		hanges in how it conduc		Yes ✓ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achieved Section 501(c)(3) and (4) organizate others, the total expenses, and reve	ons and 4947(a)(1) tru	sts are required to repo		•
<b>4a</b>	(Code ) (Expenses GEORGETOWN MEMORIAL HOSPITAL PROV. AREAS GEORGETOWN MEMORIAL HOSPITA ORGANIZED UNDER THE LAWS OF THE STA COUNTY THE HOSPITAL WAS CREATED FO PROMOTION OF HEALTH HAS BEEN EASTAB 545, 1969-2 C B 117, AS MODIFIED BY RE DETERMINING WHETHER A NONPROFIT HO RUL 69-545, SUPRA THE HOSPITAL WITH PRIX CARE TO ANYONE REGARDLESS OF THEIR MEDICAID DURING THE YEAR ENDED SEPT PROVIDING PATIENT CHARITY CARE, AND FAMILIES AND NEWBORN INFANTS WHO DI SERVICE THROUGH AN AUXILIARY ORGANI HOSPITAL ALSO PARTICIPATES IN STATE PH HEALTHCARE TESTING THE HOSPITAL IS PA SCREENING, AND EDUCATIONAL PROGRAM TWO COUNTY LOCATIONS WHICH OFFERS PRESSURE, BODY FAT ANALYSIS, AND A LA CLASSES AND LECTURE OPEN TO THE PUBL NUTRITION, AND OTHERS	IDES QUALITY HEALTH CARE, IL IS A 131 BED ACUTE FACIL. IS A 131 BED ACUTE FACIL. ITE OF SOUTH CAROLINA IN TREE OF SOUTH CAROLINA IN TREE OF SOUTH CAROLINA IN TREE OF TAX AS	ITY LOCATED IN THE CITY OF 1946 FOR THE PURPOSE OF CING HEALTH FOR ALL RESIDE RPOSE UNDER INTERNAL REV. 94, SETS FORTH THE FACTO EXEMPT STATUS THE HOSPITAL FOR THE POSPITAL FOR THE POSPITAL STATE OF THE POSPITAL FURNISHED CHARITY CALE OF THE PURPOSE TO BENEFIT TO PURCHANT CANNOT AFFORD OR ARROLD THE CANNOT AFFORD OR ARROLD THE POSPITAL SYSTEM WHICH PER LY CHOLESTEROL AND BLOOD FED INFORMATION AND SCRETHE HOSPITAL SYSTEM'S COMTON THE POSPITAL SYSTEM STATEMENT THE POSPITAL SYSTEM STATEMENT THE POSPITAL SYSTEM STATEMENT THE POSPITAL SYSTEM STATEMENT THE POSPITAL S	EGEORGETOWN, SOUTH CAROLII DPERATING A COMMUNITY HOSP: NTS OF GEORGETOWN COUNTY YENUE CODE (IRC) SECTION 501 DRS THE INTERNAL REVENUE SEFAL OPERATES ITS FACILITIES IN ACCEPTANCE OF THE INTERNAL PROVIDES EMERG PARTY REIMBURSEMENT, INCLUDING THE HOSPITAL PROUNT OF \$11,681, THE COMMUNITY, THE HOSPITAL SE ONE IN ADDITION, THE HOSPITAL SE ONE IN ADDITION, THE HOSPITAL SE ONE IN ADDITION TO THE TARGETS LOW-INCOME WOMEN. IODICALLY CONDUCTS VARIOUS OF PRESSURE SCREENINGS, AN ANSENINGS, SUCH AS GLUCOSE, CHIMUNITY EDUCATION PROGRAM	NA THE HOSPITAL WAS TAL IN GEORGETOWN AND ITS OUTLYING AREAS THE (C)(3) REVENUE RULE 69- (VICES WILL CONSIDER IN A MANNER DESCRIBED IN REV OPEN MEDICAL STAFF IS ENCY AND NON-EMERGENCY ING MEDICARE AND 426 IN ADDITION TO PROVIDES CAR SEATS TO PITAL PROVIDES FREE TAXI HEIR RESIDENCE THE FOR PREVENTATIVE COMMUNITY OUTREACH, INUAL HEALTH FAIR HELD AT OLESTEROL, BLOOD CONDUCTS A VARIETY OF
4b	(Code ) (Expenses	\$ In	icluding grants of \$	) (Revenue \$	)
<b>4c</b>	(Code ) (Expenses	\$ In	cluding grants of \$	) (Revenue \$	)
4d	Other program services (Describe	ın Schedule O )			
	(Expenses \$	including grants of \$	)	) (Revenue \$	)
4e	Total program service expenses \$	108,334,784	Must equal Part IX, Line	e 25, column (B).	

art IV	Checklist	of Red	nuired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
	<u></u>	4.0		
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		N o
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		N o
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
		28a		NO
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

of U.S. I	e number reported in Box 3 of Form 1096, Annual Summary and Transmittal information Returns. Enter -0- if not applicable	1a 1b	100		Yes	No
of U.S. I	e number of Forms W-2G included in line 1a Enter -0- if not applicable  organization comply with backup withholding rules for reportable payments to grambling) winnings to prize winners?  e number of employees reported on Form W-3, Transmittal of Wage and Tax	1b	0			
	e number of Forms W-2G included in line 1a Enter -0- if not applicable organization comply with backup withholding rules for reportable payments to (gambling) winnings to prize winners?	1b	0			
<b>b</b> Enterth	organization comply with backup withholding rules for reportable payments to (gambling) winnings to prize winners?	1b	0			
<b>b</b> Enterth	organization comply with backup withholding rules for reportable payments to (gambling) winnings to prize winners?					
	(gambling) winnings to prize winners?	o ven				
<b>c</b> Did the	(gambling) winnings to prize winners?		dors and reportable			
				1c	Yes	
return		2a	0			
	st one is reported in 2a, did the organization file all required federal employn the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		
3a Did the return?	organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this	3a		N o
<b>b</b> If "Yes,"	has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule (	0	3b		
over, a f	ime during the calendar year, did the organization have an interest in, or a s inancial account in a foreign country (such as a bank account, securities ac					
account	),			4a		No_
	enter the name of the foreign country		_			
	instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Ref. Accounts.	eport o	f Foreign Bank and			
<b>5a</b> Was the	organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
<b>b</b> Didany	taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c If "Yes	to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	t Entit	ty Regarding Prohibited			
	ter Transaction?	•	· · ·	5с		
<b>6a</b> Did the	organization solicit any contributions that were not tax deductible?			6a		Νο
	did the organization include with every solicitation an express statement the tax deductible?	nat sud	ch contributions or gifts	6b		
<b>7</b> Organiza	tions that may receive deductible contributions under section 170(c).					
	organization provide goods or services in exchange for any quid pro quo con · · · ·	itributi	ion of \$75 or	7a		No
<b>b</b> If "Yes,"	did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
<b>c</b> Did the	organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	18282?	1		7c		<u> No</u>
<b>d</b> If "Yes,	indicate the number of Forms 8282 filed during the year	7d				
	organization, during the year, receive any funds, directly or indirectly, to pay	, prem	nums on a personal	7e		Νο
	organization, during the year, pay premiums, directly or indirectly, on a pers	onalh	enefit contract?	7f		No No
	ontributions of qualified intellectual property, did the organization file Form 8			7: 7g		
	ributions of qualified interlectual property, and the organization me Form of			/y		
	?			7h		
	501(c)(3) and other sponsoring organizations maintaining donor advised funds a					
excess	<i>ng organizations.</i> Did the supporting organization, or a fund maintained by a s business holdings at any time during the	spons	oring organization, have	8		
·-					-	
	organization make any taxable distributions under section 4966?			9a		
	organization make a distribution to a donor, donor advisor, or related person			9b		
	501(c)(7) organizations. Enter	•				
	n fees and capital contributions included on Part VIII, line 12	10a	I			
	eceipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
facilities			L			
<b>11</b> Section	501(c)(12) organizations Enter					
<b>a</b> Gross in	come from members or shareholders	11a				
	come from other sources (Do not net amounts due or paid to other sources amounts due or received from them )	11b				
12a Section	1947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ir	n lieu d	of Form 1041?	12a		
<b>b</b> If "Yes," year	enter the amount of tax-exempt interest received or accrued during the	12b				

2

3

6

Section A. Governing Body and Management

No

Νo

Νo

Νo

Yes

Yes

Yes

Yes

Yes

4

5

6

7a

7Ь

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,	
3	Enter the number of voting members of the governing body	1a	8	
Ь	Enter the number of voting members that are independent	1b	7	
	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?			2
	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	•		3

	Did the organization make any significant changes to its organizational documents since the prior Form 990 was
	filed?
5	Did the organization become aware during the year of a material diversion of the organization's assets?

Does the organization have members or stockholders?	
Does the organization have members, stockholders, or other persons who may elect	one or more members of the
governing hody?	

Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons $^{\circ}$ .	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	:

	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	year by the following
_	the governing hedu?

а	the governing body?		•	•		•	•	•		•	•		•	•	•	•	•	•	•	•	•	•	•	•	
Ь	each committee with	autl	hori	ty t	o ac	t or	n be	half	of t	the q	gove	erni	ng b	ody	17										

	Does the organization have local chapters, branches, or affiliates?	•	•	•	•	•	•	•	•	•	•	•	•
b	If "Yes," does the organization have written policies and procedures	go	vern	ııng	the	act	ıvıtı	ies	ofsu	uch	cha	pte	rs,
	affiliates, and branches to ensure their operations are consistent wi	th t	hose	≏ of	the	ora	anız	atio	n?	_		_	

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

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

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

606 BLACK RIVER RD GEORGETOWN,SC 29440 (843) 527-7100

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

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

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

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

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

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

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

### Part VII Continued

		<b>(C)</b> Position (check all that apply)							(E)	<b>(F)</b>
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Отпо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			<u> </u>							
				$\vdash$						
				$\vdash\vdash$			$\vdash$			
				$\vdash$						
1b Total				<u></u>			►	1,638,210	770,453	578,807

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►34

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

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROBINS & MORTON GROUP PO BOX 59289 BIRMINGHAM, AL 35259	CONSTRUCTION	10,178,781
PALMETTO EMERGENCY PHYSICIANS 86 SHOREBIRD LOOP PAWLEYS ISLAND, SC 29585	ER PHYSICIANS	2,917,482
MB KAHN CONSTRUCTION CO INC PO BOX 1745 CONWAY, SC 29528	CONSTRUCTION	2,885,880
SODEXHO PO BOX 536922 ATLANTA, GA 303536922	FOOD SERVICE	2,811,012
ARAMARK HEALTHCARE (SERVICE MASTER) 22506 NETWORK PLACE CHICAGO, IL 60673	HOUSEKEEPING	2,257,396
Total number of independent contractors (including those in 1) who from the organization	. ,	54

## Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	1				
nts ots	b	Membership dues					
Contributions, gifts, grants and other similar amounts	c	1b Fundraising events					
iits, iran	d	Related organizations					
<u>0,8</u>							
ons sin	e	, ,					
outí	f	All other contributions, gifts, grants, and similar amounts not included above	725,269				
걸로	g	Noncash contributions included in					
and		lines 1a-1f \$					
	h	Total (Add lines 1a-1f)		732,414			
			Business Code				
1116	2a	NET PATIENT SERVICES	621,400	121,535,224	121,535,224		
e ve	b	FITNESS CENTER	713,940	1,884,297	1,884,297		
e H	С	MEALS	722,210	513,344	513,344		
7. A.	d	ANCILLARY SERVICES	900,099	106,250	106,250		
35	e	OTHER RELATED SERVICE	900,099	59,937			59,937
<u> </u>	f	All other program service revenue					
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	► \$ 124,099,052  Investment income (including div	Idends Interest				+
		other similar amounts)	· ·	5,228,812			5,228,812
	4	Income from investment of tax-exempt b	▶.				+
			•				
	5	Royalties	(II) Personal				+
	6a	Gross Rents 1,064,947	(II) Personal				
	b	Less rental					
	С	expenses Rental income 1,064,947					
	d	or (loss)  Net rental income or (loss)		1,064,947			1,064,947
			<u> </u>	, ,			
	7a	(1) Securities Gross amount	(II) O ther 105,258				
	/ "	from sales of assets other					
	١.	than inventory Less cost or 1,398,760					
	b	other basis and					
	С	Sales expenses Gain or (loss) -1,398,760	105,258				
	d	Net gain or (loss)		-1,293,502	93,544		-1,387,046
	8a	Gross income from fundraising	. ► 				+
		events (not including					
<u> </u>		\$181,295 of contributions reported on line					
듄		1c) See Part IV, line 18					
₹ev		Attach Schedule G if total exceeds \$15,000 a	7.145				
10	ь	Less direct expensesb	7,143				
Other Revenue	c	Net income or (loss) from fundrais		148,527			148,527
•	9a	Gross income from gaming					
		activities See part IV , line 19 Complete Schedule G if total					
		exceeds \$15,000					
	١.	<b>a</b>					
	b c	Less direct expensesb  Net income or (loss) from gaming					
		· · ·	► P				
	10a	Gross sales of inventory, less returns and allowances					
		a a	92,034				
	b	Less cost of goods sold b					
	с	Net income or (loss) from sales of		7,343			7,343
		Miscellaneous Revenue	Business Code				
	11a	DISCOUNTS/REBATES	900,099	30,644			30,644
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	\$ 30,644				
	12	Total Revenue. Add lines 1h, 2g,	·	130,018,237	124,132,659		0 5,153,164
		8c,					
	J	9c, 10c, and 11e	1				Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,018,583	1,018,583							
2	Grants and other assistance to individuals in the U S See Part IV, line 22									
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	801,652	2,450	799,202						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	41,830,899	34,540,858		184,806					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,250,219	1,013,133	231,666	5,420					
9	Other employee benefits	9,476,937	7,679,774	1,756,076	41,087					
10	Payroll taxes	3,059,240	2,479,100	566,877	13,263					
11	Fees for services (non-employees)									
а	Management	422,500		422,500						
b	Legal	730,286		730,286						
С	Accounting	54,360		54,360						
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other	9,508,110	8,991,122	513,683	3,305					
12	Advertising and promotion	447,547	13,298	434,249						
13	Office expenses	22,181,213	20,702,915	1,468,622	9,676					
14	Information technology									
15	Royalties									
16	Occupancy	2,127,955	2,093,903	34,052						
17	Travel	451,661	170,211	276,984	4,466					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials									
19	Conferences, conventions and meetings									
20	Interest	2,196,221	2,196,221							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	9,654,940	9,654,940							
23	Insurance	549,455		549,455						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	BAD DEBT EXPENSE	17,714,078	17,714,078							
b	RECRUITMENT	814,136		814,136						
c	MISCELLANEOUS EXPENSES	500,723	64,198	396,540	39,985					
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	124,790,715	108,334,784	16,153,923	302,008					
26	<b>Joint Costs.</b> Check  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 999 /2009)					

Part X	Balance	Shoot
	Balance	Sneer

Cash — non-interest-bearing   2,095   1							(A) Beginning of year		(B) End of year
A   Pledges and grants receivable, net   1,700,596   3   1,		1	Cash—non-interest-bearing					1	3,291
3 Pledges and grants receivable, net   1,706,966 3   1.		2	Savings and temporary cash investments				8,665,188	2	28,164,534
4 Accounts racevable, net		3			1,706,966	3	939,748		
the related parties. Complete Part II of Schedule L.  6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L.  7 Notes and loans receivable, net.  8 Inventories for sale or use.  4 4.819.298		4					13,254,149	4	12,164,340
Persons described in section 4958(c)(3)(B)   Complete Part II of Schedule L   7   7		5				oyees or		5	
8   Inventories for sale or use   4,819,298   8   4.7		6						6	
Prepaid expenses and deferred charges   2,159,041   9   2.25		7	Notes and loans receivable, net					7	
b Less accumulated depreciation Complete Part VI of Schedule D		8	Inventories for sale or use				4,819,298	8	4,708,376
b Less accumulated depreciation Complete Part VI of Schedule D	2	9	Prepaid expenses and deferred charges				2,159,041	9	2,599,279
b Less accumulated depreciation Complete Part VI of Schedule D	isse	10a	Land, buildings, and equipment cost basis	102	İ	202 786 021			
11 Investments—publicly traded securities	•	ь				<u> </u>	98.017.217	10c	101,783,087
12		11			<u> </u>	-	, , ,		76,603,084
13   Investments—program-related See Part IV, line 11   Complete Part VIII of Schedule D   14   Intangible assets   14   15   Other assets See Part IV, line 11   Complete Part IX of Schedule D   15   15   15   15   15   15   15			Investments—other securities See Part IV, line 11 Complete F	Part VI	I of	•			75,155,155
14		13	Investments—program-related See Part IV, line 11 Complete		295,896	13	229,016		
15 Other assets See Part IV, line 11 Complete Part IX of Schedule D		14			14				
16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses .		15	Other assets See Part IV, line 11 Complete Part IX of Schedule	60,842,620	15	48,503,903			
17 Accounts payable and accrued expenses		16					263,110,360	16	275,698,658
18 Grants payable		17					11,089,377	17	14,426,631
Tax-exempt bond liabilities		18			18				
21 Escrow account liability Complete Part IV of Schedule D		19	Deferred revenue			19			
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities				40,196,578	20	38,875,788
23 Secured mortgages and notes payable to unrelated third parties	<u> ē</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
23 Secured mortgages and notes payable to unrelated third parties	ibilit.	22							
24 Unsecured notes and loans payable	ä		persons Complete Part II of Schedule L					22	
25 Other liabilities Complete Part X of Schedule D	Liabilities	23	Secured mortgages and notes payable to unrelated third parties	s .				23	
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable				247,127	24	7,649,396
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D				4,509,137	25	12,584,650
through 29, and lines 33 and 34.  Unrestricted net assets		26	Total liabilities. Add lines 17 through 25				56,042,219	26	73,536,465
29 Permanently restricted net assets	<b>~</b> ⊕0		·	plete l	lines 2	27			
29 Permanently restricted net assets	an	27					205,133,224	27	200,777,883
29 Permanently restricted net assets	<u>8</u>	28	Temporarily restricted net assets				1,934,917	28	1,384,310
Ilines 30 through 34.  30 Capital stock or trust principal, or current funds	포	29	Permanently restricted net assets					29	
30 Capital stock or trust principal, or current funds			•	:					
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds					30	
33 Total net assets or fund balances	set	31	Paid-in or capital surplus, or land, building or equipment fund		31				
33 Total net assets or fund balances		32	Retained earnings, endowment, accumulated income, or other f			32			
34 Total liabilities and net assets/fund halances 263 110 360 34 275 6	<u>क</u>	33	Total net assets or fund balances				207,068,141	33	202,162,193
200,110,000 34 270,000 34	_	34	Total liabilities and net assets/fund balances		263,110,360	34	275,698,658		
Part XI Financial Statements and Reporting	Pa	rt_XI_	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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DLN: 93493132035540

OMB No 1545-0047

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

Department of the Treasury
Internal Revenue Service

**SCHEDULE A** 

(Form 990 or 990EZ)

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.

ZUUO

Open to Public Inspection

Name of the organization
GEORGETOWN MEMORIAL HOSPITAL

57-0341194

	rτι			narity Status (to be co					Instruct	ions)		
The	organı:		-	lation because it is (Please		-		-				
1	<u>_</u>			nurches, or association of ch			n Section	170(b)(1)(	(A)(i).			
2		A school d	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)									
3	<u> </u>	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in <b>Sec</b>	t ion 170(	b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Г	A medical	research organ	ızatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's i	name, city, and	state								
5	Γ	An organiz	ation operated 1	for the benefit of a college or	r universit	y owned o	roperate	d by a gove	ernmental	unıt desc	rıbed ın	
		Section 17	D(b)(1)(A)(iv).	. (Complete Part II )								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt desc	rıbed ın <b>S</b> e	ection 170	(b)(1)(A)	(v).			
7	Γ	An organiz	ation that norm	ally receives a substantial p	art of its	support fr	om a gove	rnmental u	ınıt or fror	n the gene	ral publi	с
		described i	n Section 170(I	b)(1)(A)(vi) (Complete Par	tII)							
8	Г	A commun	ity trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Con	nplete Par	tII)					
9	Г	An organiz	ation that norm	ally receives (1) more than	331/3%	of its supp	ort from c	ontribution	ns, membe	rship fees	and gro	ss
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certaii	n exceptio	ons, and (2	) no more	than 331/	'3% of	
		•		estment income and unrelate	-		·		•			
		acquired by	/ the organizati	on after June 30, 1975 See	Section 5	509(a)(2).	Complet)	e Part III	)	•		
10	Г		· -	and operated exclusively to			•		•	ee instruc	tions )	
11				and operated exclusively fo								ses of
	·	one or mor	e publicly supp	orted organizations describe	d ın secti	on 509(a)	(1) or sec	tion 509(a	a)(2) See	Section 5	09(a)(3)	.Check
		the box that describes the type of supporting organization and complete lines 11e through 11h  a										
	_		• •				•	_	d			
e	ı	•	-	rtify that the organization is			•			•	•	
		section 50		agers and other than one or	more pub	licly supp	ortea orga	inizations	aescribea	in section	1509(a)	(I) or
f				ed a written determination fro	om the IRS	S that it is	a Type I.	. Type II o	r Tvpe III	supportir	na oraani	zation.
		check this					,,	, . , ,	, ,			
g		Since Augi	ıst 17, 2006, h	as the organization accepte	d any gıft	or contrib	ution from	any of the	<u>:</u>			
		following pe										
			•	or indirectly controls, either a		_	tn person	s describe	a in (ii)		Yes	No
				ing body of the the supported	_	ition				11g		<u> </u>
			•	erson described in (i) above						11g(	_	
				ity of a person described in (						11g(	iii)	
h		Provide the	following infor	mation about the organizatio	ons the or	ganızatıon	supports					
				T			1		1			
		ame of	(ii) EIN	(iii) Type of organization	1	Is the		you notify	I	s the	1 '	nount of
		oorted nization		(described on lines 1-9 above or IRC section	_	ation in Iisted in	1	anızatıon <b>i)</b> of your	_	ation in Irganized	Sup	ort?
	Organ	iizatioii		(See Instructions))	1	verning	-	port?		US?		
				(555 251, 451, 515)	, ,	ment?		Porc	"" ""			
					Yes	No	Yes	No	Yes	No	1	
								1				
								†				
								1				
								1				
								1				
			l	I	1	1	1	1	I	I	I	

Total

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

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

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	Public Support Percentage for 2008 (Inc.		dod by line 12 o	olumn (fl)		T 4= T	
						15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

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

Schedule A (Form 990 or 990-EZ) 2008

### OMB No 1545-0047

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities) Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B ◆ Section 527 organizations complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities) ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) ◆ Section 501(c)(4), (5), or (6) organizations complete Part III Name of the organization Employer identification number GEORGETOWN MEMORIAL HOSPITAL 57-0341194 Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ☐ Yes ┌ No If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ┌ No Was a correction made? If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (b) Address (e) A mount of political (a) Name (c) EIN (d) A mount paid from contributions received filing organization's and promptly and internal funds If none. directly delivered to a enter-0separate political organization If none, enter -0-

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768		
	Check If the filing organization	belongs to an affili	ated group						
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals					
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)					
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)					
c	Total lobbying expenditures (add line	otal lobbying expenditures (add lines 1a and 1b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)						
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1						
	Over \$17,000,000	\$1,000,000							
	Grassroots nontaxable amount (ente	er 25% of line 1f)							
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a						
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c						
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	oorting <b>Yes</b> [			
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five		
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period				
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total		
_2a	Lobbying non-taxable amount								
	Lobbying ceiling amount (150% of line 2a, column(e))								
	: Total lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2008

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

		(2	1)	(b)
		Yes	No	A mount
l.	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		50
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		3,820
j	Total lines 1c through			3,870
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
۱۵.	+ TII-A. To be completed by all organizations exempt under section $= 50.1(c)/4$	Coction	E01/a	\/F\

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

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

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

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

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Ret urn Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying Activities	THE HOSPITAL IS A MEMBER OF BOTH THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE SOUTH CAROLINA HOSPITAL ASSOCIATION (SCHA) THESE ORGANIZATIONS ENGAGE IN LOBBYING FOR THE BENEFIT OF THEIR MEMBERSHIP BODIES, AND A PORTION OF THE MEMBERSHIP DUES PAID TO THE ORGANIZATIONS IS ATTRIBUTABLE TO LOBBYING EXPENDITURES FOR THE YEAR, THE PORTION OF DUES ATTRIBUTABLE TO LOBBYING EXPENDITURES FOR SCHA

1 \$

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493132035540

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

**Employer identification number** Name of the organization GEORGETOWN MEMORIAL HOSPITAL 57-0341194 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

#### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

**►** \$

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

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

<u>ar</u>	Organizations Maintaining Collections of Art, H	list	orie	<u>cal Treas</u> i	ires, or Othe	<u>r Similar As</u>	sets (co	ontinued)
3	Using the organization's accession and other records, check any of items (check all that apply)	fthe	foll	owing that a	re a sıgnıfıcant u	se of its collect	on	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	2	$\Gamma$	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and explain heart XIV	how	they	further the	organization's ex	cempt purpose II	1	
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as pai						_ Yes	Г No
Pai	<b>Trust, Escrow and Custodial Arrangements.</b> Co Part IV, line 9, or reported an amount on Form 990,				anızatıon answ	ered "Yes" to	Form 9	90,
1a	Is the organization an agent, trustee, custodian or other intermedia included on Form 990, Part X?	ary f	for c	ontributions	or other assets		_ Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table							
						Am	ount	
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line 2 $$	1?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization a							
	<u> </u>	<b>(b)</b> F	Prior Y	ear <b>  (c)</b> Tv	vo Years Back (d)	Three Years Back	(e)Four Y	ears Back
la •	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as							
а	Board designated or quasi-endowment							
ь	Permanent endowment ►							
c	Term endowment ►							
3a	Are there endowment funds not in the possession of the organization	on th	hat a	re held and	administered for	the		
-	organization by						Yes	No
	(i) unrelated organizations	•	•			3a(i	)	
	(ii) related organizations					3a(i	<del>-  </del>	<u> </u>
	If "Yes" to 3a(II), are the related organizations listed as required of					<u>3b</u>		<u> </u>
	Describe in Part XIV the intended uses of the organization's endow				aut V luna 10			
'a I	t VI Investments—Land, Buildings, and Equipment.	. Se		•	•			
	Description of investment			Cost or other (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	( <b>d)</b> Boo	ok value
la	and				17,409,050		1	7,409,050
ь	Buildings	ļ			87,920,447	30,529,256	5	7,391,191
	easehold improvements				2,865,499	1,871,323		994,176
	Equipment	f			89,460,954	68,602,355	2	0,858,599
e	Other	ļ			5,130,071	*		5,130,071

Part VII Investments—Other Securities. Sec	Form 990, Part X, line 12.	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		cost of cha of year market value
Closely-held equity interests		
O ther		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
INVESTMENT IN WACCAMAW ENDOSCOPY CENTER	229,016	, F
		·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X,		(h) Poole volue
(a) Descr NET BOND ISSUE COSTS	iption	<b>(b)</b> Book value 816,020
DUE FROM AFFILIATE		45,489,123
PHYSICIAN RECEIVABLES		1,700,537
OTHER RECEIVABLES		498,223
OTHER RECEIVABLES		490,223
Total. (Column (b) should equal Form 990, Part X, col.(B) line		<b> </b>
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25. (b) A mount	
Federal Income Taxes	(b) Amount	
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	507,407	
ACCRUED PENSION LIABILITY	12,077,243	
ACCUSED LEGICAL FLADILITY	12,077,243	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	12,584,650	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	130,018,237
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	124,790,715
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,227,522
4	Net unrealized gains (losses) on investments	4	2,501,301
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-12,634,772
9	Total adjustments (net) Add lines 4 - 8	9	-10,133,471
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,905,949
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	leturn
1	Total revenue, gains, and other support per audited financial statements	1	119,917,534
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		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-10,100,703
3	Subtract line <b>2e</b> from line <b>1</b>	3	130,018,237
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)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	130,018,237
Pari 1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial statements	s per 1	124,823,482
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	Ė	124,023,402
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	32,768
3	Subtract line <b>2e</b> from line <b>1</b>	3	124,790,714
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	124,790,714
_	rt XIV Supplemental Information	<u> </u>	· · ·
		/.	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		CHANGE IN NET PENSION OBLIGATION -12634772
Part XII, Line 2d - Other Adjustments		CHANGE IN ADDITIONAL PENSION LIABILITY -12634772 FUNDRAISING EVENT DIRECT EXPENSES 32768
Part XIII, Line 2d - Other Adjustments		FUNDRAISING EVENT DIRECT EXPENSES 32768

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As Filed Data -

DLN: 93493132035540

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

**Open to Public** 

				Inspection						
Name of the organization SEORGETOWN MEMOR				Employer identification number						
					57-0341194					
Part I Fundraisi	<b>ng Activities.</b> Complet	e if the or	ganızat	ion answered "Yes" t	to Form 990, Part I\	/, line 17.				
<b>1</b> Indicate whether th	ne organization raised funds	through an	y of the	following activities Che	eck all that apply					
<b>a</b> Mail solicitation	ns			e Solicitation of r	non-government grants					
<b>b</b> Email solicitation					government grants					
c Phone solicitati				g   Special fundrais	sing events					
d In-person solic	itations									
	n have a written or oral agre isted in Form 990, Part VII					Γ Yes Γ N				
	n highest paid individuals or at least \$5,000 by the org									
(i) Name of individuor or entity (fundraise	I (III) A CTIVITY	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes No		-						
			•							
otai					İ	1				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt I	Fundraising Events. Comp more than \$15,000 on Form					report	ted
	2 \$15,000 011 101111		(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	( <b>d)</b> To (Add col		
Ф			(event type)	BREAST CANCER AWARENESS WALK (event type)	(total number)	со	<b>(c)</b> )	
₽	1	Gross receipts	102,620	41,950	43,870		18	8,440
Revenue	2	Less Charitable contributions	6,320	825	5			7,145
	3	Gross revenue (line 1 minus line 2)	96,300	41,125	43,870		18	1,295
	4	Cash Prizes						
Expenses	5	Non-cash Prizes			900			900
pen	6	Rent/Facility costs			4,180			4,180
ă	7	Other direct expenses	16,228	10,500	960		2	7,688
Direct	8	Direct expense summary Add line	es 4 through 7 ın column	(d)			3	2,768
	9	Net income summary Combine lir	nes 3 and 8 in column (d)	)			14	8,527
Par	t II	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	irt IV, line 19, or repo	rted mor	e thar	1
Revenue	(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo				(d) Total gaming (Add col (a) through col (c))			
~	1	Gross revenue						
	2	Cash prizes						
Expenses	3	Non-cash prizes						
ញ ស្គ	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	│ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9	En	ter the state(s) in which the organiza	tion operates gaming act	rivities			Yes	No
a		the organization licensed to operate				. 9a		
b	If"	'No," Explain						
10a	— We	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?						
Ь		'Yes," Explain	, ,	·	,	10a		
11 12		es the organization operate gaming a the organization a grantor, beneficiar				11	1	<u>                                       </u>
	for	med to administer charitable gaming	,		· · · · · · · · · · · · · · · · · · ·	12		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493132035540

OMB No 1545-0047

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**SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization GEORGETOWN MEMORIAL HOSPITAL

**Employer identification number** 

57-0341194

Pa	rt I Charity Care and	d Certain O	ther Com	munity Benefits a		r 2008)			
	•			•	, ,	•		Yes	No
<b>1</b> a	Does the organization have a	charity care	policy? If "N	lo," skip to question 6a			1a		
b	If "Yes," is it a written policy	?					1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals								
	A pplied uniformly to all h		Is	Applied uniformly	y to most hospitals				
3	Answer the following based organization's patients	n the charity	care eligibili	ty criteria that applies	to the largest number	of the			
а	Does the organization use Fe						3a		
	Γ <sub>100%</sub> Γ <sub>150%</sub>			Other			Ja		
h	Does the organization use FF	G to determin	ne eliqihility	for providing discounte	d care to low income ii	ndıvıdılals? If			
	"Yes," indicate which of the f						36		
							3Ь		
	T 200% T 250%	<b>I</b> 300	%	350% 400	0% Other_	%			
С	If the organization does not u determining eligibility for free test or other threshold, regai	e or discounte	d care Inclu	ide in the description w	hether the organization				
4	Does the organization's polic	y provide free	ordiscount	ed care to the "medica	lly indigent"?		4		
5a	Does the organization budge	t amounts for	free or disco	unted care provided ur	nder its charity care po	olicy?	5a		
b	<ul> <li>Does the organization budget amounts for free or discounted care provided under its charity care policy?</li> <li>If "Yes," did the organization's charity care expenses exceed the budgeted amount?</li> </ul>								
c	If "Yes" to line 5b, as a resu care to a patient who was eli						5с		
6a	care to a patient who was eligibile for free or discounted care?								
6b	If "Yes," does the organization	on make it ava	ailable to the	public?			6b		
	Complete the following table worksheets with the Schedul		ksheets prov	ıded ın the Schedule H	Instructions Do not	submit these			
7	Charity Care and Certain (	Other Commu	nity Benefits	at Cost			<u> </u>		
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Percent of total expens	
а	Charity care at cost (from worksheets 1 and 2)	, , ,							
b	Unreimbursed Medicaid (from worksheet 3, column a)								
С	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)								
d	<b>Total</b> Charity Care and Means-Tested Programs .								
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)								
	Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
h	Research (from worksheet 7)								
	Cash and in-kind contributions to community groups (from worksheet 8)								
-	Total Other Benefits								
К	Total (line 7d and 7j)				I				

	rt II Community Building activities) (Optional		umber of or or or or or or or or or or or or or				Direct offsetting (e) Net comm revenue building expe		nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- <del>6</del>	Coalition building  Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		( ) p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			-		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(	<b>(b)</b> Description of primary activity of entity			anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	oc k
1											
2							$\top$				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							$\dashv$				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
GEORGETOWN MEMORIAL HOSPITAL 606 BLACK RIVER ROAD	×								
GEORGETOWN,SC 29442									
					<u> </u>				

P	Part VI Supplemental Inform	ation (Optional for 2008)
Со	Complete this part to provide the following	ng information
1	1 Provide the description required for F	Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b
_		
_		
_		
_		
_		
_		
_		
2	2 Needs Assessment. Describe how the	e organization assesses the health care needs of the communities it serves
_		
_		<del></del>
3		ssistance. Describe how the organization informs and educates patients and persons who may be piblity for assistance under federal, state, or local government programs or under the organization's
_		
_		
4	constituents it serves	ne community the organization serves, taking into account the geographic area and demographic
_		
5	5 Community Building Activities. Desc of the communities the organization	ribe how the organization's community building activities, as reported in Part II, promote the health serves
_		
6		ant to describing how the organization's hospitals or other health care facilities further its exempt he community (e g , open medical staff, community board, use of surplus funds, etc )
_		
_		
7	7 If the organization is part of an affilia promoting the health of the communi	ted health care system, describe the respective roles of the organization and its affiliates in tes served
_		
_		
8	8 If applicable, identify all states with	which the organization, or a related organization, files a community benefit report

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DLN: 93493132035540

OMB No 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

Schedule I

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection** 

Name of the organization						Employer Identi	iication number
GEORGETO WN MEMORIAL HC	SPITAL					57-0341194	
Part I General Inforn	nation on Gra	nts and Assistance	е			<b>'</b>	
	d to award the gra ganization's proc ner Assistance	nts or assistance? edures for monitoring the to Governments		he United States in the United Sta	tes. Complete if the o	rganization answere	d "Yes" on
Form 990, Part I Part IV and Sche needed	edule I-1 ıf addı	tional space is	eived more than \$5,0	000. Check this box	If no one recipient rec	eived more than \$5, . ► 厂	000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sect organizations					<u> </u>		7
3 Enter total number of other					-		<b>&gt;</b> 7

Part III	Grants and Other Assistance to Individuals in the United States. Con	plete if the organization a	answered "Yes" on Form 990	). Part IV. line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	.p		.,

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 THE ORGANIZATION SELECTS GRANT RECIPIENTS BASED ON COMMUNITY NEEDS AND INDIVIDUAL PROJECT MERIT FOLLOW-UP ON GRANTS AND ASSISTANCE VARIES DEPENDING ON THE TYPE OF ASSISTANCE AND TYPE OF PROJECT MANY SMALLER GRANTS ARE PROVIDED FOR LOCAL SCHOOLS AND PUBLIC CHARITIES BASED ON A DEMONSTRATED NEED FOR OPERATIONAL FUNDS AND REQUIRE NO MONITORING LARGER GRANTS, SUCH AS TO THE LOCAL YMCA REQUIRE PRE-ESTABLISHED PROJECT MILESTONES TO BE REACHED BEFORE EACH DISBURSEMENT OF THE GRANT IS PAID OUT

Software ID: Software Version:

**EIN:** 57-0341194

Name: GEORGETOWN MEMORIAL HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HORRY GEORGETOWN TECHNICAL COLLEGE FOUNDATION INCPO BOX 261966 CONWAY,SC 29528	57-0681224	501(C)(3)	200,000				O P E R A T I O N A L SUPPORT			
GEORGETOWN COUNTY UNITED WAYPO BOX 1065 GEORGETOWN,SC 29442	57-0526145	501(C)(3)	5,000				OPERATIONAL SUPPORT			
MARCH OF DIMES FOUNDATION314 LAUREL STREET SUITE 201 CONWAY,SC 29526	13-1846366	501(C)(3)	5,000				O P E R A T I O N A L SUPPORT			
AMERICAN CANCER SOCIETY950 48TH AVE N SUITE 101 MYRTLE BEACH,SC 29577	13-1788491	501(C)(3)	5,000				O P E R A T I O N A L SUPPORT			
SMITH MEDICAL CLINICPO BOX 1740 PAWLEYS ISLAND,SC 29585	57-0786699	501(C)(3)	25,000				OPERATIONAL SUPPORT			
GEORGETOWN COUNTY FAMILY YMCAPO BOX 1087 GEORGETOWN,SC 29442	57-0747196	501(C)(3)	625,000				OPERATIONAL SUPPORT			
ANDREWS HIGH SCHOOL ATHLETICS12890 COUNTY LINE ROAD ANDREWS,SC 29510			5,000				OPERATIONAL SUPPORT			
ST JAMES HIGH SCHOOL SHARKS BOOSTER CLUBPO BOX 4140 MURRELLS INLET, SC 29576			5,000				OPERATIONAL SUPPORT			
WACCAMAW HIGH SCHOOL ATHLETICS BOOSTER CLUB2412 KINGS RIVER ROAD PAWLEYS ISLAND, SC 29585			5,000				OPERATIONAL SUPPORT			
GEORGETOWN HIGH SCHOOL BULLDOG ATHLETICS25000 ANTHUAN MAYBANK DRIVE GEORGETOWN,SC 29440			5,000				OPERATIONAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CARVERS BAY SCHOOL ALL SPORTS BOOSTER CLUB13002 CHOPPEE ROAD HEMINGWAY,SC 29554			5,000				OPERATIONAL SUPPORT		
AMERICAN HEART ASSOCIATION (MID- ATLANTIC AFFILIATE) 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	13-5613797		10,500				O P E R A T I O N A L SUPPORT		
HEALTHY LEARNERS PROGRAM2711 MIDDLEBURG DR SUITE 206 COLUMBIA,SC 29204	57-1127197		100,000				OPERATIONAL SUPPORT		
PAWLEYS ISLAND FESTIVAL OF MUSIC & ARTPO BOX 1975 PAWLEYS ISLAND,SC 29585	57-1061600	501(C)(3)	5,000				O P E R A T I O N A L SUPPORT		

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DLN: 93493132035540

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

### **Compensation Information**

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

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

2008

Open to Public Inspection

Name of the organization GEORGETOWN MEMORIAL HOSPITAL Employer identification number

57-0341194

Pa	rt I Questions Regarding Compensation	1				
					Yes	Νo
1a	Check the approprate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to r					
	officers, directors, trustees, and the CEO/Executive	Direct	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization organization organization.		·			
	✓ Compensation committee		Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, I	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	aymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a	Yes	
ь	Any related organization?			5b	Yes	
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a	Yes	
ь	Any related organization?			6b	Yes	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			R		N o

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
BRUCE BAILEY	(ı) (ıı)	201,208 134,139			4,830 3,220	49,807 33,204	311,667 207,777	
TERRY KISER	(ı) (ıı)	112,600 103,109			4,202 3,848	25,327 23,193	178,570 163,520	
GAYLE RESETAR	(ı) (ıı)	105,682 105,682	/		4,025 4,025	25,315 25,315		
RICK KAYLOR	(ı) (ıı)	81,305 85,305			8,181 8,583	22,957 24,086	143,046 150,082	
MARGARET J ZOMETSKY	(ı) (ıı)	184,818	200	21,426	23,879	42,490	272,813	
BRENDA TOMLIN- AUBREY	(ı) (ıı)	183,441	200	21,489	22,815	45,449	273,394	
KATHY LEE	(ı) (ıı)	174,200	200	13,632	14,246	41,354	243,632	
ANN WATERS	(ı) (ıı)	129,089	22,453	36,977	18,392	42,062	248,973	
JAMES F HARPER	(ı) (ıı)	78,456 58,945			8,154 6,126	24,146 18,141	141,835 106,561	
MARK E TRIANA MD	(ı) (ıı)	64,005 29,702					64,005 29,702	
SCOTT A NICOL MD	(ı) (ıı)	19,537 9,857					19,537 9,857	
RICHARD M CAMLIN MD	(ı) (ıı)	83,688	3,088			1,435	88,211	
	(i)							
	(ii)	,	<b> </b>	<u> </u>				
	(i)		<u> </u>	-				
	(ii)							

#### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	,	INCENTIVE COMPENSATION PAID TO THE OFFICERS OF THE ORGANIZATION IS CONTINGENT UPON QUALITY INDICATORS, NET REVENUES, AND THE OVERALL PROFITABILITY OF THE ORGANIZATION IF PREDETERMINED GOALS ARE MET, INCENTIVE COMPENSATION IS PAID TO THE OFFICER IN ACCORDANCE WITH AN INCENTIVE COMPENSATION PROGRAM SEE PART II, COLUMN (B)(II)
	Part I, Line 6	SEE THE RESPONSE TO LINE 5A AND 5B
Supplemental Information	Part III	PART II, COMPENSATION FROM UNRELATED ORGANIZATION COMPENSATION PAID TO BRUCE BAILEY, TERRY KISER, AND GAYLE RESETAR WAS PAID THROUGH QUORUM HEALTH RESOURCES (QHR), AN UNRELATED MANAGEMENT COMPANY, ON BEHALF OF THE SOLE MEMBER, GEORGETOWN HOSPITAL SYSTEM SEE THE RESPONSE TO PART VI, LINE 3 ON SCHEDULE O FOR DETAILS ON THE ARRANGEMENT ALL AMOUNTS LISTED ON SCHEDULE J, PART II, LINES (I) AND (II) FOR EACH INDIVIDUAL ARE FROM QHR IN ADDITION, BRUCE BAILEY, TERRY KISER, GAYLE RESETAR, AND RICK KAYLOR ARE COMPENSATED BY A COMMON PAYMASTER FOR SERVICES PERFORMED FOR BOTH GEORGETOWN MEMORIAL HOSPITAL AND A RELATED ORGANIZATION COMPENSATION FOR THESE INDIVIDUALS IS PRESENTED TO REFLECT AN ALLOCATION OF SERVICES PERFORMED FOR THESE ORGANIZATIONS
-		

(F) Compensation

Software ID: Software Version:

**EIN:** 57-0341194

Name: GEORGETOWN MEMORIAL HOSPITAL

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

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Deferred (D) Nontaxable (E) Total of columns

		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
BRUCE BAILEY	(ı) (ıı)	201,208 134,139	39,806 26,537	16,016 10,677	4,830 3,220	49,807 33,204	311,667 207,777	
TERRY KISER	(ı) (ıı)	112,600 103,109	25,136 23,018	11,305 10,352	4,202 3,848	25,327 23,193	178,570 163,520	
GAYLE RESETAR	(ı) (ıı)	105,682 105,682	23,378 23,378	7,519 7,519	4,025 4,025	25,315 25,315	165,919 165,919	
RICK KAYLOR	(ı) (ıı)	81,305 85,305	18,645 19,562	11,958 12,546	8,181 8,583	22,957 24,086	143,046 150,082	
MARGARET J ZOMETSKY	(ı) (ıı)	184,818	200	21,426	23,879	42,490	272,813	
BRENDA TOMLIN- AUBREY	(ı) (ıı)	183,441	200	21,489	22,815	45,449	273,394	
KATHY LEE	(ı) (ıı)	174,200	200	13,632	14,246	41,354	243,632	
ANN WATERS	(I) (II)	129,089	22,453	36,977	18,392	42,062	248,973	
JAMES F HARPER	(ı) (ıı)	78,456 58,945	13,255 9,959	17,824 13,390	8,154 6,126	24,146 18,141	141,835 106,561	
MARK E TRIANA MD	(ı) (ıı)	64,005 29,702					64,005 29,702	
SCOTT A NICOL MD	(ı) (ıı)	19,537 9,857					19,537 9,857	
RICHARD M CAMLIN MD	(ı) (ıı)	83,688	3,088			1,435	88,211	

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DLN: 93493132035540

# Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization GEORGETOWN MEMORIAL HOSPITAL

**Employer identification number** 

57-0341194

1 (a) Name of disqualifi	ed person		(b) Description of transaction							(c) Correcte		
1 (a) Nume of disquam	cu person		(b) Des	спрс	ion oi transa	iction				Yes	No	
2 Enter the amount of tax imposed or section 4958							•	\$				
3 Enter the amount of tax, If any, on leart II Loans to and/or From	n Interested Per	sons					<u> </u>					
To be completed by organiz  (a) Name of interested person and purpose	(b) Loan to or from the organization?		on Form 990, Part Original principal amount		ine 26, or Fo Balance due	(e)	In	(f Appro by boa	) oved ard or		/rıtten ment?	
parpose	To From		_			Yes	No	Yes	ttee? No	Yes	es No	
		•										
											1	
										+		
tal			<b>&gt;</b> \$							1		
Grants or Assistance To be completed by orga				90,	Part IV, lın	ie 27.						
(a) Name of interested person	( <b>b)</b> Relations	hıp betv	veen interested pe organization					nt or ty	pe of a	assista	ınce	
art IV Business Transactions To be completed by orga	s Involving Inter	<b>ested</b> wered	P <b>ersons</b> "Yes" on Form 9	90,	Part IV, lın	ie 28a	a, 28	b, or 2	28c.			
(a) Name of interested person	(b) Relations between interes	sted	(c) A mount of transaction		( <b>d)</b> Descr	ıptıon	of tra	ınsactı	ا	<b>e)</b> Sha organız reven	ation's	
	organization									Yes	No	
IE SKIPPER	FAMILY MEMBER BOARD TRUSTER MCROY SKIPPER	≣н	53,	654	RECEIVED AS EMPLO		PENS	ATION	1		Νo	
ARILYN S THOMPKINS	FAMILY MEMBER BOARD TRUSTER MCROY SKIPPER	≣н	17,0	621	RECEIVED COMPENSATION AS EMPLOYEE			1		Νo		
NA KISER	FAMILY MEMBER OFFICER TERRY KISER		60,9	944	RECEIVED AS EMPLO		PENS	ATION	ı		Νo	
ECCA KAYLOR	FAMILY MEMBER OFFICER RICK KAYLOR	ROF	41,		RECEIVED AS EMPLO		PENS	ATION	J		Νο	

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### **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

2008

Open to Public Inspection

Name of the organization GEORGETOWN MEMORIAL HOSPITAL Employer identification number

57-0341194

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		THE BOARD OF DIRECTORS HAS ENTERED A MANAGEMENT AGREEMENT WITH QUORUM HEALTH RESOURCES TO PROVIDE KEY MANAGEMENT EMPLOYEES FOR THE ORGANIZAION THE CEO, CFO, AND COO ARE EMPLOYEES OF QUORUM AND ARE COMPENSATED DIRECTLY BY THAT ORGANIZATION THE QUORUM EMPLOYEES ARE ACCOUNTABLE TO THE BOARD OF DIRECTORS OF THE HOSPITAL

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE ORGANIZATION IS A MEMBER ORGANIZATION WITHIN THE MEANING OF THE SOUTH CAROLINA NONPROFIT CORPORATION ACT OF 1994 THE SOLE MEMBER OF THE CORPORATION IS GEORGETOWN HOSPITAL SYSTEM

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE SOLE MEMBER HAS THE SOLE AUTHORITY TO APPOINT OR REMOVE A TRUSTEE OR THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		THE SOLE MEMBER HAS THE SOLE AUTHORITY TO (1) DIRECT HEALTHCARE SERVICES UNDERTAKEN BY THE ORGANIZATION, INCLUDING THE ADDITION OR DELETION OF CLINICAL SERVICE LINES, AND AUDIT COMPLIANCE WITH SUCH DIRECTIVES, (2) VETO POLICIES AND PROCEDURES, (3) REQUIRE DISTRIBUTION OF INCOME, ASSETS, OR OTHER PROPERTY FROM, OR MAKE CONTRIBUTIONS TO THE ORGANIZATION TO ACHIEVE THE MUTUAL OBJECTIVES OF THE ORGANIZATION AND THE SOLE MEMBER, (4) APPROVE BUDGETS, (5) AUTHORIZE CAPITAL TRANSACTIONS, (6) ADOPT A PLAN OF DISSOLUTION, (7) ADMIT NEW MEMBERS TO THE ORGANIZATION, (8) AMEND THE ARTICLES OF THE ORGANIZATION, AND (9) NEGOTIATE AND AUTHORIZE MANAGEMENT AGREEMENTS WITH THIRD PARTIES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE RETURN WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM WITH THE ASSISTANCE AND OVERSIGHT OF MANAGEMENT A REPRESENTATIVE OF THE ACCOUNTING FIRM PRESENTED THE RETURN TO THE FINANCE COMMITTEE WITH MANAGEMENT AND ANSWERED QUESTIONS FROM BOARD MEMBERS THE CEO AND CFO THEN REVIEWED THE FORM WITH ALL BOARD MEMBERS, AS EVIDENCED IN THE BOARD MINUTES A COPY OF THE RETURN WAS PROVIDED TO EACH VOTING BOARD MEMBER AFTER A DISCUSSION PERIOD, THE BOARD VOTED TO APPROVE THE FILING OF THE FORM 990 WITH THE IRS AS PRESENTED THE CFO/CEO MET IN PERSON WITH ANY MEMBERS ABSENT FROM THE MEETING TO DISCUSS THE RETURN

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH IS REVIEWED, ACCEPTED, AND SIGNED BY EACH OFFICER AND VOTING BOARD MEMBER ON AN ANNUAL BASIS PURSUANT TO THIS POLICY, EACH OFFICER AND BOARD MEMBER WILL RECUSE HIMSELF OR HERSELF FROM ANY DISCUSSIONS AND VOTES FOR WHICH A CONFLICT EXISTS DETERMINATION OF WHETHER A CONFLICT EXISTS IS MADE AT A MANAGEMENT, BOARD MEMBER, OFFICER, AND INDIVIDUAL LEVEL ACTUAL CONFLICTS ARE REVIEWED BY MANAGEMENT AND THE BOARD WITHOUT THE PRESENSE OF THE INTERESTED PARTY

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE ORGANIZATION USES OUTSIDE AGENCIES TO ESTABLISH, ASSESS THE REASONABLENESS OF, REVIEW, AND APPROVE THE COMPENSATION OF DIRECTORS AND KEY MANAGEMENT THE INDIVIDUAL COMPENSATION PACKAGE OF EACH PERSON IS BASED ON COMPARABILITY FACTORS INCLUDING, BUT NOT LIMITED TO, THE SIZE OF THE ORGANIZATION, THE GEOGRAPHICAL LOCATION OF THE ORGANIZATION, AND THE EMPLOYEE'S LENGTH OF SERVICE COMPENSATION IS THEN REVIEWED AND APPROVED BY OFFICERS OF THE ORGANIZATION OFFICER COMPENSATION IS APPROVED BY THE BOARD OR CEO THROUGH CONTRACT NEGOTIATION WITH THE OUTSIDE MANAGMENT CORPORATION

ı	dentifier	Return Reference	Explanation
	990, Part VI, on C, line 18		PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW GUIDESTAR ORG

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		PHOTOCOPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE

ldentifier	Return Reference	Explanation
FORM 990, PART VII, LINE 1A		FORMER CHIEFS OF STAFF MAY CONTINUE TO BE COMPENSATED FOR EMERGENCY ROOM CALL PAY, COMMITTEE PAY, ETC

ldentifier	Return Reference	Explanation
FORM 990, PART VII, LINE 1A	AVERAGE HOURS PER WEEK	OFFICERS BRUCE BAILEY, TERRY KISER, GAYLE RESETAR, RICK KAYLOR, AND CHIEF OF HUMAN RESOURCES JAMES HARPER DEVOTE A PORTION OF THEIR WORK WEEK TO WACCAMAW COMMUNITY HOSPITAL, AN AFFILIATED NON-PROFIT ORGANIZATION HOURS LISTED ON PART VII, LINE 1A REPRESENT THE AVERAGE TIME SPENT FOR GEORGETOWN MEMORIAL HOSPITAL

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

Cat No 51056K

Schedule O (Form 990) 2008

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

DLN: 93493132035540

## OMB No 1545-0047

2008

Open to Public Inspection

Schedule R (Form 990) 2008

**Employer identification number** 

### SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

**Related Organizations and Unrelated Partnerships** 

GEORGETOWN MEMORIAL HOSPITAL				57-0341194	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	itions			_	
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
GEORGETOWN HOSPITAL SYSTEM  PO DRAWER 1718 GEORGETOWN, SC29442 02-0598440	HEALTHCARE	SC	501(C)(3)	3	
WACCAMAW COMMUNITY HOSPITAL  PO BOX 3350  MURRELLS INLET, SC29576  04-3633263	HEALTHCARE	SC	501(C)(3)	3	GEORGETOWN HOSPITAL SYSTEM

Cat No 50135Y

Part III	Identification o	f Related	<b>Organizations</b>	Taxable as a	Partnership
			o. gaa	. axabic ab a	

( <b>A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	( <b>G</b> ) Share of end-of-year assets	Share of end-of-year   allocations?		(I) Code V—UBI amount on Box 20 of K-1	Gene mar	( <b>J)</b> eral nagır tner
							Yes	No		Yes	No
GEORGETOWN RADIATION THERAPY CENTER 2307 N FRASIER STREET GEORGETOWN, SC29440 20-0131459	HEALTHCARE	SC	N/A								

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust

		<u> </u>					
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of-year assets	( <b>H</b> ) Percentage ownership
GHG ASSET COMPANY INC 606 BLACK RIVER ROAD GEORGETOWN, SC29442 47-0889068	HOLDING COMPANY	SC	N/A	С			
						Caba dula l	D (Farm 000) 2009

(6)

Part V	Transactions	with Related	l Organizations

Part	V Transactions with Related Organizations							
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
<b>1</b> Dur	ng the tax year, did the orgranization engage in any of the following transaction	ons with one or more related organizations listed in Parts II-	IV?					
a F	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled er	ntity		1a		No		
<b>b</b> (	ift, grant, or capital contribution to other organization(s)			1b		No		
<b>c</b> 0	ıft, grant, or capıtal contribution from other organization(s)			1c		No		
d L	oans or loan guarantees to or for other organization(s)			1d	Yes			
e L	oans or loan guarantees by other organization(s)			1e		No		
f S	ale of assets to other organization(s)			1f		No		
g F	urchase of assets from other organization(s)			1g		No		
h E	xchange of assets			1h		No		
i L	ease of facilities, equipment, or other assets to other organization(s)			1i	Yes			
j L	ease of facilities, equipment, or other assets from other organization(s)			1j		No		
k F	erformance of services or membership or fundraising solicitations for other or	rganızatıon(s)		1k		No		
I P	erformance of services or membership or fundraising solicitations by other or	ganızatıon(s)		11		No		
m S								
n S	haring of paid employees			1n	Yes			
o F	eimbursement paid to other organization for expenses			10	Yes			
p F	eimbursement paid by other organization for expenses			1р	Yes			
q	ther transfer of cash or property to other organization(s)			1q		No		
r O	ther transfer of cash or property from other organization(s)			1r		No		
<b>2</b> I	the answer to any of the above is "Yes," see the instructions for information	on who must complete this line, including covered relationsh	nips and transaction thresholds					
	(A)	(B)	(C)					
	Name of other organization(s)	Transaction type(a-r)	Amount Involved					
(1)								
(2)								
(3)								
(4)								
(5)								

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_							
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	Organizations		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No						
			•			•	•	Sabadula	D / Form	000) 2000						

# Software ID: Software Version:

**EIN:** 57-0341194

Name: GEORGETOWN MEMORIAL HOSPITAL

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
	(C) Position (check all that apply)								<b>7-3</b>	(F)	
<b>(A)</b> Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
H MCROY SKIPPER , CHAIRMAN	1 00	X		Х				0	0	0	
WALLACE J MCKNIGHT , VICE CHAIRMAN	1 00	Х		х				0	0	0	
JULIAN A REYNOLDS , SECRETARY	1 00	Х		Х				0	0	0	
ALAN S ALTMAN , TRUSTEE	1 00	Х						0	0	0	
FRANCIS B FORD JR , TRUSTEE	1 00	Х						0	0	0	
WALTER F JOHNSON III , TRUSTEE	1 00	Х						0	0	0	
SHARON G SMITH , TRUSTEE	1 00	Х						0	0	0	
S CRAIG DOWNING MD , CHIEF OF STAFF	1 00	Х						2,450	0	0	
BRUCE BAILEY , CEO	30 00			Х				257,030	171,353	91,061	
TERRY KISER , CFO	26 00			Х				149,041	136,479	56,570	
GAYLE RESETAR , COO	25 00			Х				136,579	136,579	58,680	
RICK KAYLOR , CHIEF PLANNING & DEV OF	24 00			x				111,908	117,413	63,807	
MARGARET J ZOMETSKY , CRNA	40 00					Х		206,444	0	66,369	
BRENDA TOMLIN-AUBREY , CRNA	40 00					Х		205,130	0	68,264	
KATHY LEE , CRNA	40 00					Х		188,032	0	55,600	
ANN WATERS , ADMIN OF PATIENT CARE	40 00					x		188,519	0	60,454	
JAMES F HARPER , CHIEF OF HUMAN RESOURCES	29 00					х		109,535	82,294	56,567	
MARK E TRIANA MD , FORMER CHIEF OF STAFF	1 00						х	64,005	29,702	0	
SCOTT A NICOL MD , FORMER CHIEF OF STAFF	1 00						х	19,537	9,857	0	
RICHARD M CAMLIN MD , TRUSTEE	1 00						Х	0	86,776	1,435	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a NET PATIENT SERVICES	621,400	121,535,224	121,535,224		
<b>b</b> FITNESS CENTER	713,940	1,884,297	1,884,297		
c MEALS	722,210	513,344	513,344		
d ANCILLARY SERVICES	900,099	106,250	106,250		
e OTHER RELATED SERVICE	900,099	59,937			59,937