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Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2008
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ANMED HEALTH	D Employer identification number 57-0359174	
		Doing Business As		E Telephone number (864) 512-1000
		Number and street (or P O box if mail is not delivered to street address) 800 NORTH FANT STREET	Room/suite	G Gross receipts \$ 444,021,544
		City or town, state or country, and ZIP + 4 ANDERSON, SC 29621		
		F Name and address of Principal Officer JOHN A MILLER JR 800 NORTH FANT STREET ANDERSON, SC 29621		
I Tax-exempt status ☒ 501(c) (3) (Insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)		
J Web site: WWW.ANMEDHEALTH.ORG		H(c) Group Exemption Number		
K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other		L Year of Formation 1906	M State of legal domicile SC	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities OPERATION OF A HEALTHCARE SYSTEM INCLUDING A WIDE RANGE OF MEDICAL SERVICES		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of employees (Part V, line 2a)	5	3,438
	6	Total number of volunteers (estimate if necessary)	6	195
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	2,939,746
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	598,332
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,838,987	1,035,836
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	420,437,447	431,062,763
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,551,905	-18,827,358
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,038,845	6,025,159
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	443,867,184	419,296,400
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,526	21,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	67,556,027	181,359,273
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	375,959,430	251,459,050
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	443,555,983	432,839,823
	19	Revenue less expenses Subtract line 18 from line 12	311,201	-13,543,423
	Net Assets or Fund Balances			Beginning of Year
20		Total assets (Part X, line 16)	610,016,483	659,885,460
21		Total liabilities (Part X, line 26)	290,637,974	359,757,921
22		Net assets or fund balances Subtract line 21 from line 20	319,378,509	300,127,539

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	*****		2010-08-16		
	Signature of officer		Date		
	JERRY A PARRISH CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature Amy Bibby		Date	Check if self-employed ☐	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN	
	DIXON HUGHES PLLC 500 Ridgefield Court Asheville, NC 28806			(828) 254-2254	

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

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission

THE MISSION OF ANMED HEALTH IS TO PASSIONATELY BLEND THE ART OF CARING WITH THE SCIENCE OF MEDICINE TO OPTIMIZE THE HEALTH OF OUR PATIENTS, STAFF AND COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

YesNo

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 395,342,958 including grants of \$ 15,000) (Revenue \$ 428,100,405)
ANMED HEALTH IS A HEALTHCARE SYSTEM PROVIDING A FULL RANGE OF ACUTE CARE SERVICES FOR MEDICAL, SURGICAL, PEDIATRIC, OBSTETRIC, PSYCHIATRIC, SUBSTANCE ABUSE AND REHABILITATION PATIENTS, AS WELL AS SPECIALIZED CARE IN ITS INTENSIVE CARE AND CORONARY CARE UNITS TO SUPPORT THESE INPATIENT SERVICES, ANMED HEALTH OFFERS A NORMAL COMPLEMENT OF DIAGNOSTIC AND ANCILLARY SERVICES TWO SEPARATELY LICENSED FACILITIES ARE OPERATED BY ANMED HEALTH ANMED HEALTH MEDICAL CENTER IS A 461-BED FACILITY THAT OFFERS THE LATEST IN MEDICAL AND SURGICAL SERVICES A MEDICAL STAFF OF OVER 400 PHYSICIANS PROVIDES HIGH QUALITY CARE TO THE PATIENTS AT THE MEDICAL CENTER OPEN HEART SURGERY, VASCULAR SURGERY, GENERAL SURGERY, EMERGENCY/ TRAUMA MEDICINE, A NEUROLOGICAL/STROKE CENTER, THE LATEST IN DIAGNOSTIC MRI, CT AND LABORATORY MEDICINE ARE AVAILABLE ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL IS A 72-BED ALL-PRIVATE ROOM FACILITY OFFERING INPATIENT CARE FOR LABOR/DELIVERY, WOMEN'S ELECTIVE SURGERY AND CHILDREN THIS HOSPITAL INCLUDES DEDICATED UNITS FOR LABOR/DELIVERY, MOTHER/BABY, WOMEN'S ELECTIVE SURGERY AND PEDIATRICS ON THE FIRST FLOOR, PHYSICIANS' OFFICES, A LEARNING CENTER, CAFE, COMMUNITY MEETING ROOMS AND RETAIL SHOPS MAKE VISITORS FEEL WELCOME WITH A WEALTH OF RESOURCES TO SUPPORT THESE INPATIENT SERVICES, ANMED HEALTH OFFERS A NORMAL COMPLEMENT OF DIAGNOSTIC AND ANCILLARY SERVICES ADDITIONALLY, ANMED HEALTH OFFERS OUTPATIENT SERVICES AT D K OGLESBY CENTER AT THE ANMED HEALTH NORTH CAMPUS AND HAS SEVERAL CLINICS LOCATED IN ANDERSON, IVA, CLEMSON, HONEA PATH AND WILLIAMSTON, SOUTH CAROLINA, AND IN HARTWELL, GEORGIA THE SYSTEM PROVIDED 92,926 INPATIENT DAYS AND 5,303 NURSERY DAYS OF SERVICE FOR THE YEAR THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF UNCOMPENSATED CARE, INCLUDING CHARITY CARE, IT PROVIDES THE COST OF CHARITY CARE PROVIDED WAS APPROXIMATELY \$11,987,972 THE UNCOMPENSATED COST TO PROVIDE CARE TO MEDICARE PATIENTS WAS APPROXIMATELY \$11,921,141

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 395,342,958 Must equal Part IX, Line 25, column (B).

Form 990 (2008)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	No
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	No
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
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	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	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	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	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	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	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
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	No
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	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
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	No
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
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a 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)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	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? <i>If "Yes," complete Schedule L, Part IV</i> 		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
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? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a298		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a3,438		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country <u>CJ</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section B. Policies

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>SC</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ own website ☒ another's website ☒ upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JERRY A PARRISH 800 N FANT STREET ANDERSON, SC 29621 (864) 512-1000

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								5,031,597	0	972,947

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **151**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
ANDERSON EMERGENCY ASSOCIATION 800 N FANT STREET ANDERSON, SC 29621	ER PHYSICIANS	7,925,757
EPISODIC CARE CLINICS PC 130 CAYMAN WAY ANDERSON, SC 29621	MINOR CARE PHYSICIANS	989,359
LABORATORY CORP OF AMERICA PO BOX 2280 BURLINGTON, NC 27216	ESOTERIC LABORATORY TESTING	969,845
HOSPITAL MEDICINE CONSULTANTS 819 N FANT STREET ANDERSON, SC 29621	HOSPITALISTS	887,290
PIEDMONT PATHOLOGY 400 E CALHOUN ST ANDERSON, SC 29621	PATHOLOGISTS	844,783

Part VIII

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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues					
			1b				
	c	Fundraising events					
			1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	222,607			
	f	All other contributions, gifts, grants, and similar amounts not included above		813,229			
			1f				
g	Noncash contributions included in lines 1a-1f \$						
h	Total (Add lines 1a-1f)		1,035,836				
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE	621,400	429,958,118	427,018,372	2,939,746	
	b	ANCILLARY SERVICES	900,099	593,374	570,762	22,612	
	c	PLASMA RECOVERY	900,099	511,271	511,271		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f \$ 431,062,763					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		5,880,280		5,880,280	
	4	Income from investment of tax-exempt bond proceeds		17,506		17,506	
	5	Royalties					
	6a	(i) Real					
		Gross Rents					
		Less rental expenses					
		Rental income or (loss)					
	b			3,092,184		3,092,184	
	c	3,092,184					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		Less cost or other basis and sales expenses					
		Gain or (loss)					
	b	24,268,888		-24,725,144		-24,725,144	
	c	-24,268,888					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000					
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000						
b	Less direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
11a	CAFETERIA & VENDING		722,210	2,214,504		2,214,504	
b	MISCELLANEOUS REVENUE		900,099	447,007		447,007	
c	PURCHASE DISCOUNTS		900,099	271,464		271,464	
d	All other revenue						
e	Total. Add lines 11a-11d \$ 2,932,975						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		419,296,400	428,100,405	2,939,746	-12,779,587	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,500	6,500		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	15,000	15,000		
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	2,341,109	468,224	1,872,885	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	199,143	199,143		
7	Other salaries and wages	135,843,908	118,086,459		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,597,334	9,094,061	1,503,273	
9	Other employee benefits	21,930,954	18,819,962	3,110,992	
10	Payroll taxes	10,446,825	8,964,902	1,481,923	
11	Fees for services (non-employees)				
a	Management				
b	Legal	499,379		499,379	
c	Accounting	161,197		161,197	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	381,475		381,475	
g	Other	25,105,399	24,332,484	772,915	
12	Advertising and promotion	873,080	191,187	681,893	
13	Office expenses	16,932,621	12,992,483	3,940,138	
14	Information technology	6,963,043	2,469,589	4,493,454	
15	Royalties				
16	Occupancy	7,133,314	7,133,314		
17	Travel	777,045	622,220	154,825	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	9,410,498	9,410,498		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,554,237	36,554,237		
23	Insurance	3,853,064	3,853,064		
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)				
a	BAD DEBT EXPENSE	77,140,283	77,140,283		
b	MEDICAL SUPPLIES	63,040,995	62,913,382	127,613	
c	MISCELLANEOUS EXPENSES	2,437,274	1,879,820	557,454	
d	ENVIRONMENTAL CONTROL	196,146	196,146		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	432,839,823	395,342,958	37,496,865	0
26	Joint Costs. Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	17,997,181	1	25,698,000
	2	Savings and temporary cash investments	7,052,328	2	11,234,639
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	95,654,507	4	86,384,536
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,943,028	8	3,050,344
	9	Prepaid expenses and deferred charges	2,847,014	9	5,691,980
	10a	Land, buildings, and equipment cost basis			
		10a	648,881,356		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b	353,009,427		
			280,747,797	10c	295,871,929
	11	Investments—publicly traded securities	178,927,138	11	206,752,752
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	2,192,765	12	
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	4,694,099	13	4,257,862	
14	Intangible assets		14		
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	16,960,626	15	20,943,418	
16	Total assets. Add lines 1 through 15 (must equal line 34)	610,016,483	16	659,885,460	
Liabilities	17	Accounts payable and accrued expenses	40,393,247	17	35,270,535
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	212,622,900	20	266,415,278
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities <i>Complete Part X of Schedule D</i>	37,621,827	25	58,072,108
	26	Total liabilities. Add lines 17 through 25	290,637,974	26	359,757,921
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	317,770,867	27	298,638,359
	28	Temporarily restricted net assets	1,607,642	28	1,489,180
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	319,378,509	33	300,127,539
	34	Total liabilities and net assets/fund balances	610,016,483	34	659,885,460

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ANMED HEALTH	Employer identification number 57-0359174
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	☐	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	☐	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☒	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each 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						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% Facts and Circumstances Test - 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 "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	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		
b	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		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. 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 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

OMB No 1545-0047

2008

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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 ANMED HEALTH	Employer identification number 57-0359174
--	--

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.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$ _____
- 3

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.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$ _____
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$ _____
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$ _____
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$ _____
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is:			
The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities If "Yes," describe in Part IV	Yes		19,124
j	Total lines 1c through 1i			19,124
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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.)

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

Part IV

Supplemental Information

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.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE SOUTH CAROLINA HOSPITAL ASSOCIATION (SCHA) EACH YEAR, A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS IS ALLOCATED TOWARDS LOBBYING EFFORTS ON BEHALF OF THEIR MEMBERSHIP BODIES FOR 2009, AMOUNTS OF MEMBERSHIP DUES ALLOCATED TO THESE EXPENDITURES WERE \$ 9,667 FOR AHA AND 9,457 FOR SCHA

Explanation

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I 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
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

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

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$

b

Assets included in Form 990, Part X ▶ \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

3b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		18,912,696		18,912,696
b Buildings		262,155,650	115,423,358	146,732,292
c Leasehold improvements		3,502,881	3,175,017	327,864
d Equipment		339,707,895	234,411,052	105,296,843
e Other		24,602,234		24,602,234
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				295,871,929

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN CLEMSON HEALTH CENTER	945,721	F
INVESTMENT IN UPSTATE TELESERVICES, LLC	462,011	F
INVESTMENT IN UPSTATE LINEN SERVICES, LLC	903,008	F
INVESTMENT IN PREMIER	260,652	F
INVESTMENT IN PIEDMONT HEALTH ASSOCIATION	1,686,470	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶	4,257,862	

(a) Description	(b) Book value
CASH SURRENDER VALUE OF LIFE INSURANCE	6,107,395
UNAMORTIZED BOND ISSUE COSTS	6,244,533
ZERO COUPON SWAP EARNINGS RECEIVABLE	7,825,908
DUE FROM RELATED ENTITIES	765,582
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	20,943,418

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION LIABILITY	46,222,869
ESTIMATED THIRD-PARTY SETTLEMENTS	6,481,834
DUE TO RELATED ENTITIES	358,709
RABBI TRUST LIABILITY	511,801
INTEREST RATE SWAP ALLOWANCE	4,496,895
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	58,072,108

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1419,296,400
2	Total expenses (Form 990, Part IX, column (A), line 25)	2432,839,823
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-13,543,423
4	Net unrealized gains (losses) on investments	411,071,676
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-16,779,223
9	Total adjustments (net) Add lines 4 - 8	9-5,707,547
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-19,250,970

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1414,565,654
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a11,071,676	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d5,433,702	
e	Add lines 2a through 2d	2e16,505,378
3	Subtract line 2e from line 1	3398,060,276
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b21,236,124	
c	Add lines 4a and 4b	4c21,236,124
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5419,296,400

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1433,816,624
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d994,307	
e	Add lines 2a through 2d	2e994,307
3	Subtract line 2e from line 1	3432,822,317
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 7b4a	
b	Other (Describe in Part XIV)4b17,506	
c	Add lines 4a and 4b	4c17,506
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5432,839,823

Part XIV Supplemental Information

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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		LOSS ON BOND REDEMPTIONS -3691244 CHANGE IN UNFUNDED PENSION COSTS -17527374 TRANSFERS FROM RELATED ORGANIZATIONS 4782572 NET LOSS OF CONSOLIDATED ENTITY -343177
Part XII, Line 2d - Other Adjustments		REVENUES OF CONSOLIDATED ENTITY 651130 TRANSFERS FROM RELATED ORGANIZATIONS 4782572
Part XII, Line 4b - Other Adjustments		LOSS ON BOND REDEMPTIONS 3691244 CHANGE IN UNFUNDED PENSION COSTS 17527374 INTEREST ON BOND RESERVE FUNDS NET W/ EXPENSES 17506
Part XIII, Line 2d - Other Adjustments		EXPENSES OF CONSOLIDATED ENTITY 994307
Part XIII, Line 4b - Other Adjustments		INTEREST ON BOND RESERVE FUNDS NET W/ EXPENSES 17506

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," 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 ☐ Applied uniformly to all hospitals ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100%☐ 150%☐ 200%☐ Other _____% b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200%☐ 250%☐ 300%☐ 350%☐ 400%☐ Other _____% c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a	
6b	If "Yes," does the organization make it available to the public?	6b	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i>)						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>)						
c Unreimbursed costs—other means-tested government programs (from <i>Worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>)						
g Subsidized health services (from <i>worksheet 6</i>)						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, and Collection Practices

(Optional for 2008)

Section A—Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	
2	Enter the amount of the organization's bad debt expense (at cost)	2	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.		

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other		

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information *(Required for 2008)*

[illegible]

Part VI

Supplemental Information (Optional for 2008)

Complete this part to provide the following information

- 1

Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- 2

Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
- 3

Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- 4

Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5

Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6

Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 7

If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 8

If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ANMED HEALTH

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
57-0359174

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON TIGER SPORTS PROPERTIES LLCPO BOX 1467 JEFFERSON CITY, MO 65102	43-1934411		6,500				SUPPORT OF LADIES CLINIC

- 2

Enter total number of section 501(c)(3) and government organizations

0
- 3

Enter total number of other organizations

1

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
NURSING SCHOLARSHIPS	6	15,000			

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

Identifier	Return Reference	Explanation
Other Information	Part IV	TRI COUNTY TECHNICAL COLLEGE SCHOLARSHIP RECIPIENTS MUST LIVE IN ANDERSON COUNTY, SC, MUST BE A NURSING MAJOR WITH AT LEAST A 3 0 GPA, AND MUST BE WILLING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP CLEMSON UNIVERSITY SCHOLARSHIP RECIPIENT MUST LIVE IN ANDERSON, PICKENS, OR OCONEE COUNTIES, SC, MUST BE A NURSING MAJOR WITH AT LEAST A 2 5 GPA, AND MUST BE WILING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP THE CHIEF NURSING OFFICER OF ANMED HEALTH APPROVES ALL SELECTIONS FOR THIS SCHOLARSHIP IN PRIOR YEARS, ANMED HEALTH HAS CONTRIBUTED A TOTAL OF APPROXIMATELY \$4 5 MILLION TO FOOTHILLS COMMUNITY FOUNDATION, A 501(C) (3) ORGANIZATION THESE CONTRIBUTIONS WERE RESTRICTED AT THE TIME, AND EACH YEAR A PORTION OF THE CONTRIBUTION IS RELEASED BY ANMED HEALTH FOR USE IN FOOTHILLS' EXEMPT PURPOSE FOR THE YEAR ENDED SEPTEMBE 30, 2009, APPROXIMATELY \$620,000 WAS RELEASED TO FOOTHILLS FROM THE RESTRICTED FUND

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

Part II

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR STEPHEN HAND	(i) (ii)	79,310					79,310	
JOHN A MILLER JR	(i) (ii)	597,573	94,288	31,679	353,679	119,990	1,197,209	
WILLIAM T MANSON III	(i) (ii)	411,268	200	5,835	93,316	30,112	540,731	41,282
JERRY A PARRISH	(i) (ii)	356,681	100	4,809	36,849	18,920	417,359	28,374
DR MICHAEL L TILLIRSON	(i) (ii)	345,155	100	11,405	47,891	34,013	438,564	52,133
JAMES T DOUGLAS III	(i) (ii)	208,478		7,871	8,835	40,636	265,820	12,143
TINA JURY	(i) (ii)	205,945	100	5,367	25,094	24,432	260,938	13,473
JOHN D GLYMPH	(i) (ii)	198,584	100	6,516	13,300	12,698	231,198	12,644
GARRICK CHIDESTER	(i) (ii)	247,284		4,326	28,766	27,029	307,405	19,988
DR HENRY B HEARN	(i) (ii)	457,862		1,238	6,153	4,001	469,254	
DR MARK P LACY	(i) (ii)	412,266	200	870	6,126	3,861	423,323	
DR JOHN H NORDEEN	(i) (ii)	408,978		573	6,126	4,001	419,678	
DR TIMOTHY L DUNIHO	(i) (ii)	396,694		464	6,044	4,001	407,203	
JOYCE L COLLIER	(i) (ii)	278,717	375	615	6,139	4,341	290,187	
	(i)							
	(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.

[illegible]

Software ID:
Software Version:
EIN: 57-0359174
Name: ANMED HEALTH

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 compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR STEPHEN HAND	(i) (ii)	79,310					79,310	
JOHN A MILLER JR	(i) (ii)	597,573	94,288	31,679	353,679	119,990	1,197,209	
WILLIAM T MANSON III	(i) (ii)	411,268	200	5,835	93,316	30,112	540,731	41,282
JERRY A PARRISH	(i) (ii)	356,681	100	4,809	36,849	18,920	417,359	28,374
DR MICHAEL L TILLIRSON	(i) (ii)	345,155	100	11,405	47,891	34,013	438,564	52,133
JAMES T DOUGLAS III	(i) (ii)	208,478		7,871	8,835	40,636	265,820	12,143
TINA JURY	(i) (ii)	205,945	100	5,367	25,094	24,432	260,938	13,473
JOHN D GLYMPH	(i) (ii)	198,584	100	6,516	13,300	12,698	231,198	12,644
GARRICK CHIDESTER	(i) (ii)	247,284		4,326	28,766	27,029	307,405	19,988
DR HENRY B HEARN	(i) (ii)	457,862		1,238	6,153	4,001	469,254	
DR MARK P LACY	(i) (ii)	412,266	200	870	6,126	3,861	423,323	
DR JOHN H NORDEEN	(i) (ii)	408,978		573	6,126	4,001	419,678	
DR TIMOTHY L DUNIHO	(i) (ii)	396,694		464	6,044	4,001	407,203	
JOYCE L COLLIER	(i) (ii)	278,717	375	615	6,139	4,341	290,187	

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization ANMED HEALTH		Employer identification number 57-0359174
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Part I

Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FBX9	04-02-2009	34,585,000	QUALIFIED HOSPITAL BOND, SERIES 2009A		X		X
B	SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FCQ 3	05-13-2009	109,433,323	QUALIFIED HOSPITAL BOND, SERIES 2009B		X		X
C	SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FCQ 3	05-13-2009	56,800,000	QUALIFIED HOSPITAL BOND, SERIES 2009C		X		X
D	SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703fcq3	05-13-2009	18,805,000	QUALIFIED HOSPITAL BOND, SERIES 2009D		X		X

Part II

Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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 ANMED HEALTH	Employer identification number 57-0359174
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JAMES HERBERT	FAMILY RELATIONSHIP TO BOARD MEMBER ANN HERBERT	170,468	MEDICAL DOCTOR EMPLOYED BY THE HOSPITAL, COMPENSATION FOR MEDICAL SERVICES PERFORMED		No
CINDY KIBLER	FAMILY RELATIONSHIP TO BOARD MEMBER WILLIAM E KIBLER	28,675	COMPENSATION PAID AS EMPLOYEE OF FOOTHILLS COMMUNITY FOUNDATION WHICH IS REIMBURSED TO ANMED HEALTH BY FOOTHILLS COMMUNITY FOUNDATION		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ANMED HEALTH	Employer identification number 57-0359174
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF THE ORGANIZATION IS ANMED HEALTH FOUNDATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE BOARD OF TRUSTEES OF ANMED HEALTH AS PROVIDED FOR IN ITS BYLAWS SHALL AUTOMATICALLY BECOME THE BOARD OF TRUSTEES OF THE ORGANIZATION UPON BEING ELECTED AS TRUSTEES OF ANMED HEALTH FOUNDATION ACCORDINGLY, WHEN ANY BOARD MEMBER FOR ANY REASON CEASES BEING A BOARD MEMBER OF ANMEND HEALTH FOUNDATION, HE OR SHE SHALL ALSO AUTOMATICALLY CEASE BEING A BOARD MEMBER OF THE ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT UPON COMPLETION AND REVIEW BY MANAGEMENT, THE RETURN WAS EMAILED TO EACH VOTING MEMBER OF THE BOARD AND PLACED ON A SECURE WEBSITE PRIOR TO THE JULY 2010 BOARD MEETING AT THE MEETING, BOARD MEMBERS HAD AN OPPORTUNITY TO DISCUSS THE RETURN AND ASK QUESTIONS OF THE CFO AND A REPRESENTATIVE OF THE ACCOUNTING FIRM

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		A COPY OF THE DISCLOSURE OF THE CONFLICT OF INTEREST POLICY, ALONG WITH AN EXPLANATION AND QUESTIONNAIRE ARE SENT TO ALL TRUSTEES, DIRECTORS, EXECUTIVE STAFF, MEDICAL STAFF WITH ADMINISTRATIVE RESPONSIBILITY, SELECTED OTHER EMPLOYEES, AND VOLUNTEERS ANNUALLY THE QUESTIONNAIRE MUST BE COMPLETED AND RETURNED TO THE CHAIR OF THE BOARD A REPORT IS SUBMITTED TO THE BOARD CONCERNING ANY POTENTIAL CONFLICTS THAT ARE DISCLOSED IN SITUATIONS WHERE A POTENTIAL CONFLICT IS FOUND, THE BOARD REVIEWS THE CIRCUMSTANCES BEFORE A VOTE OR DISCUSSION OF MATTERS INVOLVING INTERESTED PARTIES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		PERIODICAL COMPENSATION SURVEYS ARE PERFORMED BY INTEGRATED HEALTHCARE STRATEGIES, AN OUTSIDE CONSULTING SERVICE ANMED HEALTH TARGETS THE 65TH PERCENTILE OF THE GIVEN RANGE FOR ITS COMPENSATION PACKAGES THE COMPENSATION COMMITTEE OF THE BOARD APPROVES COMPENSATION FOR ALL OFFICERS, EXECUTIVES, AND DEPARTMENT DIRECTORS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		PHOTOCOPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE COPIES OF THE FINANCIAL STATEMENTS ARE AVAILABLE ON A SECURE WEBSITE FOR BONDHOLDERS PLEASE CONTACT THE ADMINISTRATIVE OFFICE FOR DETAILS

Identifier	Return Reference	Explanation
FORM 990, PART VII, LINE 1	DEFERRED BONUS COMPENSATION	ANMED HEALTH DECLARED A BONUS FOR SEVERAL MANAGEMENT POSITIONS IN 2007, WHICH THE CEO DEFERRED UNTIL 2008, THEREFORE, THE 2008 FORM 990 INCLUDES AMOUNTS FOR THE CEO THAT WERE LISTED ON A PRIOR RETURN FOR OTHER EMPLOYEES RECEIVING THE BONUS

Identifier	Return Reference	Explanation
FORM 990, PART VII, LINE 1	BOARD MEMBER COMPENSATION	ROBERT RAINEY IS ISSUED A W-2 FROM ANMED HEALTH IN RELATION TO HIS POSITION AS THE EXECUTIVE DIRECTOR OF FOOTHILLS COMMUNITY FOUNDATION, OF WHICH ANMED HEALTH PERFORMS PAYROLL SERVICES COMPENSATION FOR MR. RAINEY IS REIMBURSED TO ANMED HEALTH BY FOOTHILLS MR. RAINEY IS NOT COMPENSATED IN ANY WAY FOR HIS SERVICES AS A BOARD MEMBER OF ANMED HEALTH IN ADDITION TO HIS SERVICES TO THE BOARD, DR. PAUL FRASSINELLI RECEIVES COMPENSATION IN RELATION TO MEDICAL SERVICES RENDERED TO THE HOSPITAL WHICH IS LISTED ON PART VII OF THE FORM 990 DR. FRASSINELLI IS NOT COMPENSATED IN ANY WAY FOR HIS SERVICES AS A BOARD MEMBER OF ANMED HEALTH IN ADDITION TO HIS SERVICES TO THE BOARD, DR. STEPHEN HAND IS COMPENSATED THROUGH HIS MEDICAL PRACTICE FOR SERVICES RENDERED TO THE HOSPITAL ALL PAYMENTS ON PART VII OF THE FORM 990 ARE FOR MEDICAL SERVICES, AND DR. HAND IS NOT COMPENSATED IN ANY WAY FOR HIS SERVICES AS A BOARD MEMBER OF ANMED HEALTH DR. HAROLD MORSE SERVED ON THE BOARD OF TRUSTEES FOR THREE MONTHS OF THE FISCAL YEAR, BUT WAS NOT SERVING AS OF SEPTEMBER 30, 2009 IN ADDITION, DR. MORSE IS A PART-TIME MEMBER OF THE FACULTY FOR WHICH HE WAS COMPENSATED FOR HIS MEDICAL SERVICES DR. MORSE IS NOT COMPENSATED IN ANY WAY FOR HIS SERVICES AS A BOARD MEMBER OF ANMED HEALTH

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 4A	FINANCIAL ACCOUNTS IN A FOREIGN COUNTRY	THE ORGANIZATION WAS A 2 16% PARTNER IN PROFESSIONAL MONEY MANAGEMENT PARTNERSHIP WITH A HEDGE FUND BASED IN THE CAYMAN ISLANDS THE PARTNERSHIP IS HELD FOR INVESTMENT PURPOSES ONLY

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

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

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ANMED HEALTH FOUNDATION 800 N FANT STREET ANDERSON, SC29621 57-0817544	FUNDRAISING AND SUPPORT OF ANMED HEALTH	SC	501(C)(3)	7	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ANMED HEALTH ENTERPRISES INC 800 N FANT STREET ANDERSON, SC29621 57-0815011	HOLDING CORPORATION	SC	N/A	C			
ANMED HEALTH PLAN INC 800 N FANT STREET ANDERSON, SC29621 57-0811053	MANAGEMENT SERVICES ORGANIZATION	SC	N/A	C			
ANMED HEALTH SERVICES INC 800 N FANT STREET ANDERSON, SC29621 57-0741536	HEALTHCARE	SC	N/A	C			
ANDERSON AREA PHYSICIAN HOSPITAL ORGANIZATION 800 N FANT STREET ANDERSON, SC29621 57-1042018	MEDICAL SERVICES	SC	N/A	C	1,275,529	3,636,031	83 000 %

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

1a

No

1b

No

Yes

1c

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

Yes

1l

1m

No

Yes

1n

1o

No

Yes

1p

1q

No

Yes

1r

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) NO REPORTABLE TRANSACTIONS WITH CONTROLLED ORGANIZATIONS		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 57-0359174
Name: ANMED HEALTH

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM E KIBLER , CHAIRMAN	1 00	X		X				0	0	0
JT BOSEMAN , VICE CHAIR	1 00	X		X				0	0	0
ANN D HERBERT , SECRETARY/TREASURER	1 00	X		X				0	0	0
CHARLES C THORTON JR , BOARD MEMBER	1 00	X						0	0	0
ROBERT RAINEY , BOARD MEMBER (SEE SCH O)	1 00	X						74,073	0	0
JOHN M GEER JR , BOARD MEMBER	1 00	X						0	0	0
EVERETTE NEWMAN , BOARD MEMBER	1 00	X						0	0	0
DR CHRIS PRZIREMBEL , BOARD MEMBER	1 00	X						0	0	0
DR JERRY POWELL , BOARD MEMBER	1 00	X						0	0	0
MARY ANNE D LAKE , BOARD MEMBER	1 00	X						0	0	0
DR PAUL FRASSINELLI , BOARD MEMBER (SEE SCH O)	1 00	X						73,766	0	0
DR JOHN R HUNT , BOARD MEMBER	1 00	X						0	0	0
DR STEPHEN HAND , BOARD MEMBER (SEE SCH O)	1 00	X						79,310	0	0
FRED L FOSTER , BOARD MEMBER	1 00	X						0	0	0
JANE W MUDD , BOARD MEMBER	1 00	X						0	0	0
DR HAROLD MORSE , BOARD MEMBER (SEE SCH O)	1 00	X						101,932	0	6,594
JOHN A MILLER JR , CEO/BOARD MEMBER	50 00	X		X				723,540	0	473,669
WILLIAM T MANSON III , PRESIDENT/COO	50 00			X				417,303	0	123,428
JERRY A PARRISH , CFO	50 00			X				361,590	0	55,769
DR MICHAEL L TILLIRSON , CHIEF MEDICAL OFFICER	50 00			X				356,660	0	81,904
JAMES T DOUGLAS III , VICE PRESIDENT	50 00				X			216,349	0	49,471
TINA JURY , CHIEF NURSING OFFICER	50 00				X			211,412	0	49,526
JOHN D GLYMPH , VICE PRESIDENT	50 00				X			205,200	0	25,998
GARRICK CHIDESTER , VICE PRESIDENT	50 00				X			251,610	0	55,795
DR HENRY B HEARN , CLINICIAN - MD	50 00					X		459,100	0	10,154
DR MARK P LACY , CLINICIAN - MD	50 00					X		413,336	0	9,987
DR JOHN H NORDEEN , CLINICIAN - MD	50 00					X		409,551	0	10,127
DR TIMOTHY L DUNIHO , CLINICIAN - MD	50 00					X		397,158	0	10,045
JOYCE L COLLIER , CERT RN ANESTHETIST	54 20					X		279,707	0	10,480